

Chemotherapy protocol

Drug regimen

Single agent carboplatin

Indications for use

Ovarian cancer
Primary peritoneal cancer
Fallopian tube cancer
Endometrial cancer

Regimen

Carboplatin AUC 6 in 500mls 5% Glucose over 1 hour

N.B. AUC 5 (Calvert formula) for patients with poor general condition or who have been extensively pretreated

Repeat every 3 weeks for 6 cycles

Investigation prior to initiating treatment

FBC

Calculated creatinine clearance

LFTs

CA125

Cautions

The Calvert formula is not considered reliable if the creatinine clearance is <40 ml/min. However, prescribing according to surface area leads to excessive doses. Therefore, even in those patients with renal impairment the Calvert formula will be used and doses modified subsequently up or down depending on blood counts.

Investigations and consultations prior to each cycle

FBC

U&E

If serum creatinine raises>20% repeat calculated creatinine clearance before the next cycle

CA125 To be looked at retrospectively

LFT

Consultation needed prior to each cycle

Acceptable limits for treatment to proceed (if outside these delay one week or contact consultant)

If Neutrophils 1.2 – 1.5 contact consultant

Delay treatment 1 week or until platelets \geq 100 and neutrophils \geq 1.5

If serum creatinine raises>20% repeat calculated creatinine clearance before the next cycle

Side effects

Hypersensitivity reactions (usually after > 6 cycles) Alopecia (very occasionally) Nausea and vomiting Bone marrow suppression Flushing effects

Dose Modification Criteria

20% dose reduction if there is a delay > 1 week, if there has been a previous delay of more than 2 cycles or if the patient experiences neutropenic sepsis

Formulas

Calvert formula: (Cl_{Cr} (ml/min) + 25) x AUC

Cockcroft and Gault (for calculating creatinine clearance)

Female $\underline{(140 - age(yrs)) \times wt(kg)} \times 1.04$

Serum creatinine (micromol/lt)

Serum creatinine (micromol/lt)

THIS PROTOCOL HAS BEEN DIRECTED BY <u>DR HINDLEY</u>, DESIGNATED LEAD CLINICIAN FOR <u>GYNAECOLOGICAL CANCER</u>

RESPONSIBILITY FOR THIS PROTOCOL LIES WITH THE HEAD OF SERVICE

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