Protocol: **BEP 3-day (Bleomycin/Etoposide/Cisplatin)**

Indications: Germ cell tumours

Schedule:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>iv/infusion/oral</th>
<th>q</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bleomycin</td>
<td>30,000iu</td>
<td>200mls N. Saline/30mins</td>
<td></td>
<td>Days 2, 8 &amp; 15</td>
</tr>
<tr>
<td>Etoposide</td>
<td>165mg/m²</td>
<td>1L N. Saline/1hr</td>
<td>Days 1, 2 &amp; 3</td>
<td></td>
</tr>
<tr>
<td>Cisplatin</td>
<td>50mg/m²</td>
<td>1L N. Saline/4hrs</td>
<td>Days 1 &amp; 2</td>
<td></td>
</tr>
</tbody>
</table>

Cycle frequency: Every three weeks  Total number of cycles: 3 or 4

Administration and safety:
- Anti-emetic group – High
- Delay if neutrophils < 1.0 x 10⁹/L or platelets < 100 x 10⁹/L
- **No Bleomycin with 4th cycle**
- Ensure adequate renal function
- Pre & post hydration, mannitol, potassium & magnesium
- Do not cap BSA

Toxicities: Myelosuppression and risk of neutropenic sepsis or haemorrhage, nausea & vomiting, mucositis, alopecia, peripheral neuropathy, nephrotoxicity, ototoxicity, pneumonitis, pulmonary fibrosis, constipation, diarrhoea, carcinogenesis, infertility

Symptomatic treatment of side effects: Mouth care, encourage oral fluids

Investigations

Pre-treatment:
- History and Examination
- Performance score, weight
- FBC
- U & E’s, LFTs, Mg²⁺, Ca²⁺, creatinine, urate, creatinine clearance
- LDH, AFP, HCG
- ECG, lung function (inc. DLCO), CXR, Audiometry
- Staging investigations as per protocol

Prior to each cycle (and Day 8 & 15 Bleomycin):
- Performance score, weight
- FBC
- U & E’s, LFTs, Mg²⁺, Ca²⁺, creatinine
- LDH, AFP, HCG
- CXR (Day 1 only)

Mid Treatment: Limited CT scan Day 20 after 1st cycle. See at start of each cycle

Post Treatment: Review in Medical Oncology Clinic 4 weeks after last cycle

Protocol: **BEP 5-day (Bleomycin/Etoposide/Cisplatin)**

Indications: Germ cell tumours

**Schedule:**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>iv/infusion/oral</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Etoposide</td>
<td>100mg/m²</td>
<td>1L N. Saline/1hr</td>
<td>1-5</td>
</tr>
<tr>
<td>Cisplatin</td>
<td>20mg/m²</td>
<td>1L N. Saline/4hrs</td>
<td>1-5</td>
</tr>
<tr>
<td>Bleomycin</td>
<td>30,000iu</td>
<td>200mls N. Saline/30min</td>
<td>2, 8 &amp; 15</td>
</tr>
</tbody>
</table>

Cycle frequency: Every three weeks  Total number of cycles: 3 or 4

Dose modifications: Discuss with Consultant

Administration and safety:

- Anti-emetic group - High
- Delay if neutrophils < 1.0 x 10⁹/L or platelets < 100 x 10⁹/L
- **No Bleomycin with 4th cycle**
- Ensure adequate renal function
- Pre and post-hydration and mannitol
- Do not cap BSA

Toxicities: Myelosuppression and risk of neutropenic sepsis or haemorrhage, nausea & vomiting, mucositis, alopecia, peripheral neuropathy, nephrotoxicity, ototoxicity, pneumonitis, pulmonary fibrosis, constipation, diarrhoea, carcinogenesis, infertility

Symptomatic treatment of side effects: Mouth care, encourage oral fluids

**Investigations**

**Pre-treatment:**

- History and Examination
- Performance score, weight
- FBC
- U & E's, LFTs, Mg²⁺, Ca²⁺, creatinine, urate, creatinine clearance
- LDH, AFP, HCG
- ECG, lung function (inc. DLCO), CXR, Audiometry
- Staging investigations as per protocol

**Prior to each cycle (and Day 8 & 15 Bleomycin):**

- Performance score, weight
- FBC
- U & E’s, LFTs, Mg²⁺, Ca²⁺, creatinine
- LDH, AFP, HCG
- CXR (Day 1 only)

**Mid Treatment:** Limited CT scan Day 20 after 1st cycle. See at start of each cycle

**Post Treatment:** Review in Medical Oncology Clinic 4 weeks after last cycle

Protocol: Carboplatin

Indications: Seminoma – stage 1 adjuvant

Schedule:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>iv/infusion/oral</th>
<th>q</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carboplatin</td>
<td>AUC 7</td>
<td>500mls 5% dex/1hr</td>
<td>Day 1</td>
</tr>
</tbody>
</table>

Cycle frequency: Once  Total number of cycles: 1

Dose modifications: Discuss with Consultant

Administration and safety:
- Anti-emetic group - Moderately high
- Delay if neutrophils < 1.5 $\times 10^9$/L or platelets < 100 $\times 10^9$/L
- Carboplatin dose by EDTA or creatinine clearance. If calculated using formula then AUC 7 plus 10%

Toxicities: Myelosuppression and risk of neutropenic sepsis or haemorrhage, nausea & vomiting

Symptomatic treatment of side effects: Mouth care

Investigations

Pre-treatment:
- History and Examination
- Performance score, weight
- FBC
- U & E’s, LFTs, creatinine, urate, creatinine clearance
- LDH, HCG and AFP
- ECG
- Staging investigations as per protocol

Post Treatment: Review in Medical Oncology Clinic 2 weeks after treatment

Protocol: **VIP (Vinblastine/Ifosfamide/Cisplatin)**

Indications: Germ cell tumours - Recurrent

**Schedule:**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>iv/infusion/oral</th>
<th>q</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vinblastine</td>
<td>0.11mg/kg/day</td>
<td>250mls N. Saline/30min</td>
<td>Days 1 &amp; 2</td>
</tr>
<tr>
<td>Ifosfamide</td>
<td>1200mg/m²</td>
<td>1L N. Saline/4hrs</td>
<td>Days 1-5</td>
</tr>
<tr>
<td>Cisplatin</td>
<td>20mg/m²</td>
<td>1L N. Saline/2hrs</td>
<td>Days 1-5</td>
</tr>
</tbody>
</table>

Cycle frequency: Every three weeks  Total number of cycles: 4

Dose modifications: Discuss with Consultant

**Administration and safety:**
- Anti-emetic group – High
- Delay if neutrophils < 1.0 x 10⁹/L or platelets < 100 x 10⁹/L
- Ensure adequate renal function
- Pre & post hydration, mannitol, potassium & magnesium
- Etoposide (75 mg/ m² days 1-5) instead of Vinblastine in some cases
- Mesna dose guidelines
- Do not cap BSA

**Toxicities:** Myelosuppression and risk of neutropenic sepsis or haemorrhage, nausea & vomiting, mucositis, alopecia, cardiotoxicity, peripheral neuropathy, nephrotoxicity, ototoxicity, constipation, haemorrhagic cystitis, diarrhoea, carcinogenesis, infertility

**Symptomatic treatment of side effects:** Mouth care, encourage oral fluids

**Investigations**

**Pre-treatment:**
- History and Examination
- Performance score, weight
- FBC
- U & E’s, LFTs, Mg²⁺, Ca²⁺, creatinine, urate, creatinine clearance
- LDH, AFP, HCG
- ECG, lung function (inc. DLCO), Audiometry, CXR
- Staging investigations as per protocol

**Prior to each cycle:**
- Performance score, weight
- FBC
- U & E’s, LFTs, Mg²⁺, Ca²⁺, creatinine
- LDH, AFP, HCG
- CXR

**Mid Treatment:** See at start of each cycle

**Post Treatment:** Review in Medical Oncology Clinic 4 weeks after last cycle

Protocol:  **TIP (Paclitaxel/Ifosfamide/Cisplatin)**

Indications: Germ cell tumours – Recurrent

Schedule:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>iv/infusion/oral</th>
<th>q</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paclitaxel</td>
<td>175mg/m²</td>
<td>500mls 5% dex/3hrs</td>
<td>Day 1</td>
</tr>
<tr>
<td>Ifosfamide</td>
<td>1000mg/m²</td>
<td>1L N. Saline/4hrs</td>
<td>Days 1-5</td>
</tr>
<tr>
<td>Cisplatin</td>
<td>20mg/m²</td>
<td>1L N. Saline/4hrs</td>
<td>Days 1-5</td>
</tr>
</tbody>
</table>

Cycle frequency: Every three weeks  Total number of cycles: 4

Dose medication: Discuss with Consultant

Administration and safety:

- Anti-emetic group – High
- Delay if neutrophils < 1.0 x 10⁹/L or platelets < 100 x 10⁹/L
- Ensure adequate renal function
- Pre & post hydration, mannitol, potassium & magnesium
- Pre-medication (chlorpheniramine, ranitidine, dexamethasone) prior to Paclitaxel
- Mesna 1g/m² per 24 hours
- MgSO₄ and KCl in pre-hydration, with 100mls mannitol (20%) iv bolus if urinary output low
- Do not cap BSA

Toxicities: Myelosuppression and risk of neutropenic sepsis or haemorrhage, nausea & vomiting, mucositis, alopecia, cardiotoxicity, peripheral neuropathy, nephrotoxicity, ototoxicity, constipation, haemorrhagic cystitis, diarrhoea, carcinogenesis, infertility

Symptomatic treatment of side effects: Mouth care, encourage oral fluids

Investigations

Pre-treatment

- History and Examination
- Performance score, weight
- FBC
- U & E’s, LFTs, Mg²⁺, Ca²⁺, creatinine, urate, creatinine clearance
- LDH, AFP, HCG
- ECG, lung function (inc. DLCO), Audiometry, CXR
- Staging investigations as per protocol

Prior to each cycle:

- Performance score, weight
- FBC
- U & E’s, LFTs, Mg²⁺, Ca²⁺, creatinine
- LDH, AFP, HCG
- CXR

Mid Treatment: See at start of each year

Post treatment: Review in Medical Oncology Clinic 4 weeks after last cycle

Protocol: **Modified Wetlauffer (M-BOP)**

Indications: Recurrent Germ cell tumours

Schedule:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>iv/infusion/oral</th>
<th>q</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bleomycin</td>
<td>15,000iu</td>
<td>250mls N. Saline/30 min</td>
<td>Days 1, 8 &amp; 15</td>
</tr>
<tr>
<td>Vincristine</td>
<td>2mg</td>
<td>iv</td>
<td>Days 1, 8 &amp; 15</td>
</tr>
<tr>
<td>Cisplatin</td>
<td>50mg/m²</td>
<td>1L N. Saline/2hrs</td>
<td>Days 1, 2, 8, 15 &amp; 16</td>
</tr>
<tr>
<td>Methotrexate</td>
<td>25mg</td>
<td>iv</td>
<td>Day 8</td>
</tr>
</tbody>
</table>

Cycle frequency: 35 days  Total number of cycles: 4

Dose modifications: Discuss with Consultant

Administration and safety:
- Anti-emetic group - High
- Delay if neutrophils < 1.0 x 10⁹/L or platelets < 100 x 10⁹/L
- **No Bleomycin if low DLCO**
- Ensure adequate renal function
- Pre and post hydration, mannitol, potassium & magnesium
- Prophylactic PPI and co-trimoxazole
- Do not cap BSA

Toxicities: Myelosuppression and risk of neutropenic sepsis or haemorrhage, nausea & vomiting, mucositis, alopecia, peripheral neuropathy, nephrotoxicity, ototoxicity, pneumonitis, pulmonary fibrosis, constipation, diarrhoea, carcinogenesis, infertility

Symptomatic treatment of side effects: Mouth care, encourage oral fluids

Investigations
Pre-treatment:
- History and Examination
- Performance score, weight
- FBC
- U & E’s, LFTs, Mg²⁺, Ca²⁺, creatinine, urate, creatinine clearance
- LDH, AFP, HCG
- ECG, lung function (inc. DLCO), CXR, Audiometry
- Staging investigations as per protocol

Prior to each cycle
- Performance score, weight
- FBC
- U & E’s, LFTs, Mg²⁺, Ca²⁺, creatinine
- LDH, AFP, HCG
- CXR (Day 1 only)

Post Treatment: Review in Medical Oncology Clinic 4 weeks after last cycle

Protocol: **BOPq10 (Bleomycin/Vincristine/Cisplatin)**

**Indications:** Germ cell tumours - adjuvant

**Schedule:**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>iv/infusion/oral</th>
<th>q</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bleomycin</td>
<td>30,000iu</td>
<td>200mls N. Saline/30mins</td>
<td>Day 1</td>
</tr>
<tr>
<td>Vincristine</td>
<td>2mg</td>
<td>iv</td>
<td>Day 1</td>
</tr>
<tr>
<td>Cisplatin</td>
<td>50mg/m²</td>
<td>1L N. Saline/4hrs</td>
<td>Days 1 &amp; 2</td>
</tr>
</tbody>
</table>

**Cycle frequency:** 10 days  **Total number of cycles:** 2

**Dose modifications:** Discuss with Consultant

**Administration and safety:**
- Anti-emetic group – High
- Delay if neutrophils < 1.0 x 10⁹/L or platelets < 100 x 10⁹/L
- Ensure adequate renal function
- Pre & post hydration, mannitol, potassium & magnesium
- Do not cap BSA

**Toxicities:** Myelosuppression and risk of neutropenic sepsis or haemorrhage, nausea & vomiting, mucositis, alopecia, peripheral neuropathy, nephrotoxicity, ototoxicity, pneumonitis, pulmonary fibrosis, constipation, diarrhoea, infertility

**Symptomatic treatment of side effects:** Mouth care, encourage oral fluids

**Investigations**

**Pre-treatment:**
- History and Examination
- Performance score, weight
- FBC
- U & E’s, LFTs, Mg²⁺, Ca²⁺, creatinine, urate, creatinine clearance,
- LDH, AFP, HCG
- ECG, lung function (inc. DLCO), CXR, Audiometry
- Staging investigations as per protocol

**Prior to each cycle:**
- Performance score, weight
- FBC
- U & E’s, LFTs, Mg²⁺, Ca²⁺, creatinine
- LDH, AFP, HCG
- CXR (Day 1 only)

**Post Treatment:** Review in Medical Oncology Clinic 4 weeks after last cycle

Protocol: **EP (Epirubicin/Cisplatin)**

Indications: Germ Cell – Recurrent, Refractory

Schedule:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>In/infusion/oral</th>
<th>q</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epirubicin</td>
<td>45mg/m²</td>
<td>iv</td>
<td>Days 1 &amp; 2</td>
</tr>
<tr>
<td>Cisplatin</td>
<td>50mg/m²</td>
<td>1L N. Saline/2hrs</td>
<td>Days 1 &amp; 2</td>
</tr>
</tbody>
</table>

Cycle frequency: Every three weeks  Total number of cycles: 4

Dose modifications: Discuss with Consultant

Administration and safety:

- Anti-emetic group – High
- Delay if neutrophils < 1.5 x 10⁹/L or platelets < 100 x 10⁹/L
- Ensure adequate renal function
- Hickman line required
- Pre & post hydration, mannitol, potassium & magnesium

Toxicities: Myelosuppression and risk of neutropenic sepsis or haemorrhage, nausea & vomiting, mucositis, alopecia, cardiotoxicity, peripheral neuropathy, nephrotoxicity, diarrhoea, carcinogenesis, infertility

Symptomatic treatment of side effects: Mouth care, encourage oral fluids

Investigations

Pre-treatment:
- History and Examination
- Performance score, weight
- FBC
- U & E’s, LFTs, Mg²⁺, Ca²⁺, creatinine, urate, creatinine clearance
- LDH, AFP, HCG
- ECG
- Staging investigations as per protocol

Prior to each cycle:
- Performance score, weight
- FBC
- U & E’s, LFTs, Mg²⁺, Ca²⁺, creatinine
- LDH, AFP, HCG
- CXR

Post Treatment: Review in Medical Oncology Clinic 4 weeks after last cycle

Protocol: **Interferon alpha**

Indications: Renal Cell Carcinoma – Metastatic, Recurrent

Schedule:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>iv/infusion/oral</th>
<th>q</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interferon α2a</td>
<td>5mU</td>
<td>s/c</td>
<td>X3/wk for 2wks</td>
</tr>
<tr>
<td>Then</td>
<td>10mU</td>
<td>s/c</td>
<td>X3/weekly</td>
</tr>
</tbody>
</table>

Cycle frequency: For three months Total number of cycles: 2

Dose modifications: Discuss with Consultant

Administration and safety:
- Anti-emetic group - Low
- Delay if neutrophils < 1.5 x 10⁹/L or platelets < 100 x 10⁹/L
- Self-administration
- Plan Bevacizumab if required

Toxicities: Myelosuppression and risk of neutropenic sepsis or haemorrhage, nausea, flu-like symptoms, anorexia, lethargy, joint aches

Symptomatic treatment of side effects: Mouth care, Paracetamol, administer treatment in evening

Investigations

Pre-treatment:
- History and Examination
- Performance score, weight
- FBC
- U & E’s, LFTs, creatinine, urate
- LDH
- ECG
- Staging investigations as per protocol

Prior to each cycle:
- Performance score, weight
- FBC
- U & E’s, LFTs, creatinine
- LDH

Mid Treatment: See monthly and re-assess after 3 months

Post Treatment: Review in Medical Oncology Clinic 4 weeks after last cycle

Protocol: **Cisplatin/Gemcitabine**

**Indications:** Bladder Cancer - Advanced

**Schedule:**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>iv/infusion/oral</th>
<th>q</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cisplatin</td>
<td>70mg/m²</td>
<td>1L N. Saline/2hrs</td>
<td>Day 1</td>
</tr>
<tr>
<td>Gemcitabine</td>
<td>1000mg/m²</td>
<td>200mls N. Saline/30mins</td>
<td>Days 1, 8 &amp;15</td>
</tr>
</tbody>
</table>

Cycle frequency: Every four weeks  Total number of cycles: 4

Dose modifications: Discuss with Consultant

Administration and safety:
- Anti-emetic group – High
- Delay if neutrophils < $1.5 \times 10^9$/L or platelets < $100 \times 10^9$/L
- Ensure adequate renal function
- Pre & post hydration, mannitol, potassium & magnesium
- If unable to tolerate, omit day 15 and give treatment every 3 weeks

Toxicities: Myelosuppression and risk of neutropenic sepsis or haemorrhage, nausea & vomiting, mucositis, alopecia, amenorrhoea, peripheral neuropathy, nephrotoxicity, ototoxicity, diarrhoea, carcinogenesis, infertility

Symptomatic treatment of side effects: Mouth care, encourage oral fluids

Investigations

Pre-treatment:
- History and Examination
- Performance score, weight
- FBC
- U & E’s, LFTs, Mg²⁺, Ca²⁺, creatinine, urate, creatinine clearance
- LDH
- ECG
- CXR
- Staging investigations as per protocol

Prior to each cycle:
- Performance score, weight
- FBC
- U & E’s, LFTs, Mg²⁺, Ca²⁺, creatinine
- LDH
- CXR

Mid Treatment: After every two cycles

Post Treatment: Review in Medical Oncology Clinic 4 weeks after last cycle

Protocol:  **CMV (Cisplatin/Methotrexate/Vinblastine)**

Indications:  Bladder – Advanced, Recurrent

Schedule:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>iv/infusion/oral</th>
<th>q</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methotrexate</td>
<td>30mg/m²</td>
<td>iv</td>
<td>Days 1 &amp; 8</td>
</tr>
<tr>
<td>Vinblastine</td>
<td>4mg/m²</td>
<td>iv</td>
<td>Days 1 &amp; 8</td>
</tr>
<tr>
<td>Cisplatin</td>
<td>100mg/m²</td>
<td>1L N. Saline/4hrs</td>
<td>Day 2</td>
</tr>
</tbody>
</table>

Cycle frequency:  Every three weeks  Total number of cycles:  6

Dose modifications:  Discuss with Consultant

Administration and safety:
- Anti-emetic group - High
- Delay if neutrophils < 1.5 x 10⁹/L or platelets < 100 x 10⁹/L
- Ensure adequate renal function
- Pre & post hydration, mannitol, potassium & magnesium
- **Cisplatin to start 12 hours after methotrexate**

Toxicities:  Myelosuppression and risk of neutropenic sepsis or haemorrhage, nausea & vomiting, mucositis, alopecia, amenorrhea, peripheral neuropathy, nephrotoxicity, ototoxicity, diarrhoea, carcinogenesis, infertility

Symptomatic treatment of side effects:  Mouth care, encourage oral fluids

Investigations

Pre-treatment:
- History and Examination
- Performance score, weight
- FBC
- U & E’s, LFTs, Mg²⁺, Ca²⁺, creatinine, urate, creatinine clearance
- LDH
- ECG
- Staging investigations as per protocol

Prior to each cycle:
- Performance score, weight
- FBC
- U & E’s, LFTs, Mg²⁺, Ca²⁺, creatinine
- LDH

Mid Treatment:  After every two cycles

Post Treatment:  Review in Medical Oncology Clinic 4 weeks after last cycle

Protocol: **MOPq10 (Methotrexate/Vincristine/Cisplatin)**

Indications: Bladder – Advanced, Recurrent

Schedule:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>iv/infusion/oral</th>
<th>q</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methotrexate</td>
<td>60mg/m²</td>
<td>iv</td>
<td>Day 1</td>
</tr>
<tr>
<td>Vincristine</td>
<td>2mg</td>
<td>iv</td>
<td>Day 1</td>
</tr>
<tr>
<td>Cisplatin</td>
<td>60mg/m²</td>
<td>1L N. Saline/2hrs</td>
<td>Day 1</td>
</tr>
</tbody>
</table>

Cycle frequency: Every 10 days

Total number of cycles: 4

Dose modifications: Discuss with Consultant

Administration and safety:
- Anti-emetic group – High
- Delay if neutrophils < 1.5 x 10⁹/L or platelets < 100 x 10⁹/L
- Ensure adequate renal function
- **Cisplatin to start 12 hours after methotrexate**
- Pre & post hydration, mannitol, potassium & magnesium
- Calcium Folinate rescue (15mg qds x 4 doses) for all patients with hydronephrosis

Toxicities: Myelosuppression and risk of neutropenic sepsis or haemorrhage, nausea & vomiting, mucositis, alopecia, amenorrhea, peripheral neuropathy, nephrotoxicity, ototoxicity, diarrhoea, carcinogenesis, infertility

Symptomatic treatment of side effects: Mouth care, encourage oral fluids

Investigations

Pre-treatment:
- History and Examination
- Performance score, weight
- FBC
- U & E’s, LFTs, Mg²⁺, Ca²⁺, creatinine, urate, creatinine clearance
- LDH
- ECG
- Staging investigations as per protocol

Prior to each cycle:
- Performance score, weight
- FBC
- U & E’s, LFTs, Mg²⁺, Ca²⁺, creatinine
- LDH

Mid Treatment: After each cycle

Post Treatment: Review in Medical Oncology Clinic 4 weeks after last cycle.

Protocol: **MP (Mitozantrone/Prednisolone)**

Indications: Prostate Cancer – Recurrent, Metastatic, Hormone refractory

**Schedule:**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>iv/infusion/oral</th>
<th>q</th>
<th>Cycle frequency: Every three weeks Total number of cycles: 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mitozantrone</td>
<td>12mg/m²</td>
<td>100mls N. Saline/10mins Day 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prednisolone</td>
<td>10mg od</td>
<td>oral</td>
<td>Daily</td>
<td></td>
</tr>
</tbody>
</table>

Dose modifications: Discuss with Consultant

Administration and safety:
- Anti-emetic group - Moderate
- Delay if neutrophils < 1.5 x 10⁹/L or platelets < 100 x 10⁹/L

Toxicities: Myelosuppression and risk of neutropenic sepsis or haemorrhage, nausea, mucositis, steroid side effects, discoloured urine, liver function tests, diarrhoea

Symptomatic treatment of side effects: Mouth care

Investigations
Pre-treatment:
- History and Examination
- Performance score, weight
- FBC
- U & E’s, LFTs, creatinine, urate
- LDH
- ECG
- Staging investigations as per protocol

Prior to each cycle:
- Performance score, weight
- FBC
- U & E’s, LFTs, creatinine
- LDH

Mid Treatment: After every two cycles

Post Treatment: Review in Medical Oncology Clinic 4 weeks after last cycle

Protocol: **Docetaxel/Prednisolone**

Indications: Prostate Cancer – hormone refractory

Schedule:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>iv/infusion/oral</th>
<th>q</th>
</tr>
</thead>
<tbody>
<tr>
<td>Docetaxel</td>
<td>75mg/m²</td>
<td>250mls N. Saline/1hr</td>
<td>Day 1</td>
</tr>
<tr>
<td>Prednisolone</td>
<td>5mg bd</td>
<td>oral</td>
<td>Days 1-21</td>
</tr>
</tbody>
</table>

Cycle frequency: Every three weeks  Total number of cycles: up to 10

Dose modifications: Discuss with Consultant

Administration and safety:
- Anti-emetic group – Low
- Delay if neutrophils < 1.5 x 10⁹/L or platelets < 100 x 10⁹/L
- Pre-medication dexamethasone 8 mg (oral or iv) at 12 hours, 3 hours and 1 hour before docetaxel infusion

Toxicities: Myelosuppression and risk of neutropenic sepsis or haemorrhage, nausea & vomiting, mucositis, alopecia, peripheral neuropathy, fluid retention, hypersensitivity reaction, skin rash, and side-effects of steroids.

Symptomatic treatment of side effects: Mouth care

Investigations

Pre-treatment:
- History and Examination
- Performance score, weight, CXR
- FBC
- U & E’s, LFTs, creatinine, urate
- LDH, PSA
- ECG
- Staging investigations as per protocol

Prior to each cycle:
- Performance score, weight
- FBC
- U & E’s, LFTs, creatinine
- LDH, PSA

Mid Treatment: Re-assess after 2 cycles

Post Treatment: Review in Medical Oncology Clinic 4 weeks after last cycle