

7. Upper GI malignancies

7.1 Oesophagogastric cancer

- Neoadjuvant chemoradiotherapy with hypofractionated regimes should be considered such as 40Gy/15# (with registry to collect data), using weekly carbo/taxol chemotherapy.
- If neoadjuvant chemotherapy is considered for 1-3 cycles, ensure patients are covered with GCSF to reduce immunosuppression.
- For radical chemoradiotherapy, consider 50Gy/16# or 45Gy/15# for tumours up to 5cm and 50-55Gy/20# for tumour 5-10cm. Consider weekly carbo/taxol if patient fit.

7.2 Pancreatic and Liver cancers

- Consider radical/palliative radiotherapy on the MR-Linac using fully adaptive protocols to delay need for chemotherapy or surgery.