

Chemotherapy Protocol

DRUG REGIMEN

Cisplatin and continuous infusion 5FU (for penile cancer)

Indication for use

Metastatic or locally advanced penile cancer

Regimen

Pre hydration: 1 litre 0.9% sodium chloride + 20mmol potassium chloride + 10mmol magnesium sulfate infusion over 2 hours

Cisplatin 100mg/m² in 1 litre 0.9% sodium chloride infusion over 2 hours

Post hydration: 1 litre 0.9% sodium chloride + 20mmol potassium chloride + 10mmol magnesium sulfate infusion over 2 hours

5 Fluorouracil 1000mg/m² per day, day 1 to 5

Given every 21 days for 3-6 cycles

Investigation prior to initiating treatment

CT scan of chest abdomen and pelvis

Bone scan if Alk P raised

Calculated GFR

U&E, full blood count, clotting profile, serum calcium, and liver function tests

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.

Cautions

Renal failure. If CrCl is 50-60mls, give 70mg/m² cisplatin.

Consider prophylactic antibiotics if high risk of infection due to local or nodal disease causing skin breakdown and ulceration.

Investigations and consultations prior to each cycle

FBC – weekly

U&Es, creatinine clearance, LFTs - 3 weekly prior to cisplatin

The liver function test may be retrospectively looked at (i.e. after the chemotherapy treatment) **unless** they are known to be abnormal then they need to be repeated the day before so that the results are available pre-chemotherapy

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

Calc GFR by Cockcroft Gault or similar to be greater than 50mls. If below this, discuss with consultant re substitution of carboplatin AUC 5

Neutrophils ≥ 1.5 and platelets ≥ 100

If neutrophils 1.2 – 1.5 contact **consultant**

Side Effects

Alopecia

Nephrotoxicity

Nausea and vomiting

Diarrhoea

Neurotoxicity

Myelosuppression

Ototoxicity

Plantar-palmar syndrome

Line complications

Dose Modification Criteria

If patient > 70 years old, performance status 2, CrCl 50-60mls, or significant comorbidities, reduce cisplatin dose to 70mg/m²

Specific Information on Administration

PICC or Hickman line insertion prior to chemotherapy

Maintain adequate urine output and hydration on day 1 of chemotherapy

THIS PROTOCOL HAS BEEN DIRECTED BY DR BIRTLE, DESIGNATED LEAD CLINICIAN FOR PENILE CANCER

RESPONSIBILITY FOR THIS PROTOCOL LIES WITH THE HEAD OF SERVICE

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