

Chemotherapy protocol

Drug regimen

Gemcitabine & Carboplatin (Ovarian cancer)

Indications for use

Palliative chemotherapy for relapsed platinum sensitive ovarian cancer

Regimen

Day	Drug	Fluid	Time
1	Carboplatin (AUC 4)	500mls 5% Glucose	1 hour
1 and 8	Gemcitabine 1000mg/m ²	250ml 0.9% NaCl	30 Mins

Regimen to be repeated 3 weekly for 6 to 8 cycles at clinician's discretion. Interval assessment after 3 cycles

Investigations prior to initiating treatment

FBC, U&Es, Calculated creatinine clearance, LFTs, CA125

CT staging Chest, Abdo and Pelvis for comparison

Investigations and consultations prior to each cycle

FBC

U&Es

Creatinine clearance to be recalculated if Cr changes by 20% or more

LFTs

The liver function test may be retrospectively looked at (i.e. after the chemotherapy treatment)

unless they are known to be abnormal then they need to be repeated the day before so that the results are available pre-chemotherapy

CA125 (can be retrospectively looked at)

Consultation prior to each cycle

Acceptable limits for treatment to proceed

Go ahead if neuts >1.5 and Platelets >100

If neuts <1.2 or platelets <100 to delay Day 1 treatment by 1 week (or omit day 8 treatment)

If Neuts 1.2 to 1.5 discuss with consultant

If serum creatinine is raised by >20% repeat creatinine clearance prior to next cycle

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.

Side Effects

Allergy (rash often with pruritis),

Hypersensitivity reactions (usually after > 6 cycles)

Alopecia (very occasionally)

Nausea and vomiting

Mucositis

Constipation/Diarrhoea

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

This protocol has been directed by Dr Moon, clinician for Gynaecological cancer

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