

## TIP

### (paclitaxel, ifosfamide, cisplatin)

#### Indication

Salvage chemotherapy for germ cell tumours

#### Regimen details

Paclitaxel 250mg/m <sup>2</sup>	Over 3 hours in 500ml 0.9% sodium chloride	Day 1 only
Potassium chloride 20mmol & magnesium sulphate 10mmol	Over 2 hours in 1000ml 0.9% sodium chloride	Days 1-5
Cisplatin 20mg/m <sup>2</sup>	Over 1 hour in 500ml 0.9% sodium chloride	Days 1-5
Potassium chloride 20mmol & magnesium sulphate 10mmol	Over 2 hours in 1000ml 0.9% sodium chloride	Days 1-5
Ifosfamide 1000mg/m <sup>2</sup> (& mesna 500mg/m <sup>2</sup> )	Over 1 hour in 500ml 0.9% sodium chloride	Days 1-5
Mesna 500mg/m <sup>2</sup>	Over 8 hours in 1000ml 0.9% sodium chloride with 20mmol potassium chloride	Days 1-5

#### Cycle frequency

Every 21 days

#### Number of cycles

4

#### Administration

Dipstick urine for bloods during infusion

#### Pre-medication

Premedication for paclitaxel to be given 30 minutes pre-treatment:

Dexamethasone IV 20mg

Ranitidine IV 50mg

Chlorphenamine IV 10mg

#### Emetogenicity

Highly emetogenic

#### Additional supportive medication

Mesna given with ifosfamide and following ifosfamide (see regimen details)

Filgrastim or pegfilgrastim given 24 hours after completion of cycle

#### Investigations – pre first cycle

CT Thorax, Abdo, Pelvis

Audiometry

Baseline bloods: FBC, U&E, LFT, Ca, Uric Acid, Mg, LDH, AFP, HCG

24 hour urinary creatinine clearance

Lancashire & South Cumbria Cancer Network

Systemic Anticancer Treatment Protocol

Sperm banking  
 Discuss need for contraception  
 Written informed consent for course

**Investigations –pre subsequent cycles**

Weekly: FBC, U&E, LFT, LDH, AFP, HCG  
 Prior to day 1: Chest X-ray, medical review

**Standard limits for administration to go ahead**

If blood results not within range, authorisation to administer **must** be given by prescriber/ consultant.

Investigation	Dose
WC > 2 and Platelets > 100	Full dose
WC > 2 and Platelets 50-100	Cisplatin 100% dose Ifosfamide/Paclitaxel 75% dose
WC 1.5-2.0 and Platelets > 75	Cisplatin 100% Ifosfamide/Paclitaxel 75% dose
WC 1.5-2.0 and Platelets 50-75	Cisplatin 100% Ifosfamide/Paclitaxel 50% dose
WC < 1.5 or Platelets <50	Defer chemo until count recovered (check FBC every 3 days)

**Dose modifications**

See above

EVERY DOSE MODIFICATION HAS TO BE DISCUSSED WITH CONSULTANT

Dose modification for renal dysfunction	
• If Creat. Clear <50ml/min	Replace Cisplatin with Carboplatin AUC6
• If Creatinine clearance < 40ml/min	Omit Ifosfamide
Dose modification for neurological toxicity	
• Grade 2 motor ( <i>mild objective weakness interfering with function but not with activities of daily living</i> ) or grade 3 sensory ( <i>sensory loss or paraesthesia interfering with activities of daily living</i> ) toxicity	Replace Cisplatin with Carboplatin AUC6
• Any grade 3+ neurological toxicity	Omit Paclitaxel
Dose modification for encephalopathy	
• Any grade 2+ personality change, seizure, confusional state indicating encephalopathy	Omit Ifosfamide

**Adverse effects –**

for full details consult product literature/ reference texts

Neutropenic sepsis & thrombocytopenia	Nausea & vomiting (severe)
Amenorrhoea & infertility (offer semen cryopreservation)	Peripheral neuropathy
Encephalopathy (Ifosfamide)	Mucositis

Tinnitus/deafness (Cisplatin)

Alopecia

Nephrotoxicity

Haemorrhagic cystitis (Ifosfamide)

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**THIS PROTOCOL HAS BEEN DIRECTED BY DR BIRTLE, DESIGNATED LEAD CLINICIAN FOR GERM CELL TUMOURS**

**RESPONSIBILITY FOR THIS PROTOCOL LIES WITH THE HEAD OF SERVICE**

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