GEMCITABINE with concurrent RT

INDICATION (ICD10) C80
1. Bladder cancer with concurrent radiotherapy

REGIMEN
Days 1, 8, 15 and 22

GEMCITABINE 100mg/m^2 infusion in 250ml sodium chloride 0.9% (or licensed dose volume) IV infusion over 30 minutes

NB Dose may be amended to 75mg/m^2 weekly for 6 weeks

CYCLE FREQUENCY AND NUMBER OF CYCLES
Every 28 days with radiotherapy

ADMINISTRATION
Gemcitabine should be given 2 hours prior to RT when patient is due both.

ANTI-EMETICS
Low risk days 1, 8, 15 and 22

CONCURRENT MEDICATION REQUIRED

Gemcitabine	None required

EXTRAVASATION AND TYPE OF LINE / FILTERS
Gemcitabine – neutral

No filters required
Peripheral line

INVESTIGATIONS
Blood results required before SACT administration
FBC every dose, U&E, LFTs and creatinine every cycle
Neutrophils x 10^9/L ≥1.5
Platelets x 10^9/L ≥100
Baseline weight and every cycle

MAIN TOXICITES AND ADVERSE REACTIONS

Gemcitabine	Diarrhoea – see dose modifications, treat with ,loperamide or codeine Mucositis – see dose modifications, use routine mouthcare

DOSE MODIFICATIONS
If there is any toxicity ≥RTOG grade 3, then gemcitabine should be stopped and the radiotherapy should continue to a full course

Haematological
Gemcitabine

Neutrophils >1.5x10^9/L and platelets >100x10^9/L	give 100% dose
Neutrophils <1.5x10^9/L or platelets <100x10^9/L	omit gemcitabine but continue RT

Non-haematological

Gemcitabine

Diarrhoea and/or mucositis grade 2 toxicity	omit until toxicity resolved then restart at 100% dose
Diarrhoea and/or mucositis grade 3	omit until toxicity resolved then restart at 75% dose
Diarrhoea and/or mucositis grade 4	omit until toxicity resolved then restart at 50% dose

Hepatic impairment

Gemcitabine

Bilirubin >27µmol/L	initiate treatment with 80% dose

REFERENCES