

Bladder/Urothelial locally advanced definitive cisPlatin (weekly) chemoradiation

ID: 1441 v.4 Endorsed Essential Medicine List

This protocol is based on limited evidence; refer to the evidence section of this protocol for more information.

Check for clinical trials in this patient group. Link to [Australian Clinical Trials](#) website

The anticancer drug(s) in this protocol may have been included in the ADDIKD guideline. Dose recommendations in kidney dysfunction have yet to be updated to align with the ADDIKD guideline. Recommendations will be updated once the individual protocol has been evaluated by the reference committee. For further information refer to the ADDIKD guideline. To assist with calculations, use the [eviQ Estimated Glomerular Filtration Rate \(eGFR\) calculator](#).

International Consensus Guideline for Anticancer Drug Dosing in Kidney Dysfunction (ADDIKD)

2022

[Click here](#)



Related pages:

- [Bladder/Urothelial fluorouracil and mitomycin chemoradiation](#)
- [Bladder carcinoma definitive EBRT with or without chemotherapy](#)

Treatment schedule - Overview

Cycle 1 and further cycles

Drug	Dose	Route	Day
ciSPlatin	35 mg/m ²	IV infusion	1

Frequency: 7 days

Cycles: Continuous with concurrent radiation therapy; usually 6 cycles

Notes:

- Cisplatin is given as a radiosensitiser and should be administered on the day of radiation therapy before the radiation therapy is commenced.
- Treatment should be delayed if radiation therapy is delayed.

Drug status: Cisplatin is on the [PBS general schedule](#)

Cost: ~ \$40 per cycle

Treatment schedule - Detail

The supportive therapies (e.g. antiemetics, premedications, etc.), infusion times, diluents, volumes and routes of administration, if included, are listed as defaults. They may vary between institutions and can be substituted to reflect individual institutional policy.

Antiemetics if included in the treatment schedule are based upon recommendations from national and international guidelines. These are **defaults only** and may be substituted to reflect individual institutional policy. [Select here for recommended doses of alternative antiemetics.](#)

Cycle 1 and further cycles

Day 1		
Dexamethasone	8 mg (PO)	60 minutes before chemotherapy
Palonosetron	0.25 mg (IV bolus)	30 minutes before chemotherapy
ciSplatIn	35 mg/m ² (IV infusion)	in 1000 mL sodium chloride 0.9% over 60 minutes

Day 2 and 3		
Dexamethasone	8 mg (PO)	ONCE a day (or in divided doses) with or after food.

- Cisplatin is given as a radiosensitiser and should be administered on the day of radiation therapy before the radiation therapy is commenced.
- Treatment should be delayed if radiation therapy is delayed.

Frequency: 7 days

Cycles: Continuous with concurrent radiation therapy; usually 6 cycles

Indications and patient population

Indications:

- definitive treatment for muscle invasive transitional cell carcinoma (TCC) of the bladder
 - with concurrent radiation therapy, as an alternative to radical cystectomy

Cautions / Exclusions:

- moderate/severe renal impairment (creatinine clearance less than 60 mL/min.).
- pre existing neuropathies greater than or equal to [Grade 2](#).
- significant hearing impairment/tinnitus.

Clinical information

Venous access required	IV cannula (IVC) or central venous access device (CVAD) is required to administer this treatment. Read more about central venous access device line selection
Emetogenicity MODERATE	Concurrent chemoradiation therapy may increase the emetogenic potential of this regimen. Suggested default antiemetics have been added to the treatment schedule, and may be substituted to reflect institutional policy. Ensure that patients also have sufficient antiemetics for radiation therapy i.e. 5HT3 +/- dexamethasone prior to each fraction and for breakthrough emesis: Metoclopramide 10 mg three times a day when necessary (maximum of 30 mg/24 hours, up to 5 days) OR Prochlorperazine 10 mg PO every 6 hours when necessary. Read more about preventing anti-cancer therapy induced nausea and vomiting
Hydration	Hydration helps to prevent cisplatin-induced nephrotoxicity. The default regimen is appropriate for patients with normal electrolytes, kidney function, fluid status etc. and should be adjusted according to individual requirements. Read more about cisplatin hydration regimens
Peripheral neuropathy	Assess prior to each treatment. If a patient experiences grade 2 or greater peripheral neuropathy, a dose reduction, delay, or omission of treatment may be required; review by medical officer before commencing treatment. Read more about peripheral neuropathy Link to chemotherapy-induced peripheral neuropathy screening tool

Ototoxicity	<p>Ototoxicity may occur with platinum-based therapy; patients should be monitored for signs and symptoms. Platinum compounds should be used with caution in patients with pre-existing conditions or risk factors.</p> <p>Ototoxicity may become more severe in patients being treated with other drugs with nephrotoxic potential e.g. aminoglycosides.</p> <p>An audiometry test should be performed if symptoms develop.</p> <p>Read more about ototoxicity - tinnitus and hearing loss</p>
Blood tests	FBC, EUC, LFTs, calcium and magnesium at baseline and prior to each cycle.
Hepatitis B screening and prophylaxis	<p>Routine screening for HBsAg and anti-HBc is recommended prior to initiation of treatment. Prophylaxis should be determined according to individual institutional policy.</p> <p>Read more about hepatitis B screening and prophylaxis in cancer patients requiring cytotoxic and/or immunosuppressive therapy</p>
Vaccinations	<p>Live vaccines are contraindicated in cancer patients receiving immunosuppressive therapy and/or who have poorly controlled malignant disease.</p> <p>Refer to the recommended schedule of vaccination for immunocompromised patients, as outlined in the Australian Immunisation Handbook.</p> <p>Read more about COVID-19 vaccines and cancer.</p>
Fertility, pregnancy and lactation	<p>Cancer treatment can have harmful effects on fertility and this should be discussed with all patients of reproductive potential prior to commencing treatment. There is a risk of foetal harm in pregnant women. A pregnancy test should be considered prior to initiating treatment in females of reproductive potential if sexually active. It is important that all patients of reproductive potential use effective contraception whilst on therapy and after treatment finishes. Effective contraception methods and adequate contraception timeframe should be discussed with all patients of reproductive potential. Possibility of infant risk should be discussed with breastfeeding patients.</p> <p>Read more about the effect of cancer treatment on fertility</p>

Dose modifications

Evidence for dose modifications is limited, and the recommendations made on eviQ are intended as a guide only. They are generally conservative with an emphasis on safety. Any dose modification should be based on clinical judgement, and the individual patient's situation including but not limited to treatment intent (curative vs palliative), the anti-cancer regimen (single versus combination therapy versus chemotherapy versus immunotherapy), biology of the cancer (site, size, mutations, metastases), other treatment related side effects, additional co-morbidities, performance status and patient preferences. Suggested dose modifications are based on clinical trial findings, product information, published guidelines and reference committee consensus. The dose reduction applies to each individual dose and not to the total number of days or duration of treatment cycle unless stated otherwise. Non-haematological gradings are based on [Common Terminology Criteria for Adverse Events \(CTCAE\)](#) unless otherwise specified. Renal and hepatic dose modifications have been standardised where possible. For more information see dosing considerations & disclaimer.

The dose recommendations in kidney dysfunction (i.e. renal impairment) displayed may not reflect those in the ADDIKD guideline and have been included for historical reference only. Recommendations will be updated once the individual protocol has been evaluated by the reference committee, with this version of the protocol then being archived. Clinicians are expected to refer to the ADDIKD guideline prior to prescribing in kidney dysfunction.

[International Consensus Guideline for Anticancer Drug Dosing in Kidney Dysfunction \(ADDIKD\).](#)

Note: All dose reductions are calculated as a percentage of the starting dose

Haematological toxicity	
ANC x 10 ⁹ /L (pre-treatment blood test)	
0.5 to less than 1.0	Delay treatment until recovery
less than 0.5	Delay treatment until recovery and consider reducing cisplatin by 25% for subsequent

Haematological toxicity	
	cycles
Febrile neutropenia	Delay treatment until recovery and consider reducing cisplatin by 25% for subsequent cycles
Platelets x 10 ⁹ /L (pre-treatment blood test)	
75 to less than 100	Refer to local institutional guidelines; it is the view of the expert clinicians that treatment should continue if patient is clinically well.
50 to less than 75	Delay treatment until recovery
less than 50	Delay treatment until recovery and consider reducing cisplatin by 25% for subsequent cycles

Renal impairment	
eGFR (CKI-EPI or MDRD) or eCrCl (Cockcroft Gault) (mL/min) *	
greater than or equal to 70	No dose modification necessary
50 to less than 70	Reduce cisplatin by 25%
30 to less than 50	Reduce cisplatin by 50%
less than 30	Omit cisplatin and consider alternative therapy

* Each method has its limitations; refer to [Nephrotoxicity associated with cisplatin](#) for more information.

Hepatic impairment	
No dose modification necessary	

Peripheral neuropathy	
Grade 2, Grade 3 or Grade 4	Omit cisplatin and consider alternative therapy

Mucositis and stomatitis	
Grade 2	Delay treatment until toxicity has resolved to Grade 1 or less and reduce the dose for subsequent cycles as follows: 1 st occurrence: No dose reduction 2 nd occurrence: Reduce cisplatin by 25% 3 rd occurrence: Reduce cisplatin by 50% 4 th occurrence: Omit cisplatin
Grade 3 or Grade 4	Delay treatment until toxicity has resolved to Grade 1 or less and reduce the dose for subsequent cycles as follows: 1 st occurrence: Reduce cisplatin by 50% 2 nd occurrence: Omit cisplatin

Interactions

Drug interactions in eviQ protocols are under review and being updated to align with current literature. Further site-wide updates and changes will occur in due course. [References & Disclaimer](#)

The drug interactions shown below are not an exhaustive list. For a more comprehensive list and for detailed information on specific drug interactions and clinical management, please refer to the specific drug product information and the following key resources:

- [MIMS - interactions tab](#) (includes link to a CYP-450 table) (login required)
- [Australian Medicines Handbook \(AMH\) – interactions tab](#) (login required)
- [Micromedex Drug Interactions](#) (login required)
- [Cancer Drug Interactions](#)
- [Cytochrome P450 Drug Interactions](#)

Cisplatin		
	Interaction	Clinical management
Nephrotoxic drugs (e.g. aminoglycosides, amphotericin, contrast dye, frusemide, NSAIDs)	Additive nephrotoxicity	Avoid combination or monitor kidney function closely
Ototoxic drugs (e.g. aminoglycosides, frusemide, NSAIDs)	Additive ototoxicity	Avoid combination or perform regular audiometric testing
Neurotoxic drugs (e.g. vincristine, paclitaxel)	Additive neurotoxicity	Monitor closely for neuropathy if combination used
Paclitaxel	Administration schedule may influence the development of myelosuppression	Minimise toxicity by administering paclitaxel first in regimens using the combination
Carbamazepine, phenytoin, valproate	Decreased antiepileptic plasma levels	Monitor antiepileptic serum levels and seizure frequency for efficacy; adjust dosage as appropriate or select alternative antiepileptic (e.g. clonazepam, diazepam, lorazepam)

General		
	Interaction	Clinical management
Warfarin	Anti-cancer drugs may alter the anticoagulant effect of warfarin.	Monitor INR regularly and adjust warfarin dosage as appropriate; consider alternative anticoagulant.
Direct oral anticoagulants (DOACs) e.g. apixaban, rivaroxaban, dabigatran	Interaction with both CYP3A4 and P-gp inhibitors /inducers. DOAC and anti-cancer drug levels may both be altered, possibly leading to loss of efficacy or toxicity (i.e. increased bleeding).	Apixaban: avoid concurrent use with strong CYP3A4 and P-gp inhibitors. If treating VTE, avoid use with strong CYP3A4 and P-gp inducers. Rivaroxaban: avoid concurrent use with strong CYP3A4 and P-gp inhibitors. Dabigatran: avoid combination with strong P-gp inducers and inhibitors. If concurrent use is unavoidable, monitor closely for efficacy/toxicity of both drugs.
Digoxin	Anti-cancer drugs can damage the lining of the intestine; affecting the absorption of digoxin.	Monitor digoxin serum levels; adjust digoxin dosage as appropriate.
Antiepileptics	Both altered antiepileptic and anti-cancer drug levels may occur, possibly leading to loss of efficacy or toxicity.	Where concurrent use of an enzyme-inducing antiepileptic cannot be avoided, monitor antiepileptic serum levels for toxicity, as well as seizure frequency for efficacy; adjust dosage as appropriate. Also monitor closely for efficacy of the anti-cancer therapy.
Antiplatelet agents and NSAIDs	Increased risk of bleeding due to treatment related thrombocytopenia.	Avoid or minimise combination. If combination deemed essential, (e.g. low dose aspirin for ischaemic heart disease) monitor for signs of bleeding.
Serotonergic drugs, including selective serotonin reuptake inhibitors (SSRIs e.g. paroxetine) and serotonin noradrenaline reuptake inhibitors (SNRIs e.g. venlafaxine)	Increased risk of serotonin syndrome with concurrent use of 5-HT3 receptor antagonists (e.g. palonosetron, ondansetron, granisetron, tropisetron, dolasetron, etc.)	Avoid combination. If combination is clinically warranted, monitor for signs and symptoms of serotonin syndrome (e.g. confusion, agitation, tachycardia, hyperreflexia). For more information link to TGA Medicines Safety Update
Vaccines	Diminished response to vaccines and increased risk of infection with live vaccines.	Live vaccines (e.g. BCG, MMR, zoster and varicella) are contraindicated in patients on immunosuppressive therapy. Use with caution in patients on non-immunosuppressive therapy. For more information; refer to the recommended schedule of vaccination for cancer patients, as outlined in the Australian Immunisation Handbook

Administration

eviQ provides safe and effective instructions on how to administer cancer treatments. However, eviQ does not provide every treatment delivery option, and is unable to provide a comprehensive list of cancer treatment agents and their required IV line giving set/filter. There may be alternative methods of treatment administration, and alternative supportive treatments that are also appropriate. Please refer to the individual

Day 1

Approximate treatment time: 3 hours

[Safe handling and waste management](#)

[Safe administration](#)

[General patient assessment](#) prior to each day of treatment.

[Peripheral neuropathy assessment tool](#)

Any toxicity grade 2 or greater may require dose reduction, delay or omission of treatment and review by medical officer before commencing treatment.

Treatment should be delayed if radiation therapy is delayed.

Prime IV line(s).

Insert IV cannula or access [TIVAD](#) or [CVAD](#).

Pre treatment medication

Verify antiemetics taken or administer as prescribed.

Verify dexamethasone taken or administer as prescribed.

⌚ Chemotherapy - Time out

Cisplatin

Commence prehydration for cisplatin:

- administer 10 mmol magnesium sulphate (MgSO₄) in 1000 mL sodium chloride 0.9% over 60 minutes
- ensure patient has passed urine prior to cisplatin administration as per institutional policy.

Administer cisplatin (irritant):

- via IV infusion over 60 minutes
- flush with 100 mL of sodium chloride 0.9%.

Remove IV cannula and/or deaccess [TIVAD](#) or [CVAD](#).

Continue [safe handling](#) precautions until 7 days after completion of drug(s)

Discharge information

Antiemetics

- Antiemetics as prescribed.

Patient information

- Ensure patient receives patient information sheet.

Side effects

The side effects listed below are not a complete list of all possible side effects for this treatment. Side effects are categorised into the approximate onset of presentation and should only be used as a guide.

Immediate (onset hours to days)

Nausea and vomiting	Read more about prevention of treatment induced nausea and vomiting
Taste and smell alteration	Read more about taste and smell changes

Early (onset days to weeks)	
Neutropenia	Abnormally low levels of neutrophils in the blood. This increases the risk of infection. Any fever or suspicion of infection should be investigated immediately and managed aggressively. Read more about immediate management of neutropenic fever
Thrombocytopenia	A reduction in the normal levels of functional platelets, increasing the risk of abnormal bleeding. Read more about thrombocytopenia
Diarrhoea	Read more about treatment induced diarrhoea
Oral mucositis	Erythematous and ulcerative lesions of the gastrointestinal tract (GIT). It commonly develops following chemotherapy, radiation therapy to the head, neck or oesophagus, and high dose chemotherapy followed by a blood and marrow transplant (BMT). Read more about oral mucositis
Anorexia	Loss of appetite accompanied by decreased food intake. Read more about anorexia
Fatigue	Read more about fatigue
Peripheral neuropathy	Typically symmetrical sensory neuropathy, affecting the fingers and toes, sometimes progressing to the hands and feet. It is associated with several classes of anti-cancer drugs. These include taxanes, platinum-based compounds, vinca alkaloids and some drugs used to treat multiple myeloma. Read more about peripheral neuropathy
Nephrotoxicity	Renal dysfunction resulting from damage to the glomeruli, tubules or renal vasculature.
Ototoxicity	Tinnitus and hearing loss may occur due to damage in the inner ear. Tinnitus is usually reversible, while hearing loss is generally irreversible. Hearing loss is dose-related, cumulative and may be worse in those with pre-existing hearing problems. Read more about ototoxicity - tinnitus and hearing loss
Hypomagnesaemia, hypokalaemia, hypocalcaemia	Abnormally low levels of magnesium, potassium and calcium in the blood.

Late (onset weeks to months)	
Anaemia	Abnormally low levels of red blood cells (RBCs) or haemoglobin in the blood. Read more about anaemia
Cognitive changes (chemo fog)	Changes in cognition characterised by memory loss, forgetfulness and feeling vague. This is also referred to as 'chemo brain' or 'chemo fog'. Read more about cognitive changes (chemo fog)
Alopecia - partial	Hair thinning and/or patchy hair loss. Patients can also experience mild to moderate discomfort of the hair follicles, and rarely pain as the hair is falling out. Read more about alopecia and scalp cooling

Evidence

A search of the literature did not find strong evidence to support the use of concurrent cisplatin (weekly) chemoradiation in the treatment of muscle invasive bladder cancer. The expert reference panel supported publication of the protocol on the basis of the information summarised below. The committee was most strongly influenced by Gogna et al.¹

Source	Study & Year Published	Supports Use	Is the dose and regimen consistent with the protocol?	Comments
Phase III trials	Coppin et al 1996 ²	Yes	No	100 mg/m ² 2 weekly

Source	Study & Year Published	Supports Use	Is the dose and regimen consistent with the protocol?	Comments
Phase II trials	Gogna et al 2006 ¹	Yes	Yes	
Case series	Efstathiou et al 2012 ³	Yes	No	Cisplatin based
	Rodel et al 2002 ⁴	Yes	No	Cisplatin based
Guidelines	Date published/revised	Supports Use	Is the dose and regimen consistent with the protocol?	Comments
NCCN	2012	Yes	Not specified	-
BCCA	2011	Yes	No	40 mg/m ²
CCO	-	-	-	-

Two phase 2 trials conducted by TROG for patients with localised (T2-4a) muscle-invasive bladder cancer examined the feasibility, toxicity and efficacy of radiation therapy in combination with cisplatin 35 mg/m² weekly.¹ 113 patients were enrolled 6 cycles of cisplatin with radiation therapy 64Gy over 6.5 weeks (TROG 99.06) was better tolerated than 7 cycles of cisplatin with radiation therapy 63 Gy over 7 weeks (TROG 97.01). The dose-intensity of cisplatin in this protocol is taken from the TROG 99.06 trial, and has not been tested in a phase 3 trial.²

Cisplatin is used for many cancers as a radiosensitiser. Strongest evidence for use of cisplatin as a radiosensitiser during radiation therapy for muscle-invasive bladder comes from a phase 3 trial conducted by the National Cancer Institute of Canada Clinical Trials Group for patients with T2 to T4b disease selected for either definitive radiation therapy or radiation therapy followed by cystectomy. 99 patients were randomised to receive radiation therapy with or without cisplatin 100 mg/m² 2-weekly for 3 cycles. The chemoradiation therapy group had a lower rate of pelvic relapse (40% vs 59% at 5 years, p=0.38) but the trial was underpowered to demonstrate any potential effect on overall survival. All 3 planned cycles of chemotherapy were delivered to 78% of patients in the chemotherapy group. There are no other randomised trials in this setting comparing radiation therapy with or without concurrent cisplatin.²

Two large case series from Massachusetts General Hospital, Boston, USA (n=348)³ and University of Erlangen, Germany (n=289)⁴ report the use of radiation therapy with concurrent cisplatin-based chemotherapy after maximal transurethral resection of bladder tumour. The dosing and scheduling of cisplatin during radiation therapy was highly variable: eg. 100 mg/m² 3-weekly, 70 mg/m² 3-weekly, multi-day cisplatin each week, cisplatin alone in combination with other agents, with/ without neoadjuvant or adjuvant chemotherapy.

The dose and scheduling of cisplatin used in this protocol were chosen because of concerns about deliverability of high-dose intermittent cisplatin during radiation therapy for invasive bladder cancer, and adapted from the dose and scheduling cisplatin used in randomised trial of radiation therapy alone or in combination with weekly cisplatin 40mg/m² for bulky stage 1B cervical cancer.⁵ Link to [Cervical Locally Advanced SCC Cisplatin Chemoradiation](#)

Efficacy

In TROG 97.01 and 99.06 trials, initial response of the primary tumour at 6 months was assessed by cystoscopy as follows: complete response (CR) in 70%, persistent or progressive disease in 19%, superficial TCC in 4% and was unknown due to early death in 7%. Local invasive recurrence occurred in 14% of patients who were in CR at 6 months. The local control rate at 5 years was 45% with a functional bladder being retained in 61%. Relapse-free survival and disease-specific survival at 5 years were 33% and 50% respectively.¹

Local Control, Disease Specific & Relapse Free Survival

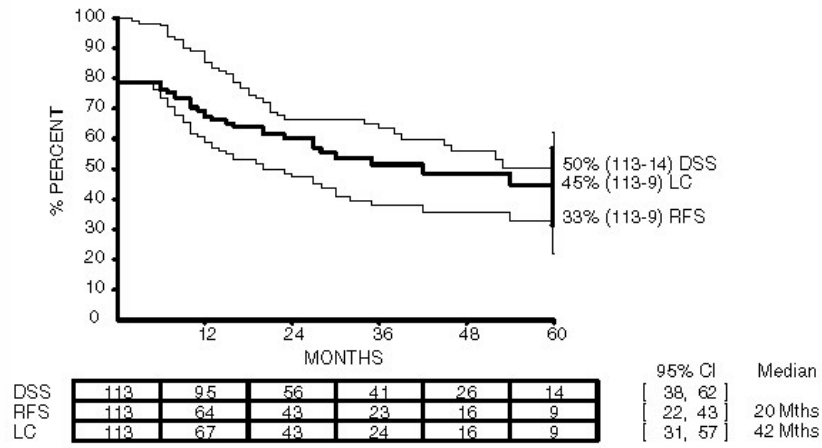


Fig. 3. Local control, disease specific, and relapse free survival.

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Toxicity

In TROG 97.01 and 99.06 trials grade 3/4 toxicity by combined RTOG/EORTC criteria were as follows: acute urinary toxicity occurred in 23%, acute cisplatin-related toxicities in 33% with 12% requiring significant dose modification, late bladder toxicity in 4%, late bowel toxicity in 2%.¹

Table 2
Cisplatin related acute toxicity

	Treatment completed as per protocol	^a Minor violations/reductions in total dose		^d Major violations/reduction in total dose		Total violations
Study 97.01	39	19 (4 ^b +15 ^c)		12		31
Study 99.06	36	4 ^c		3		7
Acute grade 3/4 treatment toxicity and other interruptions		Study 97.01	Study 99.06	Study 97.01	Study 99.06	Total
Haematological/Sepsis		8	2	4	1	15
Inter-current illness		3				3
Urinary		2		2		4
Renal			1	1		2
Cisplatin hypersensitivity				1	1	2
Pt. Refusal			1	1	1	3
Progressive disease				2		2
Others		1		1		2
Violation of protocol		5				5
Total		19	4	12	3	38

Two or more weekly cycles omitted.

^a Minor violations/reduction in total dose.

^b One week delay.

^c Only one weekly cycle omitted.

^d Major violations/reduction in total dose (two or more weekly cycles omitted).

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References

- Gogna, N. K., J. H. Matthews, S. L. Turner, et al. 2006. "Efficacy and tolerability of concurrent weekly low dose cisplatin during radiation treatment of localised muscle invasive bladder transitional cell carcinoma: a report of two sequential Phase II studies from the Trans Tasman Radiation Oncology Group." *Radiother Oncol* 81(1):9-17.
- Coppin, C. M., M. K. Gospodarowicz, K. James, et al. 1996. "Improved local control of invasive bladder cancer by concurrent cisplatin and preoperative or definitive radiation. The National Cancer Institute of Canada Clinical Trials Group." *J Clin Oncol* 14(11):2901-2907.

- 3 Efstathiou, J. A., D. Y. Spiegel, W. U. Shipley, et al. 2012. "Long-term outcomes of selective bladder preservation by combined-modality therapy for invasive bladder cancer: the MGH experience." *Eur Urol* 61(4):705-711.
- 4 Rodel, C., G. G. Grabenbauer, R. Kuhn, et al. 2002. "Combined-modality treatment and selective organ preservation in invasive bladder cancer: long-term results." *J Clin Oncol* 20(14):3061-3071.
- 5 Keys, H. M., B. N. Bundy, F. B. Stehman, et al. 1999. "Cisplatin, radiation, and adjuvant hysterectomy compared with radiation and adjuvant hysterectomy for bulky stage IB cervical carcinoma." *N Engl J Med* 340(15):1154-1161.

History

Version 4

Date	Summary of changes
08/10/2019	Clinical information updated with PBS expanded indications for GCSF.
30/06/2020	Protocol reviewed electronically by Medical Oncology Reference Committee. No changes. Review 5 years.
22/10/2021	Emetogenicity discussed at Medical Oncology Reference Committee meeting. Decision not to align with guidelines keep as moderately emetogenic based on clinical experience and reference committee consensus.
27/04/2022	Treatment schedule note updated, 'Aim to commence radiation therapy approximately 2 hours after chemotherapy is completed' removed. Related pages update to include ID 1025 Bladder carcinoma definitive EBRT with or without chemotherapy.

Version 3

Date	Summary of changes
09/05/2014	New protocol taken to Medical Oncology Reference Committee meeting
28/05/2014	Approved and published on eviQ
27/03/2015	Reviewed electronically by Medical Oncology Reference Committee. No change. Review 2 years
31/03/2017	Protocol discussed and decided to have a 5 year review period. Next due for review in 2020.
31/05/2017	Transferred to new eviQ website. Version number change to V.2.
10/05/2018	Haematological dose modification recommendations updated as per consensus of the expert clinician group. Version number changed to V.3.

The information contained in this protocol is based on the highest level of available evidence and consensus of the eviQ reference committee regarding their views of currently accepted approaches to treatment. Any clinician (medical oncologist, haematologist, radiation oncologist, medical physicist, radiation therapist, pharmacist or nurse) seeking to apply or consult this protocol is expected to use independent clinical judgement in the context of individual clinical circumstances to determine any patient's care or treatment. While eviQ endeavours to link to reliable sources that provide accurate information, eviQ and the Cancer Institute NSW do not endorse or accept responsibility for the accuracy, currency, reliability or correctness of the content of linked external information sources. Use is subject to eviQ's disclaimer available at www.eviq.org.au

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The currency of this information is guaranteed only up until the date of printing, for any updates please check:

<https://www.eviq.org.au/p/1441>

18 Jun 2023

Patient information - Bladder/urinary tract cancer locally advanced - Cisplatin with radiation therapy

Patient's name:

Your treatment

The treatment schedule below explains how the drug for this treatment is given.


Cisplatin with radiotherapy

This treatment cycle is repeated every 7 days during radiotherapy. You will have 6 cycles.

Day	Treatment	How it is given	How long it takes
1	Cisplatin (<i>siss-PLAT-in</i>)	By a drip into a vein	About 4 hours

When to get help

Anticancer drugs (drugs used to treat cancer) can sometimes cause serious problems. It is important to get medical help immediately if you become unwell.

 <p>IMMEDIATELY go to your nearest hospital Emergency Department, or contact your doctor or nurse if you have any of the following at any time:</p>	Emergency contact details <p>Ask your doctor or nurse from your treating team who to contact if you have a problem</p>
<ul style="list-style-type: none">• a temperature of 38°C or higher• chills, sweats, shivers or shakes• shortness of breath• uncontrolled vomiting or diarrhoea• pain, tingling or discomfort in your chest or arms• you become unwell.	Daytime:..... Night/weekend:..... Other instructions:.....

During your treatment immediately tell the doctor or nurse looking after you if you get any of the following problems:

- leaking from the area where the drugs are being given
- pain, stinging, swelling or redness in the area where the drugs are being given or at any injection sites
- a skin rash, itching, feeling short of breath, wheezing, fever, shivers, or feeling dizzy or unwell in any way (allergic reaction).

Other information about your treatment

Changes to your dose or treatment delays

Sometimes a treatment may be started at a lower dose or the dose needs to be changed during treatment. There may also be times when your treatment is delayed. This can happen if your doctor thinks you are likely to have severe side effects, if you get severe side effects, if your blood counts are affected and causing delays in treatment, or if you are finding it hard to cope with the treatment. This is called a dose reduction, dose change or treatment delay. Your doctor will explain if you need any changes or

delays to your treatment and the reason why.

Blood tests and monitoring

You will need to have a blood test before you start treatment and regularly throughout your treatment. Your doctor or nurse will tell you when to have these blood tests.

Other medications given during this treatment

- **Anti-sickness (anti-nausea) medication:** you may be given some anti-sickness medication. Make sure you take this medication as your doctor or nurse tells you, even if you don't feel sick. This can help to prevent the sickness starting.

Side effects

Cancer treatments can cause damage to normal cells in your body, which can cause side effects. Everyone gets different side effects, and some people will have more problems than others.

The table below shows some of the side effects you may get with this treatment. You are unlikely to get all of those listed and you may also get some side effects that have not been listed.

Tell your doctor or nurse about any side effects that worry you. Follow the instructions below and those given to you by your doctor or nurse.

Immediate (onset hours to days)

Nausea and vomiting

- You may feel sick (nausea) or be sick (vomit).
- Take your anti-sickness medication as directed even if you don't feel sick.
- Drink plenty of fluids (unless you are fluid restricted).
- Eat small meals more frequently.
- Try food that does not require much preparation.
- Try bland foods like dry biscuits or toast.
- Gentle exercise may help with nausea.
- Ask your doctor or nurse for eviQ patient information - [Nausea and vomiting during cancer treatment](#).
- **Tell your doctor or nurse immediately, or go to the nearest hospital Emergency Department if you have uncontrolled vomiting or feel dizzy or light-headed.**

Taste and smell changes

- You may find that food loses its taste or tastes different.
- These changes are likely to go away with time.
- Do your mouth care regularly.
- Chew on sugar-free gum or eat sugar-free mints.
- Add flavour to your food with sauces and herbs.
- Ask your doctor or nurse for eviQ patient information - [Taste and smell changes during cancer treatment](#).

Early (onset days to weeks)

Infection risk (neutropenia)	<ul style="list-style-type: none"> • This treatment lowers the amount of white blood cells in your body. The type of white blood cells that help to fight infection are called neutrophils. Having low level of neutrophils is called neutropenia. If you have neutropenia, you are at greater risk of getting an infection. It also means that your body can't fight infections as well as usual. This is a serious side effect, and can be life threatening. • Wash your hands often. • Keep a thermometer at home and take your temperature regularly, and if you feel unwell. • Do your mouth care regularly. • Inspect your central line site (if you have one) daily for any redness, pus or swelling. • Limit contact with people who are sick. • Learn how to recognise the signs of infection. • Ask your doctor or nurse for eviQ patient information - Infection during cancer treatment. • Tell your doctor or nurse immediately, or go to the nearest hospital Emergency Department if you get any of the following signs or symptoms: <ul style="list-style-type: none"> ◦ a temperature of 38°C or higher ◦ chills, shivers, sweats or shakes ◦ a sore throat or cough ◦ uncontrolled diarrhoea ◦ shortness of breath ◦ a fast heartbeat ◦ become unwell even without a temperature.
Low platelets (thrombocytopenia)	<ul style="list-style-type: none"> • This treatment lowers the amount of platelets in your blood. Platelets help your blood to clot. When they are low, you are at an increased risk of bleeding and bruising. • Try not to bruise or cut yourself. • Avoid contact sport or vigorous exercise. • Clear your nose by blowing gently. • Avoid constipation. • Brush your teeth with a soft toothbrush. • Don't take aspirin, ibuprofen or other similar anti-inflammatory medications unless your doctor tells you to. • Tell your doctor or nurse if you have any bruising or bleeding. • Tell your doctor or nurse immediately, or go to your nearest hospital Emergency Department if you have any uncontrolled bleeding.
Diarrhoea	<ul style="list-style-type: none"> • You may get bowel motions (stools, poo) that are more frequent or more liquid. • You may also get bloating, cramping or pain. • Take your antidiarrhoeal medication as directed by your doctor. • Drink plenty of fluids (unless you are fluid restricted). • Eat and drink small amounts more often. • Avoid spicy foods, dairy products, high fibre foods, and coffee. • Ask your doctor or nurse for eviQ patient information - Diarrhoea during cancer treatment. • Tell your doctor or nurse immediately, or go to your nearest hospital Emergency Department if your diarrhoea is not controlled, you have 4 or more loose bowel motions per day, and if you feel dizzy or light-headed.

Mouth pain and soreness (mucositis)	<ul style="list-style-type: none"> • You may have: <ul style="list-style-type: none"> ◦ bleeding gums ◦ mouth ulcers ◦ a white coating on your tongue ◦ pain in the mouth or throat ◦ difficulty eating or swallowing. • Avoid spicy, acidic or crunchy foods and very hot or cold food and drinks. • Try bland and soft foods. • Brush your teeth gently with a soft toothbrush after each meal and at bedtime. If you normally floss continue to do so. • Rinse your mouth after you eat and brush your teeth, using either: <ul style="list-style-type: none"> ◦ 1/4 teaspoon of salt in 1 cup of warm water, or ◦ 1/4 teaspoon of bicarbonate of soda in 1 cup of warm water • Ask your doctor or nurse for eviQ patient information - Mouth problems during cancer treatment. • Tell your doctor or nurse if you get any of the symptoms listed above.
Appetite loss (anorexia)	<ul style="list-style-type: none"> • You may not feel like eating. • Try to avoid drinking fluids at meal times. • Try to eat small meals or snacks regularly throughout the day. • Try to eat food that is high in protein and calories. • If you are worried about how much food you can eat, or if you are losing weight, ask to speak to a dietitian.
Tiredness and lack of energy (fatigue)	<ul style="list-style-type: none"> • You may feel very tired, have no energy, sleep a lot, and not be able to do normal activities or things you enjoy. • Do not drive or operate machinery if you are feeling tired. • Nap for short periods (only 1 hour at a time) • Prioritise your tasks to ensure the best use of your energy. • Eat a well balanced diet and drink plenty of fluids (unless you are fluid restricted). • Try some gentle exercise daily. • Allow your friends and family to help. • Tell your doctor or nurse if you get any of the symptoms listed above.
Nerve damage (peripheral neuropathy)	<ul style="list-style-type: none"> • You may notice a change in the sensations in your hands and feet, including: <ul style="list-style-type: none"> ◦ tingling or pins and needles ◦ numbness or loss of feeling ◦ pain. • You may find it difficult to do everyday activities, such as doing up buttons or picking up small objects. • Test water temperature with your elbow when bathing to avoid burns. • Use rubber gloves, pot holders and oven mitts in the kitchen. • Wear rubber shoes or boots when working in the garden or garage. • Keep rooms well lit and uncluttered. • Ask your doctor or nurse for eviQ patient information – Nerve problems during cancer treatment. • Tell your doctor or nurse if you get any of the symptoms listed above.
Kidney damage	<ul style="list-style-type: none"> • This treatment can cause changes to how your kidneys work. • You will have blood tests to make sure your kidneys are working properly. • You may need to drink more fluids while you are having treatment. Your doctor or nurse will tell you if you need to do this. • Tell your doctor or nurse as soon as possible if you notice that your urine changes colour or you don't need to empty your bladder as often.
Hearing changes (ototoxicity)	<ul style="list-style-type: none"> • You may get ringing in your ears or loss of hearing. • You may have your hearing tested before and during your treatment. • Tell your doctor or nurse as soon as possible if you notice any changes to your hearing.

<p>Low blood magnesium, potassium and calcium levels (hypomagnesaemia, hypokalaemia, hypocalcaemia)</p>	<ul style="list-style-type: none"> • This may be found from your routine blood tests and treated by your doctor. • If it is severe you may get: <ul style="list-style-type: none"> ◦ muscle cramps or twitches ◦ numbness or tingling in your fingers, toes or around your mouth ◦ constipation ◦ an irregular heartbeat ◦ sleepy, drowsy or confused • Tell your doctor or nurse as soon as possible if you get any of the signs or symptoms listed above.
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Late (onset weeks to months)	
<p>Low red blood cells (anaemia)</p>	<ul style="list-style-type: none"> • You may feel dizzy, light-headed, tired and appear more pale than usual. • Tell your doctor or nurse if you have any of these signs or symptoms. You might need a blood transfusion. • Tell your doctor or nurse immediately, or go to the nearest hospital Emergency Department if you have any chest pain, trouble breathing, or feel like your heart is racing.
<p>Chemo brain (chemotherapy-related cognitive impairment)</p>	<ul style="list-style-type: none"> • You may notice that you are unable to concentrate, feel unusually disorganised or tired (lethargic) and have trouble with your memory. • These symptoms usually improve once treatment is completed. • Ask your doctor or nurse for eviQ patient information – Memory changes and chemotherapy (chemo brain). • Tell your doctor or nurse if you get any of the symptoms listed above.
<p>Hair thinning</p>	<ul style="list-style-type: none"> • Your hair may become dry and may break easily. • You may lose some of your hair. • Use a gentle shampoo and a soft hairbrush. • Take care with hair products like hairspray, hair dye, bleaches and perms. • Protect your scalp from the cold with a hat or scarf. • Protect your scalp from the sun with a hat and sunscreen of SPF 50 or higher. • Ask your doctor or nurse about the Look Good Feel Better program (www.lgfb.org.au)

General advice for people having cancer treatment

Chemotherapy safety

- Learn how to keep you and your family safe while you are having anticancer drugs.
- See our patient information sheet - [Chemotherapy safety at home](#).

Blood clot risk

- Cancer and anticancer drugs can increase the risk of a blood clot (thrombosis).
- Tell your doctor if you have a family history of blood clots.
- A blood clot can cause pain, redness, swelling in your arms or legs, shortness of breath or chest pain.
- If you have any of these symptoms go to your nearest hospital Emergency Department.

Medications and vaccinations

- Before you start treatment, tell your doctor about any medications you are taking, including vitamins or herbal supplements.
- Don't stop or start any medications during treatment without talking to your doctor and pharmacist first.
- Paracetamol is safe to take if you have a headache or other mild aches and pains. It is recommended that you avoid taking aspirin, ibuprofen and other anti-inflammatory type medications for pain while you are having treatment. However, if these medications have been prescribed by your doctor, do not stop taking them without speaking with your doctor.
- Vaccinations such as flu and tetanus vaccines are safe to receive while having treatment. Do not have any live vaccines during your treatment or for 6 months after it finishes. If you are unsure, check with your doctor before you have any vaccinations.
- People you live with should be fully vaccinated, including having live vaccines according to the current vaccination schedule. Extra care needs to be taken with hand washing and careful disposal of soiled nappies for infants who have recently received the rotavirus vaccine.

Other medical and dental treatment

- If you go to hospital or any other medical appointment (including dental appointments), always tell the person treating you that you are receiving anticancer drugs.
- Before you have any dental treatment, talk to your doctor.

Diet

- While you are receiving this treatment it is important that you try to maintain a healthy diet.
- Speak to your doctor or nurse about whether drinking alcohol is safe with your treatment.
- If you have any concerns about recent weight loss or weight gain or questions about your diet, ask to speak to a dietitian.

Fertility

- Some cancer treatments can reduce your fertility. This can make it difficult or impossible to get pregnant or father a child.
- Talk to your doctor or nurse before you start any treatment. Depending on your situation there may be fertility sparing options available to you and/or your partner, discuss these with your doctor or nurse.

Pregnancy and breastfeeding

- Some cancer treatments can be dangerous to unborn babies. Talk to your doctor or nurse if you think there is any chance that you could be pregnant.
- Do not try to get pregnant or father a child during this treatment. Contraception should be used during treatment and after stopping treatment. Ask your doctor or nurse about what type of contraception you should use.
- If you are planning pregnancy/fatherhood after completing this treatment, talk to your doctor. Some doctors advise waiting between 6 months and 2 years after treatment.
- Do not breastfeed if you are on this treatment, as anti-cancer medications can also pass into breast milk.

Sex life and sexuality

- The desire to have sex may decrease as a result of this treatment or its side effects.
- Your emotions and the way you feel about yourself may also be affected by this treatment.
- It may help to discuss your concerns with your partner and doctor or nurse.

Risk of developing a second cancer

- Some anticancer treatments can increase your chance of developing a second cancer, this is rare. Your doctor will discuss with you the specific risks of your treatment.

Quitting smoking

- It is never too late to quit smoking. Quitting smoking is one of the best things you can do to help your treatment work better.
- There are many effective tools to improve your chances of quitting.
- Talk to your treating team for more information and referral to a smoking cessation support service.

Staying active

- Research shows that exercise, no matter how small, has many benefits for people during and after cancer treatment.
- Talk to your doctor before starting an exercise program. Your doctor can advise whether you need a modified exercise program.

For more information about cancer treatment, side effects and side effect management see our [Patient and carers section](#).

Where to get more information

Telephone support

- Call Cancer Council on 13 11 20 for cancer information and support

Bladder and urinary tract cancer information

- Australian Government Bladder and Bowel – bladderbowel.gov.au
- Australian Government Department of Health & Ageing Stoma appliance scheme – health.gov.au/internet/main/publishing.nsf/Content/Stoma+Appliance+Scheme-1
- BEAT Bladder Cancer Australia Inc. – beatbladdercanceraustralia.org.au/
- Continence Foundation of Australia – continence.org.au

- National Continence Program – health.gov.au/initiatives-and-programs/national-continence-program-npc
- National Public Toilet map – toiletmap.gov.au
- Recovering after Pelvic Radiation Therapy: A guide for women – [Recovering after Pelvic Radiation Therapy: A guide for women](#)

General cancer information and support

- Australian Rare Cancer (ARC) Portal – arcportal.org.au/
- Beyondblue – beyondblue.org.au
- Cancer Australia – canceraustralia.gov.au
- Cancer Council Australia – cancer.org.au
- Cancer Voices Australia – cancervoicesaustralia.org
- CanTeen – canteen.org.au
- Carers Australia – carersaustralia.com.au
- CHILL Cancer related hair loss - scalpcooling.org
- eviQ Cancer Treatments Online – eviq.org.au
- LGBTQI+ People and Cancer - cancercouncil.com.au/cancer-information/lgbtqi
- Look Good Feel Better – lgfb.org.au
- Patient Information – patients.cancer.nsw.gov.au
- Radiation Oncology Targeting Cancer – targetingcancer.com.au
- Redkite – redkite.org.au
- Return Unwanted Medicines – returnmed.com.au
- Staying active during cancer treatment – patients.cancer.nsw.gov.au/coping-with-cancer/physical-wellbeing/staying-active

Quit smoking information and support

Quitting smoking is helpful even after you have been diagnosed with cancer. The following resources provide useful information and support to help you quit smoking. Talk to your treating team about any other questions you may have.

- Call Quitline on 13 QUIT (13 78 48)
- iCanQuit – iCanQuit.com.au
- Patient Information – patients.cancer.nsw.gov.au/coping-with-cancer/physical-wellbeing/quitting-smoking
- Quitnow – quitnow.gov.au

Additional notes:

This document is a guide only and cannot cover every possible situation. The health professionals caring for you should always consider your individual situation when making decisions about your care. Contact your cancer clinic staff or doctor if you have any questions or concerns about your treatment, or you are having problems coping with side effects. While eviQ endeavours to link to reliable sources that provide accurate information, eviQ and the Cancer Institute NSW do not endorse or accept responsibility for the accuracy, currency, reliability or correctness of the content of linked external information sources. Use of this document is subject to eviQ's disclaimer available at www.eviq.org.au

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