

# CISPLATIN ETOPOSIDE

## INDICATION (ICD10) C37, M-8246/3

1. Neuroendocrine tumour
  2. Thymoma
- PS 0, 1, 2

## REGIMEN

Day 1 Prehydration  
 CISPLATIN 75mg/m<sup>2</sup> in 1000ml sodium chloride 0.9% IV infusion over 2 hours  
 ETOPOSIDE 100mg/m<sup>2</sup> in 1000ml\* sodium chloride 0.9% IV infusion over 60 minutes  
 Post hydration  
 Day 2 ETOPOSIDE 100mg/m<sup>2</sup> in 1000ml\* sodium chloride 0.9% IV infusion over 60 minutes  
 Day 3 ETOPOSIDE 100mg/m<sup>2</sup> in 1000ml\* sodium chloride 0.9% IV infusion over 60 minutes  
 \*doses 48mg to 88mg in 250ml, doses 96mg to 180mg in 500ml sodium chloride 0.9%

## CYCLE FREQUENCY AND NUMBER OF CYCLES

Every 21 days for 6 cycles

## ANTI-EMETICS

High emetic risk day 1  
 Low emetic risk days 2 and 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.
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## 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 10<sup>9</sup>/L ≥1.5  
 Platelets x 10<sup>9</sup>/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. Cisplatin 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 $\geq 50$ 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

1. Kaltsas et al, Endocrine Reviews 25 (3): 458-511, 2004