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	• 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 </= 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. • Review and amend the supportive drugs when combining with other systemic anti-cancer therapy. • 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, famotidine and cetirizine pre-medication is prescribed and given to the patient at new patient chat**
Reference(s)	KMCC protocol GYN-035 v1

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Repeat every 21 days for up to 6 cycles

Day	Drug	Dose	Route	Infusion Duration	Administration Details
1	**Please ensure dexamethasone, cetirizine and famotidine 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. 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** **Dose = AUC x (GFR + 25)**	IV	30mins	Glucose 5% 50ml
	CARBOPLATIN	**AUC 0.5** **Dose = AUC x (GFR + 25)**	IV	30mins	Glucose 5% 50ml
	CARBOPLATIN	**AUC 4.45** **Dose = AUC x (GFR + 25)** **(maximum total dose of carboplatin = 750mg)**	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
	Famotidine	40mg	PO	Once a day to be taken the morning before and the morning of chemotherapy