

EPIRUBICIN and CARBOPLATIN

Sarcoma of the Ovary or Uterus (For older / frail patients)

Drug/Dosage:	Epirubicin	50 - 60mg/m ² *	IV	D1
	Carboplatin	AUC 4	IV	D1
Administration:	Epirubicin via fast running infusion of 0.9% Sodium Chloride Carboplatin in 250 ml 5% Glucose over 30 minutes			
Frequency:	3 weekly cycle 6 courses Review after 3 courses			
Main Toxicities:	Myelosuppression; Alopecia; Mucositis; Cardiomyopathy			
Anti-emetics:	Highly emetogenic			
Extravasation:	Epirubicin is a vesicant			
Regular Investigations:	FBC	D1		
	U&Es	D1		
	LFTs	D1		
	CA 125	D1		
	EDTA	Prior to 1 st course		
	MUGA scan	See Comments		

Comments: Maximum Cumulative dose of Epirubicin = 950mg/m²

*Dose of epirubicin depends on fitness/cardiovascular history

A baseline MUGA scan should be performed where the patient is considered at risk of having impaired cardiac function e.g. significant cardiac history, hypertension, obese, smoker, elderly, previous exposure to anthracyclines, previous thoracic radiotherapy. MUGA scan should be repeated if there is suspicion of cardiac toxicity at any point during treatment.

Carboplatin dose should be calculated using the Calvert formula: Dose = Target AUC x (25+GFR)

If EDTA not yet available, Cockcroft and Gault may be used to predict GFR on Course 1, but dose must be corrected according to measured EDTA for the remaining courses. EDTA should only be repeated if there is a 30% change in serum creatinine.

Reason for Update: Complete review of gynaecological protocols	Approved by Matron: I Patterson
Version: 1	Approved by Consultant: Professor Thomas
Supersedes: All other versions	Date: 1-12-04
Prepared by: S Taylor	Checked by: J Turner

Dose Modifications

Haematological Toxicity

WBC < $2.5 \times 10^9/l$

Or

Neutrophils < $1.5 \times 10^9/l$

or

Platelets < $100 \times 10^9/l$

Delay treatment for 1 week.

Repeat FBC and, if within normal parameters, give 100% dose.

Renal Impairment

If EDTA or calculated CrCl < 20ml / min, carboplatin is contra-indicated.

Hepatic Impairment

Bilirubin (µmol/litre)	Epirubicin Dose
24 – 51	Give 50%
> 51	Give 25%

Reference:

Uterine sarcomas are very rare. There is no standard therapy in cases of relapse. The mainstay of treatment of soft tissue sarcomas is combination of platinum and anthracycline. The above protocol was adapted from others and agreed by HT and SE. Carboplatin is chosen as better tolerated than cisplatin, and less nephrotoxic. Epirubicin chosen, as better tolerated in elderly patients, and less cardiotoxic than doxorubicin.

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