CARBOPLATIN

Used first-line as adjuvant treatment, and also for relapsed ovarian cancer

Drugs/Dosage:	Carboplatin AUC 5 IV D1 Based on EDTA clearance (see Comments) N.B. Dose of AUC 6 should be considered in the following situations: a) patient young, fit & EDTA > 50ml/min b) Cockcroft and Gault formula predicts GFR > 60ml/min and fit patient. Adjust to AUC 5 once EDTA available, unless patient fits criteria in a)
Administration:	In 250ml 5% Glucose over 30 minutes
Frequency:	3 weekly cycle for 6 cycles Review after 3 cycles
Main Toxicities:	myelosuppression
Anti-emetics:	moderately emetogenic
Extravasation:	non vesicant
Regular investigations:	FBC D1 LFTs D1 U&Es D1 CA 125 D1 EDTA Prior to 1st cycle
Comments:	Carboplatin dose should be calculated using the Calvert Formula: Dose = Target AUC x (25 + GFR) Cycle 1 may be given using the Cockcroft and Gault formula to predict creatinine clearance if the EDTA is not yet available. Carboplatin dose should be re-calculated using the EDTA result for subsequent cycles. EDTA should only be repeated if there is a 30% change in serum creatinine.

Dose Modifications

Haematological Toxicity:	WBC < 2.5 x 10^9/l or Neutrophils < 1.0 x 10^9/l or Platelets < 75 x 10^9/l	Delay 1 week. Repeat FBC – if within normal parameters, proceed with 100% dose.
	If patient has repeated delays, consideration can be given to reducing dose to AUC 4.	
Renal Impairment:	If EDTA or calculated CrCl < 20ml/min, carboplatin is contra-indicated.	

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