

LIPOSOMAL DOXORUBICIN (Caelyx) CARBOPLATIN

INDICATION (ICD10) C54.1, C56

1. Second-line or third line treatment of advanced ovarian cancer.
2. Endometrial recurrence or metastatic 1st line if unable to have taxanes

REGIMEN

Day 1 PEGYLATED LIPOSOMAL DOXORUBICIN 30mg/m² in 250ml glucose 5% IV infusion
 Cycle 1 infusion at a rate of 1mg/m² subsequent cycles over 60 minutes
 CARBOPLATIN AUC 5 in 500ml glucose 5% IV infusion over 30 minutes
 Dose calculated by EDTA GFR or calculated (CrCl + 25) x AUC.

CYCLE FREQUENCY AND NUMBER OF CYCLES

Every 28 days for up to 6-8 cycles

ANTI-EMETICS

High emetic risk day 1

CONCURRENT MEDICATION REQUIRED

Carboplatin	Anaphylaxis treatment should be prescribed if the patient has had an anaphylactic episode previously. Dexamethasone 20mg IV bolus Chlorphenamine 10mg IV bolus H ₂ antagonist Carboplatin should be given at a slower rate e.g 2-4 hours.
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EXTRAVASATION AND TYPE OF LINE / FILTERS

Carboplatin – irritant
 Liposomal doxorubicin - exfoliant

Peripheral line

INVESTIGATIONS

Blood results required before SACT administration
 FBC, U&E and LFTs every week
 Neutrophils x 10⁹/L ≥1.5
 Platelets x 10⁹/L ≥100
 ECG (possible ECHO) required if patient has preexisting cardiac disease
 Baseline weight and every cycle
 GFR assessed using EDTA result or calculated creatinine clearance at the Consultant's discretion.
 CA125 baseline and day 1 every cycle
 Baseline weight and every cycle

MAIN TOXICITIES AND ADVERSE REACTIONS

Carboplatin	Ototoxicity – monitor Neurotoxicity - monitor
Liposomal doxorubicin	Cardiotoxicity – monitor cardiac function. Liposomal doxorubicin may be stopped in future cycles if signs of cardiotoxicity eg cardiac arrhythmias, pericardial effusion, tachycardia with fatigue. Infusion related reactions – allergic or anaphylactic like reactions consider prophylaxis Palmar-plantar erythema - treat with steroids prednisolone 30mg od or dexamethasone 8mg od. Consider pyridoxine.

DOSE MODIFICATIONS

Liposomal doxorubicin maximum lifetime dose

= 400mg/m² (in patients with cardiac dysfunction or exposed to mediastinal irradiation)

= 450-550mg/m² (with normal cardiac function)

Haematological

Liposomal doxorubicin

Grade 1 ANC 1.5-1.9x10 ⁹ /l Platelets 75-150x10 ⁹ /l	Resume treatment with no dose reduction.
Grade 2 ANC 1.0-1.5x10 ⁹ /l Platelets 50-75x10 ⁹ /l	Wait until ANC ≥1.5 and platelets ≥75 redose with no dose reduction.
Grade 3 ANC 0.5-1.0x10 ⁹ /l Platelets 25-50x10 ⁹ /l	Wait until ANC ≥1.5 and platelets ≥75 redose with no dose reduction.
Grade 4 ANC <0.5x10 ⁹ /l Platelets <25x10 ⁹ /l	Wait until ANC ≥1.5 and platelets ≥75 give 75% dose or continue with GCSF.

Non-haematological

Liposomal doxorubicin

Palmar-plantar erythrodysethesia – week after prior pegylated liposomal doxorubicin dose

Current assessment	Week 4	Week 5	Week 6
Grade 1	Redose unless patient has experienced a previous grade 3 or 4 skin toxicity, in which case wait an additional week	Redose unless patient has experienced a previous grade 3 or 4 skin toxicity, in which case wait an additional week	Give 75% dose return to 4 week interval
Grade 2	Wait an additional week	Wait an additional week	Give 75% dose return to 4 week interval
Grade 3	Wait an additional week	Wait an additional week	Withdraw patient
Grade 4	Wait an additional week	Wait an additional week	Withdraw patient

Stomatitis week after prior pegylated liposomal doxorubicin dose

Current assessment	Week 4	Week 5	Week 6
Grade 1	Redose unless patient has experienced a previous grade 3 or 4 stomatitis toxicity, in which case wait an additional week	Redose unless patient has experienced a previous grade 3 or 4 stomatitis toxicity, in which case wait an additional week	Give 75% dose return to 4 week interval or withdraw patient per physician's assessment
Grade 2	Wait an additional week	Wait an additional week	Give 75% dose return to 4 week interval or withdraw patient per physician's assessment
Grade 3	Wait an additional week	Wait an additional week	Withdraw patient
Grade 4	Wait an additional week	Wait an additional week	Withdraw patient

Hepatic impairment

Liposomal doxorubicin

Bilirubin 20-50micromol/L	give 75% dose
Bilirubin >51micromol/L	give 50% dose

Renal impairment

Carboplatin

GFR / calculated CrCl \leq 20ml/min or \leq 30ml/min with pre-existing severe renal impairment	contraindicated
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REFERENCES

1. BMC cancer 2006, 6 page 202, Pignata et al.