Chemotherapy in patients with carcinoma of unknown primary (CUP)

If chemotherapy is being considered for patients with confirmed CUP, with no clinical features suggesting a specific treatable syndrome, inform patients about the potential benefits and risks of treatment weighed against best supportive care alone. Offer patients with confirmed CUP the opportunity to enter clinical trials where available.

If chemotherapy is offered outside clinical trials, take into account the clinical and pathological characteristics of the tumour, the toxicity profile of the drugs, their ease of administration and response rate when choosing which treatment to use.

Possible regimes include:-
ECF
ECX
EOX
Cisplatin and gemcitabine
Carboplatin and gemcitabine
Carboplatin and paclitaxel
Capecitabine
Oxaliplatin and MDG/capecitabine

Regimes for treatable CUP syndromes:-
For axillary adenocarcinoma in a female, refer to TVCN breast protocol and algorithm (treat as stage 2 or metastatic). See http://tvscn.nhs.uk/networks/cancer/cancer-topics/breast-cancer/

For squamous cell carcinoma isolated to head and neck nodes, refer to TVCN head and neck protocol and algorithm (treat as node positive or metastatic). See http://tvscn.nhs.uk/networks/cancer/cancer-topics/head-neck-cancer/


For poorly differentiated midline CUP, refer to TVCN urology protocol and algorithm. See http://tvscn.nhs.uk/networks/cancer/cancer-topics/urological-cancer/

For neuroendocrine CUP, refer to TVCN rare tumour protocols. See http://tvscn.nhs.uk/networks/cancer/cancer-topics/rare-tumours/