

Carboplatin Desensitisation (Single agent)

Indication	Treatment of platinum sensitive ovarian cancer in patients previously intolerant of carboplatin
Treatment Intent	Adjuvant/Neo-adjuvant/Palliative
Frequency and number of cycles	Every 21 days for up to 6 cycles
Monitoring parameters pre-treatment	<ul style="list-style-type: none"> • See Oncological Treatment of Gynaecological Cancers for detailed dose modification guidelines • EDTA should be used to measure GFR prior to cycle 1. • C+G may be used to estimate CrCl if there is a delay in obtaining EDTA result. • Monitor U+Es, LFTs and FBC at each cycle. If CrCl falls by >25% repeat EDTA. • If neuts <1.5 and/or PLT <100 defer treatment one week. Consider dose reduction on subsequent cycles • Dose reduction should be considered if grade 3 or 4 non-haematological toxicity or repeat appearance of grade 2 (except N&V and alopecia). Delay until resolution of toxicity to \leq grade 1. • Patient must be monitored at least every 15 minutes throughout, and there must be adequate nursing and medical staff available during the whole desensitisation period. If a reaction occurs at any step, stop the infusion and administer chlorphenamine 10mg IV and hydrocortisone 100mg IV. Start appropriate monitoring and supportive care. • For any Grade 1 – 2 reaction: Observe for 30 mins. If symptoms resolve completely after 30 minutes, re-start the infusion at 50% of the pre-reaction rate and complete the remaining steps at 50% rate also i.e. each dose level over 1 hour and the final dose level over 2 hours. Follow this slower schedule for subsequent cycles. If symptoms do not resolve after 30 minutes, or if they recur, do not re-start infusion. Consider a switch to cisplatin, or an alternative regimen. • For any Grade 3 – 4 reaction: Do not re-start the infusion and consider a switch to cisplatin, or an alternative regimen. • Ensure that dexamethasone, ranitidine and cetirizine pre-medication is

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Version	1.0 FINAL	Written by	B Willis
Supersedes version	n/a	Checked by	C Waters
Date	1/2/18	Authorising consultant (usually NOG Chair)	J Kaur

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	prescribed and given to the patient at new patient chat
Reference(s)	K&M ARIA regimen GYN-001 Carboplatin v1, 10/10/16 TVCN ARIA regimen Carboplatin desensitisation v1, 3/3/17 St Luke's Cancer Alliance Carboplatin Desensitisation Regimen v3, 19/3/15

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Day	Drug	Dose	Route	Infusion Duration	Administration Details
1	Please ensure dexamethasone, cetirizine and ranitidine pre-medication has been taken prior to administration of chemotherapy				
	Chlorphenamine	10mg	IV	bolus	Through the side of a fast running 0.9% sodium chloride infusion.
	Ranitidine	50mg	IV	bolus	To be given 30mins prior to carboplatin
	Ondansetron	<75yrs 16mg ≥75yrs 8mg	IV	15mins	Sodium chloride 0.9% 50ml
	CARBOPLATIN	1mg	IV	30mins	Glucose 5% 50ml
	CARBOPLATIN	AUC 0.05	IV	30mins	Glucose 5% 50ml
	CARBOPLATIN	AUC 0.5	IV	30mins	Glucose 5% 50ml
	CARBOPLATIN	AUC 4.45 (maximum total dose of carboplatin = 1001mg)	IV	Infuse initial 50ml over 30mins, then infuse remaining volume over 1 hour	Glucose 5% 500ml
	Hydrocortisone	100mg	IV	Bolus over at least 1 minute	If required for infusion-related reaction
Chlorphenamine	10mg	IV	Bolus over at least 1 minute		
TTO	Drug	Dose	Route	Directions	
	Dexamethasone	6mg	PO	Each morning for 3 days, starting the morning after chemotherapy	
	Metoclopramide	10mg	PO	3 times a day for 3 days, then 10mg up to 3 times a day as required. Do not take for more than 5 days continuously.	
Not to be dispensed on last cycle	Dexamethasone	8mg	PO	every 12 hours for 3 doses, starting in the morning on the day before chemotherapy	
	Cetirizine	10mg	PO	om for 2 doses, starting the day before chemotherapy	
	Ranitidine	150mg	PO	bd for 3 doses, starting in the morning on the day before chemotherapy	

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