Cisplatin for use in TORPEdo trial only

Indication

Oropharyngeal squamous cell carcinoma (for use in TORPEdo trial only)

Regimen details

Days 1 & 2:
Cisplatin 50mg/m^2 via IV infusion

Cycle frequency

Every 21 days

Number of cycles

2

Administration

Infusion fluid and additives	Volume	Infusion time
20mmol potassium chloride and 10mmol magnesium sulphate in sodium chloride 0.9%	1000ml	2 hours
Cisplatin 50mg/m^2 in sodium chloride 0.9%	500ml	1 hour
20mmol potassium chloride and 10mmol magnesium sulphate in sodium chloride 0.9%	1000ml	2 hours

Encourage oral hydration during treatment e.g. a glass of water every hour during treatment and at least a further 2 litres over the 24 hours following treatment

Pre-medication

Hydration as above

Emetogenicity

High

Additional supportive medication

None specific

Extravasation

Exfoliant

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

If before cycle 2 cisplatin, chemotherapy participants subsequently develop renal impairment (creatinine clearance 30-60mls/min), clinically significant hearing loss or new tinnitus that interferes with activities of daily living, or neurotoxicity (peripheral neuropathy ≥ grade 2 i.e., moderate symptoms, limiting instrumental activities of daily living), or because of other toxicities (and at the discretion of the treating oncologist PI/co-investigator), carboplatin AUC=5 may be substituted for the second cycle of chemotherapy. If the creatinine clearance is < 30mls/min, it is anticipated that the second cycle of chemotherapy will be omitted.

Dose modifications

See above

Adverse effects –

for full details consult product literature/ reference texts

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

Significant drug interactions

– for full details consult product literature/ reference texts

Allopurinol, colchicine, probenecid, sulfinpyrazone: increase serum uric acid concentration.
Cephalosporins, aminoglycosides, amphotericin B: increase nephrotoxic and ototoxic effects of cisplatin when administered simultaneously or 1-2 weeks after treatment with cisplatin.
Ciclosporin: excessive immunosuppression, with risk of lymphoproliferation.
Cyclizine, phenothiazines: may mask ototoxicity symptoms.
Furosemide, hydralazine, diazoxide, propranolol: intensify nephrotoxicity .
Oral anticoagulants: require an increased frequency of the INR monitoring.
Penicillamine: may diminish the effectiveness of cisplatin.
Phenytoin: reduced serum levels of phenytoin (due to reduced absorption and/or increased metabolism) can reduce epilepsy control. Monitor phenytoin levels.

Additional comments

References

TORPEdo trial protocol v5 (9th February 2022)

THIS PROTOCOL HAS BEEN DIRECTED BY DR BISWAS, CONSULTANT ONCOLOGIST

RESPONSIBILITY FOR THIS PROTOCOL LIES WITH THE HEAD OF SERVICE

Date: October 2022
Review: October 2024
VERSION: 1
