# Weekly cisplatin with concurrent radiotherapy for head and neck cancer

## Indication

Locally advanced head and neck cancer

## Regimen details

| DRUG | FLUID | TIME |
|---|---|---|
| 20mmol Potassium chloride + 10mmol magnesium sulphate | 1 litre 0.9% sodium chloride | 2 hours |
| Cisplatin 40 mg/$m^2$ | 1000ml 0.9% sodium chloride | 1 hour |
| | 500ml 0.9% sodium chloride | 30 minutes |

(Cap body surface area at 2$m^2$)

## Cycle frequency

Repeat weekly concurrently with radiotherapy

## Number of cycles

6 weeks

## Administration

Radiotherapy should be given during the post-hydration period
Ideally chemotherapy should be administered on Monday, Tuesday or Wednesday

## Emetogenicity

Highly emetogenic

## Investigations – pre first cycle

| Investigation | Validity period |
|---|---|
| FBC | 14 days |
| U+E (including creatinine) | 14 days |
| LFT (including AST) | 14 days |
| Magnesium | 14 days |

## Investigations –pre subsequent cycles

FBC, U+E (including creatinine), LFT (including AST), Magnesium

## Standard limits for administration to go ahead

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

At Consultant's direction
Defer treatment 1 week until neutrophils ≥1.5 and platelets ≥100
If neutrophils 1.2-1.5 contact consultant

Withhold treatment if calculated Creatinine Clearance is <50ml/min. Repeat before further treatments.

## Dose modifications

Consider discontinuing concurrent cisplatin if acute kidney injury
Consider changing to carboplatin AUC 2 if persistent tinnitus or deafness or if calculated creatinine clearance is <50
Discuss with consultant before modifying dose

## Adverse effects

Nausea and vomiting
Renal impairment, tinnitus, hearing loss, neuropathy

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

**RESPONSIBILITY FOR THIS PROTOCOL LIES WITH THE HEAD OF SERVICE**

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