

TP – Head & Neck 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 pre-treatment	<ul style="list-style-type: none"> • BSA capped at 2.0m² • C+G should be used to measure renal function. Must be ≥ 40ml/min. If CrCl 40-60 ml/min consider dose reduction of cisplatin. • In liver impairment a dose reduction of docetaxel may be considered dependent on PS (see SPC docetaxel) • If neuts ≤ 1.5 and/or PLT ≤ 100 d/w consultant • Monitor LFT's, U&E's and FBC at each cycle • Consider dose reduction if grade 3 or 4 non-haematological toxicity OR repeat appearance of grade 2 (except N&V and alopecia) OR tinnitus • Ensure dexamethasone pre-medication is prescribed and given to the patient at new patient chat. Ensure dexamethasone pre-med has been taken prior to starting chemotherapy.
Reference(s)	K&M SACT proforma HNT-018 v2 Review March 17 Aria TP (HNT) v1.0 Approved Mar 08 2016

NB For funding information, refer to the SACT funding spreadsheet

Protocol No	HNT-018	Kent and Medway SACT Protocol Disclaimer: No responsibility will be accepted for the accuracy of this information when used elsewhere.	
Version	3FINAL	Written by	S Wade
Supersedes version	Version 2 of K&M SACT proforma	Checked by	B Willis / C Waters
Date	10/07/2017	Authorising Oncologist (usually NOG Chair)	K Nathan

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Day	Drug	Dose	Route	Infusion Duration	Administration Details
1	Sodium Chloride 0.9%	1000ml	IV	2 hrs	+ 20mmol KCL + 10mmol Mg ²⁺⁺
	Sodium Chloride 0.9%	1000ml	IV	2 hrs	+20mmol KCL
	Aprepitant	125mg	po		Take one 125mg capsule one hour prior to chemo on Day 1
	Mannitol 10%	200mls	IV	15 min	
	Ondansetron	<75yrs 16mg ≥75yrs 8mg	IV	15 min	Sodium chloride 0.9% 50ml
	DOCETAXEL (75mg/m²) (max 150mg)		IV	1 hour	In 250mls Sodium chloride 0.9%
	CISPLATIN (75mg/m²) (max 150mg)		IV	2 hrs	In 1000ml Sodium Chloride 0.9%
	Furosemide	40mg	IV/po		If urine output <100ml/hr or weight gain >2kg
	Sodium Chloride 0.9%	1000ml	IV	2 hrs	+ 20mmol KCL + 10mmol Mg ²⁺⁺
	*(Furosemide)	40mg	IV/po		* ONLY IF REQ'D If patient remains in a 2L positive balance
TTO	Drug	Dose	Route	Directions	
1	Dexamethasone tablets/liquid	see directions	po	8mg bd for the day prior to next cycle of chemotherapy then 4mg bd for 2 days (i.e on the day of chemotherapy and the day after chemotherapy.)	
	Metoclopramide tablets/liquid	10mg	po	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)	
	Aprepitant	80mg	po	Take one 80mg capsule each morning on day 2 and day 3 only	
	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 TWO (ie 4mg) after first loose stool, then ONE (2mg) after each loose stool when required (Maximum 16mg per day)	
	Chlorhexidine Mouthwash	10-15mls		Use as directed as required after meals	
	Diffiam 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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