ADULT Updated: April 8, 2022

Regimen Reference Order - H&N - CISplatin + etoposide

ARIA: H&N - [CISplatin + etoposide]

Planned Course: Every 21 days for 5 cycles (cycles 4 and 5 with concurrent radiation)

Indication for Use: Sinonasal Undifferentiated Carcinoma

CVAD: At provider's discretion

Proceed with treatment if:

• ANC equal to or greater than 1.5 x $10^9/L$ AND Platelets equal to or greater than $100 \times 10^9/L$

- Creatinine clearance equal to or greater than 45 mL/minute
 - Contact Medical Oncologist if parameters not met. Do not delay or cancel therapy without consulting Medical Oncologist

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements				
Drug	Dose	CCMB Administration Guideline		
Not Applicable				

Establish primary solu	tion 500 mL of: normal	saline
Drug	Dose	CCMB Administration Guideline
Day 1		
magnesium sulfate	2 g	IV in normal saline 1000 mL over 2 hours (Pre hydration)
aprepitant	125 mg	Orally 1 hour pre-chemotherapy
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy
OLANZapine	2.5 mg	Orally 30 minutes pre-chemotherapy
CISplatin	75 mg/m ²	IV in normal saline 500 mL over 1 hour
etoposide	100 mg/m ²	IV in normal saline 500 mL over 1 hour
		Use non-DEHP bags and non-DEHP administration sets
mannitol	12.5 g	IV in normal saline 500 mL over 1 hour (Post hydration)
		*Alert: diluent volume and duration of infusion are different
		than standards used in other regimens
Days 2 and 3		
dexamethasone	8 mg	Orally 30 minutes prior to chemotherapy
etoposide	100 mg/m ²	IV in normal saline 500 mL over 1 hour
		Use non-DEHP bags and non-DEHP administration sets

In the event of an infusion-related hypersensitivity reaction, refer to the 'Hypersensitivity Reaction Standing Order'

REQUIRED MONITORING

All Cycles

Day 1

- CBC, serum creatinine, urea, electrolytes, liver enzymes and total bilirubin as per Physician Orders
- · Baseline blood pressure prior to magnesium infusion and repeat 15 minutes after start of magnesium infusion

	Recommended Support Medications				
	Drug	Dose	CCMB Administration Guideline		
apr	repitant	80 mg	Orally once daily on Days 2 and 3		
dex	xamethasone	8 mg	Orally once daily on Day 4		
OL	ANZapine	2.5 mg	Orally the evening of Day 1 then twice daily on Days 2, 3 and 4. Also use OLANZapine 2.5 to 5 mg AS NEEDED for breakthrough nausea and vomiting (including Days 1 to 4) up to a maximum of 10 mg per day. Contact clinic if nausea/vomiting is not adequately controlled		

DISCHARGE INSTRUCTIONS

- Instruct patient to continue taking anti-emetic(s) at home
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

- CISplatin is ototoxic and nephrotoxic
- · CISplatin can cause hypomagnesemia
- Since treatment is given concurrently with radiation, site restrictions are in place for Cycles 4 and 5

