

CARBOPLATIN

INDICATION (ICD10) C71, C72

1. Third-line treatment of fit patients with relapsed high grade glioma. PS 0, 1, 2

REGIMEN

Day 1	CARBOPLATIN	AUC* 6	IV infusion	#ml glucose 5% over 30 minutes
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*Dose calculated by EDTA GFR or calculated $(CrCl + 25) \times AUC$.

Maximum dose when using $CrCl 125+25 \times AUC$

diluent and diluent volume for dose prescribed as per national standardised product specification

CYCLE FREQUENCY AND NUMBER OF CYCLES

Every 28 days for 3 to 6 cycles

ANTI-EMETICS

Moderate 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 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

Filter not required

Peripheral or central line

INVESTIGATIONS

Blood results required before SACT administration

FBC, U&E and LFTs every cycle

Mg⁺⁺ baseline and then as clinically indicated

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.

Baseline weight and every cycle

MAIN TOXICITIES AND ADVERSE REACTIONS

Carboplatin	Ototoxicity – monitor Neurotoxicity - monitor
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DOSE MODIFICATIONS

Hepatic impairment

Carboplatin

No dose adjustment is needed.

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

- Giraud EL, de Lijster B, Krens SD, Desar IME, Boerrigter E, van Erp NP. Dose recommendations for anticancer drugs in patients with renal or hepatic impairment: an update. *Lancet Oncol* 2023; 24: e229.

Assessments

	Pre	Cycle 1	Cycle 2	Cycle 3	Cycle 4	Ongoing
Clinical assessment	X		Pre cycle		Pre cycle	Every cycle
SACT assessment (PS and toxicities)	X	X	X	X	X	Every cycle
FBC	X	X	X	X	X	Every cycle
U&E, calcium, magnesium & LFT	X	X	X	X	X	Every cycle
CrCl	X	X	X	X	X	Every cycle
CT scan	X					At cycle 6, Inform consultant team if not booked
Informed consent	X					Verbal each cycle
Height	X					
Weight recorded	X	X	X	X	X	Every cycle