Chemotherapy Protocol

HEAD AND NECK CANCER

CISPLATIN (100) RT

Regimen

- Head and Neck Cancer – Cisplatin (100) RT

Indication

- Radical treatment of squamous cell carcinoma of the head and neck

Toxicity

Drug	Adverse Effect
Cisplatin	Neuropathy, nephrotoxicity, ototoxicity

The adverse effects listed are not exhaustive. Please refer to the relevant Summary of Product Characteristics for full details.

Monitoring

Drugs

- FBC, LFTs and U&Es prior to each cycle

Dose Modifications

The dose modifications listed are for haematological, liver and renal function and drug specific toxicities only. Dose adjustments may be necessary for other toxicities as well.

In principle all dose reductions due to adverse drug reactions should not be re-escalated in subsequent cycles without consultant approval. It is also a general rule for chemotherapy that if a third dose reduction is necessary treatment should be stopped.

Please discuss all dose reductions / delays with the relevant consultant before prescribing, if appropriate. The approach may be different depending on the clinical circumstances.

Haematological

Consider blood transfusion if patient symptomatic of anaemia or has a haemoglobin of less than 12g/dL.

Criteria	Eligible Level
Neutrophils	$1.5x10^9$/L or greater
Platelets	$100x10^9$/L or greater

On day 29 if the platelets are $100x10^9$/L or below and the neutrophils $1x10^9$/L or below seek consultant advice.

Hepatic Impairment

Drug	Bilirubin (µmol/L)		AST/ALT units	Dose
Cisplatin	N/A		N/A	No dose reduction necessary

Renal Impairment

Drug	Creatinine Clearance (ml/min)	Dose (% of original dose)
Cisplatin	more than 50	100
	less than 50	consider dose reduction or stopping

Other

Dose reductions or interruptions in therapy are not necessary for those toxicities that are considered unlikely to be serious or life threatening. For example, alopecia, altered taste or nail changes.

Cisplatin

Modifications in the dose of cisplatin are necessary for peripheral sensory and motor neurotoxicity, ototoxicity, or nephrotoxicity. Consider stopping treatment for patients with neurotoxicity or ototoxicity of NCI-CTC grade 3 or more.

Regimen

1 cycle of 29 days

Drug	Dose	Days	Administration
Cisplatin	$100mg/m^2$	1 and 29	Intravenous infusion in 1000ml sodium chloride 0.9% with 20mmol potassium chloride at a maximum rate of 1mg cisplatin/min

Dose Information

- Cisplatin will be dose banded according to the CSCCN agreed bands

Administration Information

Extravasation

- Cisplatin – exfoliant

Additional Therapy

- Antiemetics

  15-30 minutes prior to chemotherapy

  - aprepitant 125mg oral day 1
  - dexamethasone 4mg oral or intravenous
  - ondansetron 8mg oral or intravenous
  - metoclopramide 10mg three times a day when required oral

  As take home medication

  - aprepitant 80mg once a day for two days starting on day two of the cycle oral

  - dexamethasone 4mg once a day for three days starting on day two of the cycle oral

  - ondansetron 8mg twice a day for three days starting on the evening of day one of the cycle

  - metoclopramide 10mg three times a day when required oral

  Cisplatin pre and post hydration as follows;

  Pre

  Furosemide 40mg oral or intravenous

  1000ml sodium chloride 0.9% with 20mmol potassium chloride and 16mmol magnesium sulphate over 60 minutes

  Post

  1000ml sodium chloride 0.9% with 20mmol potassium chloride and 16mmol magnesium sulphate over 60 minutes

  Patients should be advised to drink at least 3 litres of fluid in the 24 hours after administration of cisplatin.

- Gastric protection with a proton pump inhibitor or a H_2 antagonist may be considered in patients considered at high risk of GI ulceration or bleed

Coding

- Procurement – X70.1
- Delivery – X72.3, X72.4

References
1. CRUK Trial Protocol. ART DECO. A randomised multicentre accelerated radiotherapy study of dose escalated intensity modulated radiotherapy versus standard dose intensity modulated radiotherapy in patients receiving treatment for locally advanced laryngeal and hypopharyngeal cancers. Version 4. 7th Febrauary 2013.

REGIMEN SUMMARY

Cisplatin (100) RT

Day 1 and 29

1. Aprepitant 125mg oral

2. Dexamethasone 4mg oral or intravenous or equivalent dose

3. Ondansetron 8mg oral or intravenous

4. Furosemide 40mg oral or intravenous

5. 1000ml sodium chloride 0.9% with 20mmol potassium chloride and 16mmol magnesium sulphate over 60 minutes

6. Cisplatin 100mg/m^2 intravenous infusion in 1000ml sodium chloride 0.9% with 20mmol potassium chloride at a maximum rate of 1mg cisplatin/minute (minimum time 120 minutes)

7. 1000ml sodium chloride 0.9% with 20mmol potassium chloride and 16mmol magnesium sulphate over 60 minutes

Take Home Medicines

1. Aprepitant 80mg once a day for two days starting on the day after cisplatin oral

2. Dexamethasone 4mg once a day for three days starting on the day after cisplatin oral

3. Ondansetron 8mg twice a day for three days starting on the evening of the day of cisplatin administration

4. Metoclopramide 10mg three times a day when required oral

DOCUMENT CONTROL

Version	Date	Amendment	Written By	Approved By
1.1	Sept 2015	Take home antiemetics removed from the antiemetics to be taken 15-30 minutes prior to chemotherapy	Dr Deborah Wright Pharmacist	Donna Kimber Pharmacy Technician
1	Dec 2014	None	Dr Deborah Wright Pharmacist	Dr S Ramkumar Consultant Clinical Oncologist

This chemotherapy protocol has been developed as part of the chemotherapy electronic prescribing project. This was and remains a collaborative project that originated from the former CSCCN. These documents have been approved on behalf of the following Trusts;

Hampshire Hospitals NHS Foundation Trust
NHS Isle of Wight
Portsmouth Hospitals NHS Trust
Salisbury Hospitals NHS Foundation Trust
University Hospital Southampton NHS Foundation Trust
Western Sussex Hospitals NHS Trust

All actions have been taken to ensure these protocols are correct. However, it remains the responsibility of the prescriber to ensure the correct drugs and doses are prescribed for patients.