



مركز الكويت لمكافحة السرطان  
Kuwait Cancer Control Center

## Weekly CISplatin Concomitant with Radiotherapy



Ministry of Health

**Name:** \_\_\_\_\_ **File #:** \_\_\_\_\_ **Ht (cm):** \_\_\_\_\_  
**Nationality:** \_\_\_\_\_ **Civil ID:** \_\_\_\_\_ **Wt (Kg):** \_\_\_\_\_  
**Gender/Age:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **BSA (m<sup>2</sup>):** \_\_\_\_\_

**Indication(s):**  Locally advanced head and neck cancers  
 Gynecological cancers

**Central line:**  Available  NA **Allergies:**  NKA  Yes, specify; \_\_\_\_\_

**Parameters:** Initiate treatment only If ANC  $\geq$  1500; HB  $\geq$  80; Plt  $\geq$  100,000; CrCl  $>$  45 ml/min.

**Pre-treatment Medications:** (30-60 min before starting treatment)

Akynzeo 1 Capsule PO (300 mg NETUpitant/0.5 mg PALONOssetron) on Day 1  
Dexamethasone 12 mg PO/IV

**Standard Protocol:**

DRUG	DOSE	ADMINISTRATION	DAYS
CISplatin	40 mg/m <sup>2</sup>	IV In 500 mL NS over 60 min.	D1
<p><b>To be repeated every week as long as the patient still on external beam radiation therapy (EBRT). CISplatin dose will be calculated using the actual body weight with maximum dose of CISplatin is 70 mg weekly for a total of 6 weeks.</b></p>			

**Special instructions:** - CISplatin should be commenced during the first week of radiotherapy.  
- Any changes in body weight exceeds 10 % of baseline, recalculate CISplatin dose.

**Treatment Description:**

**Pre-hydration:** 500 mL NS IV over 30 min.

Cycle	Date	CISplatin	Physician	Consultant
W# __				

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Cycle	Date	CISplatin	Physician	Consultant
W# __				

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Cycle	Date	CISplatin	Physician	Consultant
W# __				

**Important Notes:**

Reported grade 3/4 toxicities:  None  Hematological  Non-Hematological

If yes; Did it indicate hospitalization?  Yes  No

Did it indicate chemo-delay for  $\geq$  7 days?  Yes  No

Did it indicate dose reduction?  Yes  No

Did it indicate G-CSF support?  Yes  No