

CARBOPLATIN with concurrent RT

INDICATION (ICD10) C49

1. Radical treatment of head and neck squamous cell carcinoma patients creatinine clearance <45ml/min (unlicensed). PS 0, 1, 2

REGIMEN

Day 1 CARBOPLATIN AUC 1.5 in #ml glucose 5% IV infusion over 30 minutes
Dose calculated by EDTA GFR or calculated (CrCl + 25) x AUC.

diluent volume for dose prescribed as per national standardised product specification

Carboplatin should be given as early as possible in the week as carboplatin potentiates the radiotherapy

CYCLE FREQUENCY AND NUMBER OF CYCLES

Every 7 days for 6 cycles

ANTI-EMETICS

Dexamethasone 4mg once daily for 2 days

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 Carboplatin should be given at a slower rate eg 2-4 hours.
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EXTRAVASATION AND TYPE OF LINE / FILTERS

Carboplatin - irritant

Filter not required

Central or 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

GFR assessed using EDTA result or calculated creatinine clearance at the Consultant's discretion.

Patients with hydronephrosis or serum creatinine ≥100micromol/L need a serum creatinine checked every cycle.

Serum creatinine

Baseline weight and every cycle

MAIN TOXICITIES AND ADVERSE REACTIONS

Carboplatin	Ototoxicity – monitor Neurotoxicity - monitor
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DOSE MODIFICATIONS

Renal impairment

Carboplatin

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