GEMCITABINE

INDICATION (ICD10) C25, C34

1. Palliative treatment of NSCLC when patient not fit enough to tolerate platinum (eg PS 2)
2. Adjuvant and advanced or metastatic pancreatic cancer. PS 0, 1 or 2

REGIMEN

Days 1, 8 and 15

GEMCITABINE 1000mg/m^2 infusion in #ml sodium chloride 0.9% IV infusion over 30 minutes

diluent volume for dose prescribed as per national standardised product specification or licensed dose

CYCLE FREQUENCY AND NUMBER OF CYCLES

Lung - every 28 days for up to 4 cycles

Pancreas – every 28 days for up to 6 cycles

ANTI-EMETICS

Low risk days 1, 8 and 15

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

Haematological

Gemcitabine

Neutrophils >1.5x10^9/L and platelets >100x10^9/L	give 100% dose
Palliative intent – neutrophils 1.0-1.5x10^9/L or platelets <100x10^9/L	delay treatment (day 1) or omit treatment (day 8) or omit treatment (day 15)
Adjuvant intent - neutrophils 1.0-1.5x10^9/L or platelets 75-100x10^9/L	Discuss with consultant
Neutrophils <1.0x10^9/L or platelets <100x10^9/L	delay treatment (day 1) or omit treatment (day 8) or omit treatment (day 15)

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

Any grade ≥3 toxicity clinician discretion (may need dose reduction or omission)

Hepatic impairment

Gemcitabine

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

Renal impairment

Gemcitabine

No need for dose adjustment

REFERENCES

1. Gridelli C et al. Journal of the National Cancer Institute 2003; 95: 363 372
2. Burris HA et al. J Clin Oncol 1997; 6: 2403-13
3. ESPAC-3 trial