# Cisplatin & 5-fluorouracil for Head & Neck Cancer

## Indication

Recurrent/advanced/Neoadjuvant head and neck cancer

## Regimen details

| DRUG | FLUID | TIME |
|---|---|---|
| Potassium chloride 20mmol & magnesium sulphate 10mmol | 1 litre 0.9% sodium chloride | 2 hours |
| Cisplatin 100mg/$m^2$ | 1 litre 0.9% sodium chloride | 2 hours |
| Potassium chloride 20mmol & magnesium sulphate 10mmol | 1 litre 0.9% sodium chloride | 2 hours |

Followed by

5-fluorouracil 1000mg/$m^2$/day for 4 days via appropriate infusion pump

## Cycle frequency

Every 21 days

## Number of cycles

Advanced or recurrent: 4-6 cycles
Neoadjuvant: 2-3 cycles

## Administration

Patients for outpatient pumps must have a PICC line inserted

## Emetogenicity

Highly emetogenic

## Investigations – pre first cycle

Audiometry (at discretion of consultant)
Calculated Creatinine clearance (ClCr)
Biochemistry profile
DPD test (unless patient has previously received fluoropyrimidine-based SACT without issues)

## Investigations –pre subsequent cycles

FBC
Biochemical profile
Calculated Creatinine clearance
Consultation prior to each cycle

## Standard limits for administration to go ahead

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

| Investigation | Limit |
|---|---|
| Neutrophil count | ≥ 1.5 x $10^9$/L (if 1-1.2 contact consultant) |
| Platelet count | ≥ 100 x $10^9$/L |
| Creatinine clearance | ≥ 60 mL/min |
| Bilirubin | ≤ 1.5 x ULN |
| AST | < 1.5 x ULN |

## Dose modifications

If calculated creatinine clearance 50 – 55 reduce cisplatin dose by 20%
If calculated creatinine clearance < 50 contact consultant
Reduce cisplatin and 5FU doses by 25% following febrile neutropenia or more than 2 delays due to haematological toxicity
Consider substituting carboplatin AUC5 for cisplatin if creatinine clearance <50 and/or poor performance status

If DPD mutation positive then reduce 5FU dose as per network DPD guidelines

## Adverse effects –

for full details consult product literature/ reference texts

Mucositis
Diarrhoea
Skin rashes
Neutropenic sepsis
Renal failure
High tone and hearing loss
5% - 10% incidence of precipitation of angina, chest pain must be taken seriously

**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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