

Chemotherapy protocol

Drug regimen

Cisplatin & 5FU

Indications for use

Metastatic/relapsed inoperable anal cancer

Regimen

DAY	DRUG	FLUID	TIME
1		1 litre 0.9% NaCl +20mmol KCl + 10mmol MgSO ₄	2 hours
	Cisplatin 60mg/m ²	500ml 0.9% NaCl	1 hour
		1 litre 0.9% NaCl +20mmol KCl + 10mmol MgSO ₄	2 hours

Days 1 to 4

5-fluorouracil 1000mg/m²/day via appropriate infusion pump

Regimen to be repeated every 3 weeks for 4 to 8 cycles (at clinician's discretion)

Investigation prior to initiating treatment

Audiometry (at discretion of consultant)
Calculated creatinine clearance (Cl_{Cr})
Biochemistry profile and magnesium
FBC

Dihydropyrimidine dehydrogenase (DPD) deficiency can result in severe toxicity secondary to reduced fluorouracil metabolism (this can present as severe diarrhoea and/or severe stomatitis early in the first cycle). Patients require DPD testing prior to administration. Dose adjustments should be made in accordance with local DPD policy.

Investigations and consultations prior to each cycle

FBC
Biochemical profile and magnesium
Calculated Creatinine clearance
Consultation prior to each cycle

Acceptable limits for treatment to proceed (if outside these delay one week or contact consultant)

Platelets $\geq 100 \times 10^9/l$ and neutrophils $\geq 1.5 \times 10^9/l$
Cl_{Cr} ≥ 60 mls/min

If neutrophils 1.2-1.5 $\times 10^9/l$ contact **consultant**

Side Effects

- Mucositis → Corsodyl / Difflam Mouth Wash
- Diarrhoea → Loperamide
- Skin rashes
- Neutropenic sepsis
- Cisplatin: renal failure, high tone and hearing loss (audiogram if reported hearing loss)

If transaminases elevated 3-5x ULN reduce 5 fluorouracil to 875mg/m²/day

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

Dose Modification Criteria

If calculated creatinine clearance 45-59 ml/min reduce cisplatin dose by 25%

If calculated creatinine clearance < 45 ml/min contact consultant (omit cisplatin consider carboplatin AUC 5)

If transaminases elevated 3-5x ULN reduce 5 fluorouracil to 875mg/m²/day

If transaminases >5x ULN withhold both drugs until < grade 2 (no liver metastases) or grade 2 or less for patients with liver metastases and baseline elevated transaminases, then dose reduce 5FU to 875mg/m²/day

Discontinue cisplatin if new functional deterioration in hearing or high frequency hearing loss on audiogram
Discontinue cisplatin if grade 3 sensory or motor neuropathy, and interrupt treatment if grade 2 until resolves to grade 1 (then reduce cisplatin to 50mg/m²)

Toxicity grade	1 st dose event	2 nd dose event	3 rd dose event	4 th dose event
0-1	100%	100%	100%	100%
2	Delay* then 100%	Delay * then 75%	Delay * then 50%	discontinue
3	Delay* then 75%	Delay * then 50%	discontinue	discontinue
4	Discontinue or delay * then 50%	discontinue	discontinue	discontinue

* Stop treatment immediately and delay until toxicity resolved to grade 0-1

Monitor patients with diarrhoea until symptoms completely resolved as rapid deterioration may occur.

Specific Information on Administration

Patients for outpatient pumps must have a PICC line inserted

THIS PROTOCOL HAS BEEN DIRECTED BY DR WILLIAMSON, CLINICIAN FOR ANAL CANCER

RESPONSIBILITY FOR THIS PROTOCOL LIES WITH THE HEAD OF SERVICE

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