GEMCITABINE (1200) CARBOPLATIN

INDICATION (ICD10) C34, C80

1. Standard combination for palliative treatment of NSCLC or SCLC (unlicensed)
2. Unknown primary if appropriate (unlicensed)

PS 0, 1, 2

REGIMEN (Drugs can be given in any order)

Day 1	GEMCITABINE	1200mg/m^2 infusion in #ml sodium chloride 0.9% IV infusion over 30 minutes
	CARBOPLATIN	AUC 5 in #ml glucose 5% IV infusion over 30 minutes Dose calculated by EDTA GFR or calculated CrCl + 25 x AUC. (Maximum dose when using CrCl 125+25 x AUC)
Day 8	GEMCITABINE	1200mg/m^2 infusion in #ml sodium chloride 0.9% IV infusion over 30 minutes

diluent volume for dose prescribed as per national standardised product specification or licensed dose

CYCLE FREQUENCY AND NUMBER OF CYCLES

NSCLC - every 21 days up to 4 cycles
SCLC – every 21 days up to 6 cycles

ANTI-EMETICS

Moderate risk day 1
Low risk day 8

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 e.g. 2-4 hours.

EXTRAVASATION AND TYPE OF LINE / FILTERS

Carboplatin - irritant
Gemcitabine – neutral

No filters required
Central or peripheral line

INVESTIGATIONS

Blood results required before SACT administration
FBC every dose, U&E, LFTs and creatinine every cycle
Neutrophils x 10^9/L ≥1.5
Platelets x 10^9/L ≥100
GFR assessed using EDTA result or calculated creatinine clearance at the Consultant's discretion.
Baseline weight and every cycle

MAIN TOXICITES AND ADVERSE REACTIONS

Carboplatin	Ototoxicity – monitor Neurotoxicity - monitor
Gemcitabine	Diarrhoea – see dose modifications, treat with loperamide or codeine Mucositis – see dose modifications, use routine mouthcare

DOSE MODIFICATIONS

Haematological

Gemcitabine

Neutrophils >1.5x10^9/L and platelets >100x10^9/L	give 100% dose
Neutrophils<1.5x10^9/L or platelets <100x10^9/L	delay treatment (day 1) or omit treatment (day 8)

Any grade ≥3 toxicity clinician discretion (may need dose reduction or omission)

Non-haematological

Gemcitabine

Diarrhoea and/or mucositis grade 2 toxicity	omit until toxicity resolved then restart at 100% dose
Diarrhoea and/or mucositis grade 3	omit until toxicity resolved then restart at 75% dose
Diarrhoea and/or mucositis grade 4	omit until toxicity resolved then restart at 50% dose

Hepatic impairment

Gemcitabine

Bilirubin >27µmol/L	initiate treatment with 80% dose

Renal impairment

Carboplatin

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

REFERENCES

1. Danson S et al. Cancer 2003; 98: 542-553