

CISPLATIN (50) with concurrent RT – local funding required

INDICATION (ICD10) C54

1. Endometrial high risk
2. High grade serous carcinoma
PS 0, 1, 2

REGIMEN

Day 1 Prehydration
CISPLATIN 50mg/m² in 1000ml sodium chloride 0.9% IV infusion over 2 hours
Post hydration

Cisplatin should be given as early as possible in the week as cisplatin potentiates the radiotherapy

CYCLE FREQUENCY AND NUMBER OF CYCLES

every 21 days for 2 cycles

ANTI-EMETICS

Moderate 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, Mg⁺⁺ and LFTs every week
Neutrophils x 10⁹/L ≥1.5
Platelets x 10⁹/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 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

PORTEC-3