

Cisplatin & capecitabine for Head & Neck Cancer

Indication

Recurrent/advanced/Neoadjuvant head and neck cancer

For patients where venous access i.e. PICC line and/or Hickman line has not been possible

Regimen details

DRUG	FLUID	TIME
Potassium chloride 20mmol & magnesium sulphate 10mmol	1 litre 0.9% sodium chloride	2 hours
Cisplatin 100mg/m ²	1 litre 0.9% sodium chloride	2 hours
Potassium chloride 20mmol & magnesium sulphate 10mmol	1 litre 0.9% sodium chloride	2 hours

Capecitabine 750mg/m² orally twice daily for 14 days

Cycle frequency

Every 21 days

Number of cycles

Advanced or recurrent: 4-6 cycles

Neoadjuvant: 2-3 cycles

Administration

Capecitabine can be dissolved in 200ml of water for patients with swallowing difficulties or for administration via a feeding tube. Do not crush the tablets. Cordial can be added to the solution to make it more palatable

Emetogenicity

Highly emetogenic

Investigations – pre first cycle

Audiometry (at discretion of consultant)

Calculated Creatinine clearance (ClCr)

Biochemistry profile

DPD test (unless patient has previously received fluoropyrimidine-based SACT without issues)

Investigations –pre subsequent cycles

FBC

Biochemical profile

Calculated Creatinine clearance

Consultation prior to each cycle

Standard limits for administration to go ahead

If blood results not within range, authorisation to administer **must** be given by prescriber/ consultant.

Investigation	Limit
Neutrophil count	$\geq 1.5 \times 10^9/L$ (if 1-1.2 contact consultant)
Platelet count	$\geq 100 \times 10^9/L$
Creatinine clearance	≥ 60 mL/min
Bilirubin	$\leq 1.5 \times$ ULN
AST	$< 1.5 \times$ ULN

Dose modifications

If calculated creatinine clearance 50 – 55 reduce cisplatin dose by 20%

If calculated creatinine clearance < 50 contact consultant

Reduce cisplatin and capecitabine doses by 25% following febrile neutropenia or more than 2 delays due to haematological toxicity

Consider substituting carboplatin AUC5 for cisplatin if creatinine clearance < 50 and/or poor performance status

If DPD mutation positive then reduce capecitabine dose as per network DPD guidelines

Adverse effects –

[for full details consult product literature/ reference texts](#)

Mucositis

Diarrhoea

Skin rashes

Neutropenic sepsis

Renal failure

High tone and hearing loss

5% - 10% incidence of precipitation of angina, chest pain must be taken seriously

THIS PROTOCOL HAS BEEN DIRECTED BY DR BISWAS, CLINICIAN FOR HEAD AND NECK CANCER

RESPONSIBILITY FOR THIS PROTOCOL LIES WITH THE HEAD OF SERVICE

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