Indication	For the treatment of penile squamous carcinoma (SCC) with lymph node involvement.
Treatment Intent	Radical
Frequency and number of cycles	Repeat every 7 days for a maximum of 5 cycles concurrent with radiotherapy.

Monitoring Parameters	• **Virology screening:** All new patients referred for systemic anti-cancer treatment should be screened for hepatitis B and C and the result reviewed prior to the start of treatment. Patients not previously tested who are starting a new line of treatment, should also be screened for hepatitis B and C. Further virology screening will be performed following individual risk assessment and clinician discretion.
	• Consider **audiology** test for hearing impaired patients and monitor all patients for ototoxicity.
	• DTPA/EDTA or estimated CrCl using C+G necessary prior to cycle 1. Must be >/= 45ml/min.
	• Monitor **LFTs**, **FBC** and **U&E's** at each cycle.
	• If Neuts >/=1.5 and PLT >/=100 proceed with chemo, if neuts <1.5 and/or PLT <100 defer one week and consider dose reduction on subsequent cycles.
	• During radiotherapy, if Hb < 120g/L d/w consultant.
	• **Hepatic impairment:** No dose adjustment required.
	• **Renal impairment:** If the CrCl is <45 mL/min, cisplatin should not be administered. Treatment options and alternatives should be reviewed with the consultant. If CrCl is 45–60 mL/min, consider a 25% cisplatin dose reduction, particularly in patients with poor performance status or those with concomitant nephrotoxic drug exposure.
	• **Dose Modification:** 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 </= grade 1.
	• Cisplatin is known to induce neurotoxicity, neurologic examination at regular intervals is recommended.
	• **Common drug interactions (for comprehensive list refer to BNF/SPC):**
	  ○ Caution when used concurrently with other nephrotoxic or ototoxic drugs.
	  ○ Caution in patients receiving phenytoin, levels may be affected.

References	Trial paper: https://www.redjournal.org/article/S0360-3016(25)00255-X/fulltext *Standardization of Radiation Therapy to Inguinal and Pelvic Lymph Nodes in Locally Advanced Cancer of the Penis, as Defined by the International Penile Advanced Cancer Trial (InPACT)* SPC accessed online 04.03.2026

NB for funding information, refer to CDF and NICE Drugs Funding List

Cycle 1 to 5: repeat every 7 days

Day	Drug	Dose	Route	Infusion Duration	Administration
1	Sodium chloride 0.9%	1000ml	IV	2 hrs	+ 20mmol KCl + 10mmol Mg^{2++}
	Mannitol 10%	200mls	IV	15 min	
	Ondansetron	<75yrs 16mg >/=75yrs 8mg	IV	15 min	Sodium Chloride 0.9% 50ml
	Dexamethasone	8mg	PO		
	CISPLATIN	**40mg/m^2**	IV	2 hr	In 1000ml Sodium chloride 0.9%
	Furosemide	40mg	IV/PO	Bolus	Only if urine output <100ml/hour or weight gain >1kg
	Sodium Chloride	500ml	IV	1hr	**OR:** 500ml water orally
	*(Furosemide)	40mg	IV/PO	* ONLY IF REQUIRED	If patient remains in a 2L positive balance
TTO	Drug	Dose	Route	Directions	
Day 1	Dexamethasone	2mg	PO	OM for 2 days	
	Metoclopramide	10mg	PO	TDS for 3 days then 10mg up to TDS PRN. Do not take for more than 5 days continuously.	