

## CARBOPLATIN FLUOROURACIL

### INDICATION (ICD10) C49

1. Palliative or neoadjuvant treatment of head and neck cancer (unlicensed). PS 0, 1, 2

### REGIMEN

Day 1 CARBOPLATIN AUC5\* in #ml glucose 5% IV infusion over 30 minutes  
Dose calculated by EDTA GFR or calculated CrCl (GFR + 25) x AUC.  
FLUOROURACIL 4000mg/m<sup>2</sup>\* over 96 hours via an infusor  
\*reduce doses to 80% in patients with poor PS

# diluent volume for dose prescribed as per national standardised product specification

### CYCLE FREQUENCY AND NUMBER OF CYCLES

Every 21 days

Neoadjuvant: usually 2 cycles given prior to radiotherapy or definitive surgery

Palliative: for up to 6 cycles depending on tolerance and response

### ANTI-EMETICS

Moderately emetogenic day 1

Low emetogenic risk days 2, 3 and 4

### CONCURRENT MEDICATION REQUIRED

Carboplatin	Anaphylaxis treatment should be prescribed if the patient has had an anaphylactic episode previously. Dexamethasone 20mg IV bolus Chlorphenamine 10mg IV bolus Carboplatin should be given at a slower rate eg 2-4 hours.
Fluorouracil	Mouth and bowel support eg Loperamide, benzydamine mouthwash

### EXTRAVASATION AND TYPE OF LINE / FILTERS

Carboplatin - irritant

Fluorouracil - inflammitant

Filter not required

Central 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

GFR assessed using EDTA result or calculated creatinine clearance at the Consultant's discretion.

Serum creatinine

Baseline weight and every cycle

## MAIN TOXICITIES AND ADVERSE REACTIONS

Carboplatin	Ototoxicity – monitor Neurotoxicity - monitor
Fluorouracil	Palmar plantar (handfoot syndrome) causing red palms and soles – treat with pyridoxine 50mg tds Diarrhoea – treat with loperamide or codeine Cardiotoxicity – monitor cardiac function. Special attention is advisable in treating patients with a history of heart disease, arrhythmias or angina pectoris or those who develop chest pain during treatment with fluorouracil. Stomatitis

## INTERACTIONS WHICH MAY REQUIRE DOSE MODIFICATIONS

(not exhaustive list check SPC/BNF/Stockleys)

Fluorouracil	Cimetidine slightly increases exposure to fluorouracil Metronidazole increased toxicity Phenytoin concentration increased Warfarin
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## DOSE MODIFICATIONS

### Haematological

If neutrophils  $<1.5 \times 10^9/L$  and/or the platelet count  $<100 \times 10^9/L$  delay the second course by one week, recheck blood count.

If satisfactory ( $>1.5 \times 10^9/L$  and  $>100 \times 10^9/L$ ) give 75% dose carboplatin and fluorouracil

If not satisfactory delay by a further week and recheck blood count, if satisfactory ( $>1.5 \times 10^9/L$  and  $>100 \times 10^9/L$ ) then give 75% dose carboplatin and fluorouracil with GCSF or at Clinician's discretion give 50% dose carboplatin and fluorouracil.

If still unsatisfactory after 2 week delay chemotherapy should be discontinued.

### Non-haematological

#### Hepatic impairment

##### Fluorouracil

Bilirubin $<85 \mu\text{mol/L}$ or ALT/AST $<180$	give 100% dose
Bilirubin $>85 \mu\text{mol/L}$ or ALT/AST $>180$	not recommended

#### Renal impairment

##### Carboplatin

GFR/ calculated CrCl $\leq 20 \text{ml/min}$ or $\leq 30 \text{ml/min}$ with pre-existing severe renal impairment	contraindicated
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## REFERENCES

1. SPC