CISPLATIN (40) with concurrent RT

INDICATION (ICD10) C34, C49, C51, C52, C53

1. Unresectable stage IIIA/IIIB non-small cell lung cancer concurrently with radical radiotherapy after neoadjuvant chemotherapy with 2 cycles of cisplatin/vinorelbine.
2. Radical treatment of head and neck squamous cell carcinoma.
3. Advanced cervical, vulval and vaginal carcinoma.
   PS 0, 1, 2

REGIMEN

Day 1	Prehydration			
	CISPLATIN	40mg/m^{2*}	IV infusion	#ml sodium chloride 0.9% over 60 minutes
	Post hydration			

Cisplatin should be given as early as possible in the week as cisplatin potentiates the radiotherapy
*Head and neck patients cap dose at BSA 2.0 (maximum 80mg)
*Gynae patients cap dose at maximum 70mg

CYCLE FREQUENCY AND NUMBER OF CYCLES

Lung - every 7 days for 4 cycles
Head and neck - every 7 days for 6 cycles
Gynae – every 7 days, whilst having external bean radiotherapy, usually 5 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.

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 including Mg^{++} (>0.4) and LFTs Neutrophils x 10^9/L ≥1.5 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 (gynae patients)	baseline and day 1 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. Cisplatin 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. SchaakeKoning C *et al.* N Eng J Med 1992; 326: 524-530
2. Al-Sarraf, M. et al; JCO 1998; Vol 16 (4): 1310–1317
3. Bachaud, J et al; Int J Radiat Oncol Biol Phys 1996; 36 (5): 999-1004
4. Prosnitz, RG et al; Int J Radiat Oncol Biol Phys 2005; 61: 1087–1095

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