

Regimen Monograph

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A - Regimen Name

CISP(RT-D) Regimen

CISplatin (low dose)

Disease Site Head and Neck

Intent Adjuvant

Regimen Category **Evidence-Informed :**

Regimen is considered appropriate as part of the standard care of patients; meaningfully improves outcomes (survival, quality of life), tolerability or costs compared to alternatives (recommended by the Disease Site Team and national consensus body e.g. pan-Canadian Oncology Drug Review, pCODR). Recommendation is based on an appropriately conducted phase III clinical trial relevant to the Canadian context OR (where phase III trials are not feasible) an appropriately sized phase II trial. Regimens where one or more drugs are not approved by Health Canada for any indication will be identified under Rationale and Use.

Rationale and Uses Treatment of locally advanced head and neck cancer

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B - Drug Regimen

[CISplatin](#) 6 mg /m² IV Day 1

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C - Cycle Frequency

REPEAT DAILY concurrent with radiotherapy

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D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate

Febrile Neutropenia Risk: Low

Other Supportive Care:

Also refer to [CCO Antiemetic Summary](#)

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E - Dose Modifications

Doses should be modified according to the protocol by which the patient is being treated. The following recommendations are in use at some centres.

Dosage with toxicity

Hematologic Toxicities

See Appendix 6 for general recommendations.

Hepatic Impairment

No adjustment required.

Renal Impairment

Creatinine clearance or Serum creatinine	Action
If CrCl = 0.5-1.0mL/sec or Serum Creatinine=136-185µmol/L	REDUCE Cisplatin* to 50% dose
If CrCl < 0.5mL/min or Serum Creatinine>185µmol/L	OMIT Cisplatin dose

*Upon the discretion of the prescriber, less dose reduction may be suggested. See CISPLATIN drug monograph.

Dosage in the Elderly

Geriatric patients may be at higher risk of developing nephrotoxicity, ototoxicity/neurotoxicity or hematologic adverse effects with cisplatin.

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F - Adverse Effects

Refer to [CISplatin](#) drug monograph(s) for additional details of adverse effects

Concurrent Cisplatin and radiotherapy can lead to moderate to severe stomatitis affecting oral intake while on treatment, hence consideration should be made for feeding tube insertion to maintain nutrition.

Most Common Side Effects	Less Common Side Effects, but may be Severe or Life Threatening
<ul style="list-style-type: none"> • Nausea and vomiting • Nephrotoxicity (may be severe), electrolyte abnormalities • Neurotoxicity and ototoxicity (may be severe), dysgeusia • Myelosuppression ± infection / bleeding • Reproductive risk • Stomatitis 	<ul style="list-style-type: none"> • Arterial thromboembolism • Arrhythmia • Hemolytic uremic syndrome, vasculitis • SIADH • Myelopathy, optic neuritis • Leukemia • Seizures • Hypersensitivity

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G - Interactions

Refer to [CISplatin](#) drug monograph(s) for additional details

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H - Drug Administration and Special Precautions

Refer to [CISplatin](#) drug monograph(s) for additional details

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I - Recommended Clinical Monitoring

Treating physicians may decide to monitor more or less frequently for individual patients but should always consider recommendations from the product monograph.

Recommended Clinical Monitoring

- CBC; baseline and before each cycle
- Baseline and regular liver and renal function (including electrolytes and magnesium) tests
- Clinical toxicity assessment (including stomatitis, neurotoxicity and ototoxicity); at each visit
- Grade toxicity using the current [NCI-CTCAE \(Common Terminology Criteria for Adverse Events\) version](#)

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J - Administrative Information

Give low-dose cisplatin daily prior to radiation.

Approximate Patient Visit	1 hour
Pharmacy Workload (average time per visit)	9.749 minutes
Nursing Workload (average time per visit)	41.667 minutes

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K - References

Cisplatin drug monograph, Cancer Care Ontario.

Jeremic B, Shibamoto Y, Milicic B, et al. Hyperfractionated radiation therapy with or without concurrent low-dose daily cisplatin in locally advanced squamous cell carcinoma of the head and neck: A prospective randomized trial. *J Clin Oncol* 2000; 18: 1458-64

Jeremic B, Milicic B, Dagovic A, et al. Radiation therapy with or without concurrent low-dose daily chemotherapy in locally advanced, nonmetastatic squamous cell carcinoma of the head and neck. *J Clin Oncol*. 2004;22(17):3540-8

Wolff HA, Overbeck T, Roedel RM, et al. Toxicity of daily low dose cisplatin in radiochemotherapy for locally advanced head and neck cancer. *J Cancer Res Clin Oncol* 2009;135(7):961-7.

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M - Disclaimer

Regimen Abstracts

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Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

Regimen Monographs

Refer to the [New Drug Funding Program](#) or [Ontario Public Drug Programs](#) websites for the most up-to-date public funding information.

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