# CARBOPLATIN VINCRISTINE – local funding required

## INDICATION (ICD10) C71, C72

1. Relapsed low grade glioma. PS 0, 1, 2

## REGIMEN

### Cycle 1

| | | | | |
|---|---|---|---|---|
| Days 1 and 22 | **VINCRISTINE** | 1.5mg/m$^2$ (maximum 2mg) | IV infusion | 50ml sodium chloride 0.9% over 10 minutes |
| | **CARBOPLATIN** | AUC* 5 | IV infusion | #ml glucose 5% over 30 minutes |
| Days 8, 15, 29 and 35 | **VINCRISTINE** | 1.5mg/m$^2$ (maximum 2mg) | IV infusion | 50ml sodium chloride 0.9% over 10 minutes |

### Cycle 2

| | | | | |
|---|---|---|---|---|
| Days 1 and 22 | **VINCRISTINE** | 1.5mg/m$^2$ (maximum 2mg) | IV infusion | 50ml sodium chloride 0.9% over 10 minutes |
| | **CARBOPLATIN** | AUC* 5 | IV infusion | #ml glucose 5% over 30 minutes |
| Days 8 and 15 | **VINCRISTINE** | 1.5mg/m$^2$ (maximum 2mg) | IV infusion | 50ml sodium chloride 0.9% over 10 minutes |

### Cycle 3

| | | | | |
|---|---|---|---|---|
| Days 1 and 29 | **VINCRISTINE** | 1.5mg/m$^2$ (maximum 2mg) | IV infusion | 50ml sodium chloride 0.9% over 10 minutes |
| | **CARBOPLATIN** | AUC* 5 | IV infusion | #ml glucose 5% over 30 minutes |

### Cycle 4

| | | | | |
|---|---|---|---|---|
| Day 15 | **VINCRISTINE** | 1.5mg/m$^2$ (maximum 2mg) | IV infusion | 50ml sodium chloride 0.9% over 10 minutes |
| | **CARBOPLATIN** | AUC* 5 | IV infusion | #ml glucose 5% over 30 minutes |

### Cycles 5 to 14

| | | | | |
|---|---|---|---|---|
| Day 1 | **VINCRISTINE** | 1.5mg/m$^2$ (maximum 2mg) | IV infusion | 50ml sodium chloride 0.9% over 10 minutes |
| | **CARBOPLATIN** | AUC* 5 | IV infusion | #ml glucose 5% over 30 minutes |
| Days 8 and 15 | **VINCRISTINE** | 1.5mg/m$^2$ (maximum 2mg) | IV infusion | 50ml sodium chloride 0.9% over 10 minutes |

*Dose calculated by EDTA GFR or calculated (CrCl + 25) x AUC.
Maximum dose when using CrCl 125+25 x AUC

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

## CYCLE FREQUENCY AND NUMBER OF CYCLES

Every 42 days for 14 cycles (4 induction cycles and 10 consolidation cycles)

## ANTI-EMETICS

High risk carboplatin and vincristine days
Minimal risk vincristine only days

## CONCURRENT MEDICATION REQUIRED

| | |
|---|---|
| Carboplatin | Anaphylaxis treatment should be prescribed if the patient has had an anaphylactic episode previously.<br>Dexamethasone 20mg IV bolus<br>Chlorphenamine10mg IV bolus<br>Carboplatin should be given at a slower rate e.g. 2-4 hours. |

## EXTRAVASATION AND TYPE OF LINE / FILTERS

Carboplatin - irritant
Vincristine – vesicant (peripheral line free flow or central line via pump)

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 $10^9$/L ≥1.5
Platelets x $10^9$/L ≥100
GFR assessed using EDTA result or calculated creatinine clearance at the Consultant's discretion.
Patients with hydronephrosis or serum creatinine ≥100micromol/L need a serum creatinine checked every cycle.
Baseline weight and every cycle

## MAIN TOXICITES AND ADVERSE REACTIONS

| | |
|---|---|
| Carboplatin | Ototoxicity – monitor<br>Neurotoxicity - monitor |
| Vincristine | Neuropathy |

## INTERACTIONS WHICH MAY REQUIRE DOSE MODIFICATIONS (not exhaustive list check SPC/BNF/Stockleys)

| | |
|---|---|
| Carboplatin | Aminoglycosides increased risk of nephrotoxicity and ototoxicity. Renal function should be well monitored and audiometric tests as required. Carboplatin can cause a decrease in phenytoin serum levels. This may lead to reappearance of seizures and may require an increase of phenytoin dosages. |
| Vincristine | Lots of interactions, check carefully. |

## DOSE MODIFICATIONS

### Hepatic impairment

Carboplatin
No dose adjustment is needed.

Vincristine

| | |
|---|---|
| Bilirubin >51micromol/L | give 50% dose |

### Renal impairment

Carboplatin

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

Vincristine
No dose adjustment is needed.

## REFERENCES

1. 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 |