**Single agent Carboplatin in Ovarian, Fallopian Tube and Primary Peritoneal Cancer for Adjuvant or Neoadjuvant treatment**

**Indication:** Alternative Adjuvant or Neoadjuvant therapy in women with Ovarian, Fallopian Tube and Primary Peritoneal Cancer

**Regimen details:** Carboplatin  AUC 6  IV  D1 (see Comments)

**Administration:** Carboplatin in 500mls Glucose 5% IV over 30 – 60 minutes  
Any device containing aluminium that may come in contact with Carboplatin must be avoided

**Frequency:**  
Adjuvant setting: Every 21 days, for 3 - 6 cycles  
Neoadjuvant setting: Every 21 days, for 6 – 8 cycles

**Extravasation:** Carboplatin: Non- vesicant

**Anti- emetics:** Carboplatin: Moderate emetogenic  
Follow Local Anti-emetic Policy

**Regular investigation:**  
FBC  D1  
LFTs  D1 (optional)  
U&Es  D1  
CA 125  Every 2 cycles  
EDTA  Prior to 1st cycle, if necessary (see Comments)

**Comments:** Carboplatin: The total dose should be calculated in milligrams, using the Calvert formula  
Dose= Target AUC x (25 + GFR)  
GFR should be measured before the first cycle, by EDTA clearance or using the Cockcroft & Gault equation. Subsequent doses of Carboplatin should usually be based on this value of GFR.  
If the calculated GFR < 60 or > 120ml/min, measure EDTA clearance or creatinine clearance before prescribing. Monitor trends in serum creatinine between treatments: if the patient’s serum Creatinine changes significantly (>20% from baseline value), re-calculate GFR using the Cockcroft & Gault equation or measure EDTA clearance

**DOSE MODIFICATIONS**

**Haematological toxicity**

**D1**  
In adjuvant treatment, dose reduction and delays can compromise outcome. G-CSF should be considered if more than one delay and/ or before dose reduction. If in doubt, contact the relevant Consultant

**WBC < 3.0 x 10^9/L**  
**Neutrophils < 1.0 x 10^9/L**  
**Platelets < 100 x 10^9/L**  
Delay for 1 week.  
Repeat FBC - If within normal parameters, resume treatment with 100% dose
Subsequent cycles

If Neutrophils < 0.5 x 10^9/L for ≥ 7 days, OR
Febrile Neutropenia is diagnosed OR
Platelets < 50 x 10^9/L,

Reduce Carboplatin dose by 1 x AUC from previous dose (do not escalate for subsequent cycles) or seek
Consultant advice and consider usage of G-CSF for following cycles. If the patient continues to experience these
side effects at the lower dose, decrease Carboplatin dose by 2 x AUC

Renal Impairment  Carboplatin: Contraindicated if CrCl < 20ml/min
Hepatic Impairment  Carboplatin: No dose adjustment required

Toxicities: Myelosuppression: anemia; leukopenia; neutropenia; infection; thrombocytopenia; fatigue;
nausea; vomiting; mucositis; dysgeusia; hypersensitivity reactions; constipation; diarrhoea

Drug interactions: Carboplatin :
- Aminoglycoside antibiotics: increased risk of nephrotoxicity and ototoxicity
- Clozapine: increased risk of agranulocytosis, avoid concomitant use
- Diuretics: increased risk of nephrotoxicity and ototoxicity
- Nephrotoxic drugs: increased nephrotoxicity; not recommended
- Phenytoin: reduced absorption of the antiepileptic
- Warfarin: increased anticoagulant effect of warfarin

References:
www.medicines.org.uk
SWSHCN- Approved Network Regimen for Ovarian Cancer. March 2007
CCO Formulary. CARBO. Revised February 2007
ASWCS Chemotherapy Handbook Jan 2005 Update
GSTT guidelines for treating nausea and vomiting in adult patients. September 2007
UCLH- Dosage Adjustment for Cytotoxics in Renal Impairment. November 2003
UCLH- Dosage Adjustment for Cytotoxics in Hepatic Impairment. November 2003
CTCAE v3.0. August 2006