Indication	Penile cancer
Treatment Intent	Palliative / Adjuvant
Frequency and number of cycles	Every 3 weeks Adjuvant - 4 cycles Palliative – 4-6 cycles
Monitoring parameters pre-treatment	• ECG prior to cycle 1 • It is highly recommended that DPD testing is undertaken before starting treatment; the result must be checked before treatment is started. • Monitor LFT's, U&E's and FBC at each cycle. • If neuts 1.0-1.4 and/ or Plts 75-100 d/w consultant. • If neuts <1.0 or PLT <75 delay and discuss with consultant. • Renal impairment: C+G should be used to measure renal function prior to each cycle. Must be ≥ 40ml/min. If CrCl 40-60 ml/min consider dose reduction of cisplatin or consider carboplatin AUC 5. If CrCl < 50 ml/min dose reduce capecitabine (see SPC). • Interrupt capecitabine in the event of ≥ grade 2 non-haematological toxicity (with the exception of side effects such as alopecia, alteration in taste etc, considered to be not serious) until resolution of toxicity to ≤ grade 1. • Consider dose reduction if grade 3 or 4 non-haematological toxicity OR repeat appearance of grade 2 (except N&V and alopecia) OR tinnitus. Delay until resolution of toxicity to ≤ grade 1 • Skin reactions: Capecitabine can induce severe skin reactions such as Stevens-Johnson syndrome and Toxic Epidermal Necrolysis . Patients should be informed of the possibility of such reactions and informed to seek urgent medical advice should any symptoms of a severe skin reaction occur. Treatment should be permanently discontinued in affected patients.
Reference(s)	St Georges Hospital CISPLAT+CAPEC protocol 15.10.07

NB For funding information, refer to the SACT funding spreadsheet

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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+}
	Mannitol 10%	200ml	IV	15 min	
	Ondansetron	<75yrs 16mg ≥75yrs 8mg	IV	15 min	Sodium Chloride 0.9% 50ml
	Dexamethasone	8mg	PO		
	CISPLATIN	**60mg/m^2**	IV	2 hrs	In 1000ml Sodium chloride 0.9%
	Furosemide	40mg	IV/PO		If urine output <100ml/hr or weight gain >1kg
	Sodium Chloride 0.9%	1000ml	IV	2 hrs	+ 20mmol KCL + 10mmol Mg^{2+}
	Sodium Chloride 0.9%	500ml	IV	1 hr	or 500ml water, orally
	*(Furosemide)	40mg	IV/PO	*** ONLY IF REQ'D**	If patient remains in a 2L positive balance

TTO	Drug	Dose	Route	Directions
	CAPECITABINE	**1250mg/m^2/day** in 2 divided doses	PO	**for 21 days continuously.** Take within 30 minutes after food, and approximately every 12 hours. Larger dose should be given in the evening where doses are uneven. (tablet strengths 150mg and 500mg)
	Dexamethasone	6mg	PO	OM for 3 days
	Metoclopramide	10mg	PO	3 times a day for 3 days, then 10mg up to 3 times a day as required. Do not take for longer than 5 days.