GEMCITABINE

Advanced pancreatic and biliary tract cancers, only if not suitable for entry into a trial

Drug/Dose: Gemcitabine 1000mg/m^2 IV D1

Administration: In 250ml 0.9% Sodium Chloride over 30 minutes

Frequency: Weekly for 7 weeks, then rest for 1 week
From then on, gemcitabine given **weekly for 3 weeks, then 1 week off (= 1 cycle)** until disease progression.
Clinical review prior to each cycle

Main Toxicities: myelosuppression; erythematous rash; flu-like syndrome; peripheral oedema (mild –moderate & reversible); ovarian failure/infertility

Anti-emetics: mildly emetogenic

Extravasation: non-vesicant

Regular Investigations:
FBC } Prior to each gemcitabine dose
U&Es }
LFTs }
CA 19-9 4 weekly

Dose Modifications

Haematological Toxicity:

Neutrophils		Platelets	Gemcitabine Dose
> 1.0 x 10^9/l	**and**	> 100 x 10^9/l	Give 100% dose
0.5 – 1.0 x 10^9/l	**or**	50 – 100 x 10^9/l	Give 75% dose
< 0.5 x 10^9/l	**or**	< 50 x 10^9/l	Defer 1 week

If a dose reduction to 75% has been made one week, then the dose should be increased to 100% on the subsequent dose providing the FBC has returned to within normal limits.

Renal Impairment: If CrCl < 30ml/min, consider dose reduction – clinical decision

Hepatic Impairment: If bilirubin > 27 µmol/L, initiate treatment with gemcitabine 800mg/m^2

Reference: Burris, H.A. et al (1997), JCO; Vol 15 (6): 2403 – 2413 (pancreas)
No specific reference used for biliary tract – dosing as licence for pancreas

Reason for Update: Indication for biliary tract cancers added; renal and hepatic information added	Approved by Lead Chemotherapy Nurse: C Palles-Clark
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Prepared by: S Taylor	Checked by: S Punter