E - CARBOPLATIN

Seminoma with poor renal function (GFR < 40ml/min)
EP is the treatment of choice and E-Carbo should only be used in exceptional circumstances

Drug / Dosage:	Etoposide	165mg/m^2	IV	D1, D2 and D3
	Carboplatin	AUC 5	IV	D1

Administration: Carboplatin in 250ml 5% Glucose over 30 minutes
Etoposide in 1000ml 0.9% Sodium Chloride and infused over minimum of 1 hour

Frequency: 3 weekly cycle for 3 – 4 cycles
Review prior to each cycle

Main Toxicities: myelosuppression; alopecia; infertility

Anti-emetics: highly emetogenic

Extravasation: non-vesicants

Regular Investigations:	EDTA	Prior to 1st cycle
	FBC	D1
	LFTs	D1
	U&Es	D1
	AFP / HCG / LDH	D1
	CT Scan	After 2nd cycle

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

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

Dose Modifications

Haematological Toxicity: Dose modification and delays can compromise outcome and should be avoided. G-CSF should be prescribed as needed (but not on Days 1 – 3 of treatment) to maintain treatment schedule. If a patient needs treatment at any point with G-CSF, prophylactic G-CSF should be routinely prescribed with all future cycles.

N.B. Patient must not be delayed without Consultant approval

Neutrophils < 1.0 x 10^9/l Or Platelets < 100 x 10^9/l	Delay for 3 days, and initiate G-CSF if appropriate. Repeat FBC and, if recovered, continue with full dose treatment. If FBC still low after 3 days, seek advice from Consultant.

Renal Impairment:

CrCl (ml/min)	Etoposide Dose
60	Give 85%
45	Give 80%
30	Give 75%

Carboplatin is contra-indicated if CrCl < 20ml/min.

Hepatic Impairment: Creatinine clearance is the strongest predictor of etoposide clearance. There is conflicting information about dose reduction with hepatic impairment. Use the table below but, if in doubt, discuss with Consultant.

Bilirubin (μmol/l)		AST (units/l)	Etoposide Dose
26 – 51	**or**	60 - 180	Give 50% dose
> 51	**or**	> 180	Clinical decision

References: Adapted from Mencel, PJ et al; JCO 1994; 12: 120 - 126