

CISPLATIN (60)

INDICATION (ICD10) C56

1. Platinum resistant / relapsed ovarian cancer, in patients that cannot tolerate oral etoposide (modification of cisplatin/oral etoposide regime). PS 0, 1, 2

REGIMEN

Day 1 Prehydration
CISPLATIN 60mg/m²* in 1000ml sodium chloride 0.9% IV infusion over 2 hours
Post hydration

*Consider using cisplatin 40mg/m² in heavily pre-treated patients.

CYCLE FREQUENCY AND NUMBER OF CYCLES

Every 7 days for 8 cycles (thereafter at consultant's discretion)

ANTI-EMETICS

Moderate emetic risk day 1

CONCURRENT MEDICATION REQUIRED

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

EXTRAVASATION AND TYPE OF LINE / FILTERS

Cisplatin – exfoliant

Peripheral line

INVESTIGATIONS

Blood results required before SACT administration

FBC, U&E 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

Baseline audiology

MAIN TOXICITIES AND ADVERSE REACTIONS

Cisplatin	Nephrotoxicity – ensure adequate pre and post hydration is prescribed. Ototoxicity – assess patient for tinnitus or hearing abnormalities.
-----------	---

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.
-----------	---

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.