

# TPF

## (Docetaxel, cisplatin, 5-fluorouracil)

### Indication

Neoadjuvant/Induction therapy for Locally Advanced/Unresectable squamous cell carcinoma of the head and neck

### Regimen details

Drug/dose	Fluid	Time
Docetaxel 75mg/m <sup>2</sup>	250ml 0.9% sodium chloride	1 hour
Potassium chloride 20mmol & magnesium sulphate 10mmol	1 litre 0.9% sodium chloride	2 hours
Cisplatin 75mg/m <sup>2</sup>	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 750mg/m<sup>2</sup>/day for 4 days via ambulatory infusor pump

### Cycle frequency

Every 3 weeks

### Number of cycles

2-3 cycles

### Administration

Patients for outpatient pumps must have a PICC line inserted

### Pre-medication

Dexamethasone 8mg bd for 3 days starting the morning before chemotherapy

### Emetogenicity

Highly emetogenic

### Investigations – pre first cycle

Audiometry (at discretion of consultant)

Calculated Creatinine clearance (ClCr)

FBC, U&Es, LFTs

DPD test (unless patient has previously received fluoropyrimidine-based SACT without issues)

### Investigations –pre subsequent cycles

FBC, U&Es, LFTs

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	$\geq 1.5 \times 10^9/L$ (if 1-1.2 contact consultant)
Platelet count	$\geq 100 \times 10^9/L$
Creatinine clearance	$\geq 55\text{mL/min}$
Bilirubin	$\leq 1.5 \times \text{ULN}$
AST	$< 1.5 \times \text{ULN}$

## Dose modifications

If calculated creatinine clearance 50 – 55 reduce cisplatin dose by 20%

If calculated creatinine clearance < 50 contact consultant

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

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**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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