

TCarbo for Head and Neck and Thyroid Cancer

Indication	Locally advanced cancers of the nasopharynx and paranasal sinuses prior to chemo-radiation. Palliative and neo-adjuvant treatment of anaplastic carcinoma of the thyroid.
Treatment Intent	Neo-adjuvant treatment (cancers of the nasopharynx and paranasal sinuses OR anaplastic carcinoma of the thyroid) Palliative treatment (anaplastic carcinoma of the thyroid)
Frequency and number of cycles	Every 21 days for 2-4 cycles as neo-adjuvant treatment Every 21 days for up to 6 cycles as palliative treatment.
Monitoring parameters and management of adverse events & dose reductions	<p>Notes</p> <ul style="list-style-type: none"> For reasons of practicality the Head and Neck NOG recommends a C+G is used to calculate the dose of Carboplatin. C&G prior to cycle 1 must be ≥ 30ml/min. Discuss with consultant if CrCl drops by 25%. If neut ≤ 1.5 and/or PLT ≤ 100 d/w consultant Monitor LFTs, U&Es and FBC at each cycle In liver impairment a dose reduction of docetaxel may be considered dependent on PS (see SPC docetaxel). Docetaxel is not recommended in severe hepatic impairment. Dose reduction should be considered if grade 3 or 4 non-haematological toxicity or repeat appearance of grade 2 (except N&V and alopecia). Delay until resolution of toxicity to \leq grade 1 Patients should be observed closely for hypersensitivity reactions especially during the first and second infusions. Hypersensitivity reactions may occur within a few minutes following the initiation of the infusion of docetaxel, thus facilities for the treatment of hypotension and bronchospasm should be available. If hypersensitivity reactions occur, minor symptoms such as flushing or localised cutaneous reactions do not require interruption of therapy. However, severe reactions, such as severe hypotension, bronchospasm or generalised rash/erythema require immediate discontinuation of docetaxel and appropriate therapy. Patients who have developed severe hypersensitivity reactions should not be re-challenged with docetaxel, d/w consultant. Ensure dexamethasone pre-medication (8mg bd for 3 days starting the day before chemotherapy) is prescribed and given to the patient at new patient chat. Ensure dexamethasone pre-med has been taken prior to starting chemotherapy.
Reference(s)	HNT-018 TP (v2 March 15) Carboplatin as alternative to cisplatin

Protocol No	HNT-027	Kent and Medway SACT Protocol Disclaimer: No responsibility will be accepted for the accuracy of this information when used elsewhere.	
Version	1 Final	Written by	C Waters
Supersedes version	New protocol	Checked by	B Willis
Date	12/09/17	Authorising consultant (usually NOG Chair)	K Nathan

Day	Drug	Dose	Route	Infusion Duration	Administration Details
1	Please ensure dexamethasone pre-med has been taken prior to administration of chemotherapy				
	Ondansetron	<75yrs 16mg ≥75yrs 8mg	IV	15 mins	In 50ml sodium chloride 0.9%
	DOCETAXEL	75mg/m ²	IV	1 hr	Sodium Chloride 0.9% 250ml
	CARBOPLATIN	AUC 5 Dose = 5 x (GFR + 25)	IV	30 min	Glucose 5% 500ml
TTO	Drug	Dose	Route	Directions	
1	Dexamethasone tablets/liquid*	see directions	po	8mg bd for the day prior to next cycle of chemotherapy then 8mg bd for 2 days (i.e on the day of chemotherapy and the day after chemotherapy.)	
	Metoclopramide tablets/liquid*	10mg	po	up to 3 times a day for 3 days then 10mg up to 3 times a day as required	
	Ondansetron tablets/liquid*	8mg	po	bd for 5 days (start evening of day 1)	
	Filgrastim 300 micrograms or consider dose of 480 micrograms if patient > 80kg		sc	od starting on day 2 for 5 days	
RESCUE PACK	Drug	Dose	Route	Directions	
	Loperamide	2-4mg	po	take 4mg after first loose stool, then 2mg after each loose stool when required (max. 16mg per day)	
	Chlorhexidine Mouthwash	10-15mls		Use as directed as required after meals	
	Difflam Mouthwash	15ml		Use as directed as required before meals	
	Prochlorperazine (Buccastem®)	3mg	Buccal	1-2 tablets to be placed high between the upper lip and gum and left to dissolve twice daily when required	

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