

EP

INDICATION (ICD10) C62

1. First line metastatic seminoma. PS 0, 1, 2

REGIMEN

Day 1 Prehydration

CISPLATIN 50mg/m² in 1000ml sodium chloride 0.9% IV infusion over 2 hours

ETOPOSIDE 167mg/m² in 1000ml sodium chloride 0.9% IV infusion over 60 minutes

Post hydration

Day 2 Prehydration

CISPLATIN 50mg/m² in 1000ml sodium chloride 0.9% IV infusion over 2 hours

ETOPOSIDE 167mg/m² in 1000ml sodium chloride 0.9% IV infusion over 60 minutes

Post hydration

Day 3 ETOPOSIDE 167mg/m² in 1000ml sodium chloride 0.9% IV infusion over 60 minutes

CYCLE FREQUENCY AND NUMBER OF CYCLES

Every 21 days for 4 cycles only

ANTI-EMETICS

High emetic risk days 1 and 2

Low emetic risk day 3

CONCURRENT MEDICATION REQUIRED

Cisplatin	Ensure adequate pre and post hydration. If urine output is <100ml/hour or if patient gains >2kg in weight during IV administration post cisplatin give 20-40mg furosemide PO/IV.
GCSF	Consider GCSF

EXTRAVASATION AND TYPE OF LINE / FILTERS

Cisplatin – exfoliant

Etoposide - irritant

Peripheral line

INVESTIGATIONS

Blood results required before SACT administration

FBC, U&E and LFTs every cycle

Neutrophils x 10⁹/L ≥1.0

Platelets x 10⁹/L ≥100

Ideally EDTA GFR should be used

Creatinine clearance (GFR) calculated, at the Consultants discretion

Serum creatinine - each cycle

Baseline weight and every cycle

MAIN TOXICITIES AND ADVERSE REACTIONS

Cisplatin	Nephrotoxicity – ensure adequate pre and post hydration is prescribed. Ototoxicity – assess patient for tinnitus or hearing abnormalities.
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INTERACTIONS WHICH MAY REQUIRE DOSE MODIFICATIONS (not exhaustive list check SPC/BNF/Stockleys)

Cisplatin	Aminoglycosides increased risk of nephrotoxicity and ototoxicity. Renal function should be well monitored and audiometric tests as required. Carboplatin can cause a decrease in phenytoin serum levels. This may lead to reappearance of seizures and may require an increase of phenytoin dosages.
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DOSE MODIFICATIONS

Non-haematological

If patient complains of tinnitus, tingling of fingers and/or toes, discuss with SpR or Consultant before administration.

Hepatic impairment

Etoposide

Bilirubin ≥ 50 micromol/L or decreased albumin	give 50% dose
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Renal impairment

Cisplatin

CrCl >60 ml/min	give 100% dose
CrCl 45-60ml/min	give 75% dose
CrCl <45 ml/min	not recommended

Etoposide

CrCl >50 ml/min	give 100% dose
CrCl 15-50ml/min	give 75% dose
CrCl <15 ml/min	Further dose reduction

REFERENCES