North West Coast
Strategic Clinical Networks

Chemotherapy protocol

Drug regimen
Gemcitabine & cisplatin (3 weekly)

Indication for use
Downstaging, neoadjuvant or palliative treatment for bladder cancer

Regimen

Day	Drug	Route	Fluid	Time
1		IV	1litre 0.9% NaCl +20mmol KCl +10mmol $MgSO_4$	2 hours
	Cisplatin 70mg/m^2	IV	1 litre 0.9% NaCl	2 hours
		IV	1 litre 0.9% NaCl +20mmol KCl +10mmol $MgSO_4$	2 hours
	Gemcitabine 1000mg/m^2	IV	250ml 0.9% NaCl	30 mins
8	Gemcitabine 1000mg/m^2	IV	250ml 0.9% NaCl	30 mins

Given every 21 days for 3 cycles (neoadjuvant) or 6 cycles (palliative)

Investigation prior to initiating treatment
FBC, U&Es, LFTs, calculated creatinine clearance

Investigations and consultations prior to each cycle
Day 1 – FBC, U&Es, LFTs, calculated creatinine clearance
Day 8 – FBC, U&Es

Acceptable levels for treatment to proceed
(if outside these levels, defer one week or contact consultant)

Day 1: calculated creatinine clearance >50, WCC >3.0, neutrophils >1.5, platelets >100
Day 8: neutrophils >1.5, platelets >100

Side Effects
Nausea & vomiting, bone marrow suppression, neutropenia, thrombocytopenia, peripheral neuropathy, nephrotoxicity, audio-toxicity, pulmonary-toxicity (Pneumonitis) (altered LFT's from gemcitabine), flu-like symptoms, allergic rash

Dose Modification Criteria
Day 8 WBC > 3.0 and platelets > 75, full dose gemcitabine
Day 8 WBC 2-3 and platelets > 50, full dose gemcitabine
Day 8 WBC < 2 or platelets < 50, withhold day 8 gemcitabine
20% dose reduction if there is a delay >1 week, if there has been a previous delay of more than 2 cycles or if the patient experiences neutropenic sepsis

Specific Information on Administration
Do not reduce rate of administration of gemcitabine.

THIS PROTOCOL HAS BEEN DIRECTED BY DR BIRTLE DESIGNATED LEAD CLINICIAN FOR BLADDER CANCER
RESPONSIBILITY FOR THIS PROTOCOL LIES WITH THE HEAD OF SERVICE

Date **March 2017**
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