The selection, dosing, and administration of anticancer agents and the management of associated toxicities are complex. Drug dose modifications and schedule and initiation of supportive care interventions are often necessary because of expected toxicities and because of individual patient variability, prior treatment, and comorbidities. Thus, the optimal delivery of anticancer agents requires a healthcare delivery team experienced in the use of such agents and the management of associated toxicities in patients with cancer. These cancer treatment regimens may include both FDA-approved and unapproved uses/regimens and are provided as references only to the latest treatment strategies. Clinicians must choose and verify treatment options based on the individual patient.

NOTE: Grey shaded boxes contain updated regimens.
ESOPHAGEAL AND GASTROESOPHAGEAL JUNCTION (Part 1 of 2)

General treatment notes:
- Recommendations denoted with an * are considered by the NCCN as Category 1, which means they are based on high-level evidence (ie, randomized controlled trials) and there is uniform NCCN consensus.
- Regimens denoted with a † include the preferences of participating institutions mainly in the context of Phase 2 studies; these regimens, therefore, may not be yet proven superior to the listed Category 1 regimens.
- For metastatic esophageal carcinoma regimens denoted with a ‡, Phase 3 trials have not been performed for many years. Some regimens listed here are derived from the gastric adenocarcinoma Phase 3 trials that have included patients with lower esophageal cancer and/or gastroesophageal junction cancer.
- In response to the shortage of leucovorin, the FDA recently approved levoleucovorin (Fusilev) to be used in place of leucovorin when 5-FU is part of the regimen. Levoleucovorin 200mg/m² is the equivalent of leucovorin 400mg/m².

REGIMEN DOSING

**Preoperative and Postoperative Chemotherapy (Only for Adenocarcinoma of the Distal Esophagus)**

**ECF** (epirubicin [Ellence] + cisplatin [Platinol; CDDP] + 5-fluorouracil [5-FU])

Day 1: Epirubicin 50mg/m² IV bolus + cisplatin 60mg/m² IV + 5-FU 200mg/m²/day continuous IV infusion.
Repeat cycle every 3 weeks for 3 cycles preoperatively and 3 cycles postoperatively.

**Preoperative Chemoradiation**

- Cisplatin + 5-FU†
- Irinotecan (Camptosar; CPT-11) + cisplatin†
- Paclitaxel (Taxol) + cisplatin or carboplatin (Paraplatin)†
- Docetaxel (Taxotere) + cisplatin†
- Docetaxel OR paclitaxel + 5-FU†
- Oxlaplatin (Eloxatin) + 5-FU†

**Definitive Chemoradiation**

Cisplatin + 5-FU†

Day 1: Cisplatin 75mg/m² IV bolus with concurrent 50.4Gy radiotherapy.
Days 1–4: 5-FU 1,000 IV mg/m²/day continuous IV infusion.
Repeat each cycle every 4 weeks for 4 cycles.

- Irinotecan + cisplatin†
- Paclitaxel + cisplatin or carboplatin†
- Docetaxel + cisplatin†
- Docetaxel or paclitaxel + 5-FU†
- Oxlaplatin + 5-FU†

**Postoperative Chemoradiation (Only for Adenocarcinoma or Gastroesophageal Junction)**

5-FU + leucovorin

Days 1–5: 5-FU 425mg/m²/day IV and leucovorin 20mg/m²/day IV, followed by chemoradiotherapy beginning 4 weeks after the start of the initial cycle of chemotherapy.

Chemoradiotherapy: 4500cGy of radiation at 180cGy/day, 5 days/week for 5 weeks, with 5-FU 400mg/m²/day IV and leucovorin 20mg/m²/day IV on the first 4 and the last 3 days of radiotherapy.
At 1 month following completion of radiotherapy, two 5-day cycles of 5-FU 425mg/m²/day IV and leucovorin 20mg/m²/day IV; given 1 month apart.

**Metastatic or Locally Advanced Cancer (Where Chemoradiation is Not Recommended)**

DCF (docetaxel + cisplatin + 5-FU)

Day 1: Docetaxel 75mg/m² IV + cisplatin 75mg/m² IV.
Days 1–5: 5-FU 750mg/m²/day IV.
Repeat cycle every 3 weeks.

Modified DCF (docetaxel + leucovorin + cisplatin + 5-FU)

Day 1: Docetaxel 40mg/m² IV + leucovorin 400mg/m² IV + 5-FU 400mg/m² IV, plus Days 1 and 2: 5-FU 1,000mg/m² IV continuous infusion over 24 hrs (total 2,000mg/m²), followed by Day 3: Cisplatin 40mg/m² IV.
Repeat cycle every 2 weeks.

continued
## ESOPHAGEAL AND GASTROESOPHAGEAL JUNCTION (Part 2 of 2)

### REGIMEN

| **ECF** (epirubicin + cisplatin + 5-FU) | 5-FU 200mg/m²/day as continuous IV infusion using a portable pump for up to 6 months, plus Epirubicin 50mg/m² IV and cisplatin 60mg/m² IV infusion given as an inpatient procedure every 3 weeks for max 8 cycles. OR Day 1: Epirubicin 60mg/m² IV bolus and cisplatin 60mg/m² IV, plus Days 1–21: 5-FU 200mg/m²/day IV. Repeat cycle every 3 weeks for max 8 cycles. |
| **ECX** (epirubicin + cisplatin + capecitabine [Xeloda]) | Day 1: Epirubicin 60mg/m² IV bolus and cisplatin 60mg/m² IV, plus Days 1–21: Capecitabine 625mg/m² orally twice daily. Repeat cycle every 3 weeks for max 8 cycles. |
| **EOF** (epirubicin + oxaliplatin + 5-FU) | Day 1: Epirubicin 50mg/m² IV bolus and cisplatin 130mg/m² IV, plus Days 1–21: 5-FU 200mg/m²/day IV. Repeat cycle every 3 weeks for max 8 cycles. |
| **EOX** (epirubicin + oxaliplatin + capecitabine) | Day 1: Epirubicin 50mg/m² IV bolus and cisplatin 130mg/m² IV, plus Days 1–21: Capecitabine 625mg/m² orally twice daily. Repeat cycle every 3 weeks for max 8 cycles. |
| **Trastuzumab (Herceptin)** + capecitabine/cisplatin OR 5-FU/cisplatin | Day 1: Trastuzumab 8mg/kg IV loading dose (Cycle 1 only); followed by trastuzumab 6mg/kg IV every 3 weeks, plus chemotherapy (see below). **Chemotherapy** Day 1: Cisplatin 80mg/m² IV, plus Days 1–14: Cisplatin 60mg/m² IV, orally twice daily OR Days 1–5: 5-FU 800mg/m² continuous IV infusion. Repeat cycle every 3 weeks for 6 cycles. |

### References


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