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/m^{2*}	IV infusion	#ml sodium chloride 0.9% over 2 hours
	Post hydration			

*Consider using cisplatin 40mg/m^2 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 <100ml/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 including Mg^{++} (>0.4) and LFTs Neutrophils x 10^9/L ≥1.0 provided patient is well Platelets ≥100x10^9/L	baseline and every cycle
Ideally EDTA GFR should be used Creatinine clearance (GFR) calculated, at the Consultant's discretion	baseline and every cycle
Serum creatinine	baseline and every cycle
CA125	baseline and every cycle
Audiology	baseline
Virology	before cycle 1 if not previously checked
Weight	baseline and every cycle

MAIN TOXICITES 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.

Hepatic impairment
Cisplatin
No need for dose adjustment is expected

Renal impairment
Cisplatin

CrCl>60ml/min	give 100% dose
CrCl 50-59ml/min	give 75% dose
CrCl 40-49ml/min	give 50% dose (curative intent) not recommended (palliative intent)
CrCl <40ml/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.

Assessments

	Pre	Cycle 1	Cycle 2	Cycle 3	Cycle 4	Ongoing
Clinical assessment	X		Pre cycle		Pre cycle	Every cycle
SACT assessment (PS and toxicities)	X	X	X	X	X	Every cycle
FBC	X	X	X	X	X	Every cycle
U&E, calcium, magnesium & LFT	X	X	X	X	X	Every cycle
CrCl	X	X	X	X	X	Every cycle
CA125	X	X	X	X	X	Every cycle
CT scan	X					At cycle 6, Inform consultant team if not booked
Audiology	X					
Informed consent	X					Verbal each cycle
Height	X					
Weight recorded	X	X	X	X	X	Every cycle