

CARBOPLATIN

INDICATION (ICD10) C50, C54, C56

1. Triple negative or BRCA mutated metastatic breast cancer (case based discussion).
2. Frontline chemotherapy in ovarian carcinoma.
3. Relapsed (non-refractory) ovarian carcinoma who have not relapsed during 1st line platinum based chemotherapy.
4. Endometrial carcinoma.
5. Serous papillary uterine cancer
PS 0, 1, 2

REGIMEN

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

Non-breast indications - maximum dose when using CrCl $(125+25 \times AUC)$ mg

Breast cancer - maximum dose when using CrCl is 700mg

diluent volume for dose prescribed as per national standardised product specification

CYCLE FREQUENCY AND NUMBER OF CYCLES

Non-ovarian - every 21 days for 6 cycles

Ovarian - every 21 days for 6 cycles (an additional 2 cycles may be given following debulking surgery ie up to 8 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 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

Filter not required

Peripheral or central line

INVESTIGATIONS

Blood results required before SACT administration

FBC, U&E including Mg ⁺⁺ (>0.4) and LFTs Neutrophils x10 ⁹ /L ≥1.5 (breast patients) Neutrophils x10 ⁹ /L ≥1.0 provided patient is well (gynae patients) Platelets x10 ⁹ /L ≥100	baseline and every cycle
GFR assessed using EDTA result (BMI <19 or >30 (gynae patients) or calculated creatinine clearance at the Consultant's discretion	baseline and every cycle
Serum creatinine patients with hydronephrosis or serum creatinine ≥100micromol/L	baseline and every cycle
CA125 (gynae patients)	baseline and day 1 every cycle
Virology	before cycle 1 if not previously checked
Weight	baseline and every cycle

MAIN TOXICITIES AND ADVERSE REACTIONS

Carboplatin	Ototoxicity – monitor Neurotoxicity - monitor
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DOSE MODIFICATIONS

Hepatic impairment

Carboplatin

No need for dose adjustment is expected

Renal impairment

Carboplatin

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

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5. Colombo, N., D. Guthrie, et al., International Collaborative Ovarian Neoplasm trial 1: a randomized trial of adjuvant chemotherapy in women with early-stage ovarian cancer. *J Natl Cancer Inst*, 2003. 95(2): p125-32.
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or cyclophosphamide, doxorubicin, and cisplatin in women with ovarian cancer: the ICON3 randomised trial. *Lancet*, 2002. 360(9332): p505-15.

8. Parmar, M.K., J.A. Ledermann, et al., Paclitaxel plus platinum-based chemotherapy versus conventional platinum-based chemotherapy in women with relapsed ovarian cancer: the ICON4/AGO-OVAR-2.2 trial. *Lancet*, 2003. 361(9375): p2099-106.

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