

## CISPLATIN (100)

### INDICATION (ICD10) C56

1. Recurrent ovarian cancer, in patients who cannot tolerate carboplatin. PS 0, 1, 2

### REGIMEN

Day 1 Prehydration  
CISPLATIN 100mg/m<sup>2</sup>\* in 1000ml sodium chloride 0.9% IV infusion over 2 hours  
Post hydration

### CYCLE FREQUENCY AND NUMBER OF CYCLES

Every 21 days for 6 cycles

### ANTI-EMETICS

High emetic risk day 1

### 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

Filter not required  
Central or peripheral line

### INVESTIGATIONS

Blood results required before SACT administration  
FBC, U&E and LFTs every week  
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  
CA125 baseline and day 1 every cycle  
Baseline audiology  
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.

### Renal impairment

#### Cisplatin

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

## REFERENCES

1. van der Burg, M.E., R. de Wit, et al., Weekly cisplatin and daily oral etoposide is highly effective in platinum pre-treated ovarian cancer. *Br J Cancer*, 2002. 86(1): p19-25.
2. Meyer, T., A.E. Nelstrop, et al., Weekly cisplatin and oral etoposide as treatment for relapsed epithelial ovarian cancer. *Ann Oncol*, 2001. 12(12): p1705-9.