

# WEEKLY CARBOPLATIN & RADIOTHERAPY post TPF regimen

Chemo-radiotherapy for locally advanced SCC Head and Neck Cancer  
**Only for use in patients who have received TPF as induction chemotherapy**

Drugs/Dosage:	Starting on Day 1 of radiotherapy (3 to 8 weeks after last cycle of TPF):	
	Carboplatin	AUC 1.5 IV once weekly for 6 – 7 weeks based on EDTA clearance (see Comments)
Radiotherapy:	2Gy/fraction, given daily on weekdays only over 7 weeks, to a total of 70Gy RT must commence within 1 hour of the end of carboplatin infusion	
Administration:	in 250ml 5% glucose over 30 minutes	
Frequency:	one course only, consisting of 6 to 7 doses of concurrent weekly carboplatin	
Main Toxicities:	myelosuppression; ovarian failure/infertility; radiotherapy side-effects include mucositis, radiation dermatitis, pain, and dysphagia	
Anti-emetics:	highly emetogenic	
Regular Investigations:	FBC U&Es & LFTs EDTA	once weekly on day chemo-radiotherapy due once weekly on day chemo-radiotherapy due Prior to 1 <sup>st</sup> cycle*

\*EDTA result from before TPF given may be used, unless there has been a 30% change in serum creatinine. EDTA should be repeated if there is a 30% change in serum creatinine.

Comments: Carboplatin dose should be calculated using the Calvert Formula:  
Dose = Target AUC x (25 + GFR)

## Dose Modifications

Haematological Toxicity:	Neutrophils < 1.5 x 10 <sup>9</sup> /l	Delay carboplatin for 1 week (RT to continue).
	or Platelets < 100 x 10 <sup>9</sup> /l	Repeat count and, if within normal parameters, resume treatment at full dose.

Haemoglobin (Hb) needs to be maintained above 12g/dl throughout treatment<sup>1</sup>. If the Hb falls below this level, a blood transfusion needs to be arranged (treatment may continue).

Renal Impairment: If EDTA or calculated CrCl < 20ml/min, carboplatin is contra-indicated.

References: Posner et al; NEJM 2007; 357 (17): 1705 – 1715  
Haematological toxicity advice taken from SLCC protocol for Cisplatin & RT (cervix)  
<sup>1</sup>Prosnitz, RG et al; Int J Radiat Oncol Biol Phys 2005; 61: 1087 - 1095

Reason for Update: overdue for review	Approved by Consultant: Dr S Whitaker
Version: 2	Approved by Lead Chemotherapy Nurse: P Deery
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