



# Cisplatin: information for families

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This information sheet explains what cisplatin is, how it is given and some of the possible side effects. Each person reacts differently to medicines, so your child will not necessarily suffer from every side effect mentioned. If you have any questions or concerns, please speak to your doctor, nurse or pharmacist.

Please read this in conjunction with any patient information leaflet provided by the manufacturer. However, please note that this information sheet explains about the use of cisplatin in children and young people so may differ from the manufacturer's information.

## What is cisplatin?

Cisplatin is a chemotherapy medicine that is used to treat certain types of cancer.

## How is it given?

It is given as an infusion into a vein (intravenously or IV) through a cannula, central venous catheter or implantable port with extra IV fluids.

## What are the side effects?

### Nausea and vomiting

Anti-sickness drugs can be given to reduce or prevent these symptoms. Please tell your doctor or nurse if your child's sickness is very bad or continues for more than a few days.

### Strange taste

It is possible that your child may experience a strange taste while receiving cisplatin. This is temporary.

### Loss of appetite

It is possible that your child's appetite may decrease while having treatment. If you are

concerned about your child's diet, please ask to speak to one of the dietitians.

### Bone marrow suppression

There will be a temporary reduction in how well your child's bone marrow works. This means they may become anaemic (reduced red blood cells), bruise or bleed more easily than usual, and have a higher risk of infection.

Your child's blood counts will be checked regularly to see how the bone marrow is working. Please tell your doctor if your child seems unusually tired, has bruising, bleeding, or any signs of infection, especially a high temperature.

### Altered kidney function

Cisplatin may change how well your child's kidneys work over a period of time by causing the kidneys to leak important minerals and salts. Your child may have a blood and urine test or a GFR (Glomerular Filtration Rate) before treatment is started and then at stages during and after treatment to monitor kidney function.

### Changes in hearing

As your child's treatment progresses, they may not initially be able to hear high pitched sounds. If

further treatment with cisplatin is necessary, then your child's hearing may deteriorate further.

Your child will have a hearing test before and during the course of treatment and at long-term follow up clinics. If your child develops a hearing loss, please discuss this with your doctor or nurse. If your child is of school age, you should also discuss this with your child's teachers.

### **Numbness, tingling or aches and pains**

This can happen because of the effect of cisplatin on your child's nervous system. Your child may complain of aches and pains in their legs. If you notice your child has difficulty walking, please tell the doctor. The future dosage of cisplatin may then be lowered. These side effects are temporary and usually wear off a few months after treatment has finished.

### **Allergic reaction**

Some children receiving cisplatin may have an allergic reaction to the drug. This reaction may be mild to severe.

Signs of a **mild** allergic reaction include skin rashes and itching, high temperature, shivering, redness of the face, a feeling of dizziness or a headache. If you see any of these signs, please report them to a doctor or nurse.

Signs of a **severe** allergic reaction include any of the above, as well as shortness of breath or chest pain. If you are in hospital and your child shows signs of a severe allergic reaction, call a doctor or nurse immediately. If you are at home and your

child shows signs of a severe allergic reaction, call an ambulance immediately.

### **Diarrhoea**

Please tell your doctor or nurse if your child has diarrhoea which is very bad or continues for more than a few days. It is important that your child drinks lots of fluids.

### **Interactions with other medicines**

Some medicines can react with cisplatin, altering how well it works. Always check with your doctor or pharmacist before giving your child any other medicine, including medicines on prescription from your family doctor (GP), medicines bought from a pharmacy (chemist) or any herbal or complementary medicines.

### **Important**

If these medicines leak into the tissues underneath your child's skin, they can damage the tissue in this area. This is called extravasation.

- If given through a cannula and your child complains of stinging and burning around the cannula, please tell your doctor or nurse immediately.
- If given through a central venous catheter or implantable port and your child complains of pain around their chest or neck, please tell your doctor or nurse immediately.

### **Useful numbers**

- GOSH switchboard 020 7405 9200
- Pharmacy medicines information 020 7829 8608 (Monday to Friday from 9am to 5pm)

### **Disclaimer**

Please read this information sheet from GOSH alongside the patient information leaflet (PIL) provided by the manufacturer. If you do not have a copy of the manufacturer's patient information leaflet please talk to your

pharmacist. A few products do not have a marketing authorisation (licence) as a medicine and therefore there is no PIL.

For children in particular, there may be conflicts of information between the manufacturer's patient information leaflet (PIL) and guidance provided by GOSH and other healthcare providers. For example, some manufacturers may recommend, in the patient information leaflet, that a medicine is not given to children aged under 12 years. In most cases, this is because the manufacturer will recruit adults to clinical trials in the first instance and therefore the initial marketing authorisation (licence) only covers adults and older children.

For new medicines, the manufacturer then has to recruit children and newborns into trials (unless the medicine is not going to be used in children and newborns) and subsequently amend the PIL with the approved information. Older medicines may have been used effectively for many years in children without problems but the manufacturer has not been required to collect data and amend the licence. This does not mean that it is unsafe for children and young people to be prescribed such a medicine 'off-licence/off-label'. However, if you are concerned about any conflicts of information, please discuss with your doctor, nurse or pharmacist.