Indication	Ovarian Cancer
Treatment Intent	Adjuvant, Neo-adjuvant and Palliative
Frequency and number of cycles	Repeat every 21 days Maximum of 6 cycles
Monitoring Parameters pre-treatment	• **Virology screening:** All new patients referred for systemic anti-cancer treatment should be screened for hepatitis B and C and the result reviewed prior to the start of treatment. Patients not previously tested who are starting a new line of treatment, should also be screened for hepatitis B and C. Further virology screening will be performed following individual risk assessment and clinician discretion. • See Oncological Treatment of Gynaecological Cancers for detailed dose modification guidelines for prescribing in ovarian cancer. • EDTA/DTPA 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. • **Renal Impairment:** Contraindicated if CrCl <30ml/min. • **Hepatic impairment:** No dose adjustment required. • 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. • **Carboplatin:** Mild/moderate reactions (grade 1-2): If symptoms resolve after treatment with hydrocortisone and chlorphenamine, the infusion may be restarted at 50% rate for 30 mins, then, if no further reaction, increase to 100% rate. • If symptoms do not resolve after treatment with hydrocortisone and chlorphenamine, do not restart the infusion. At consultant's discretion, patients may be rechallenged at a later date with additional prophylaxis. In the event of further reaction (grade 1-3), stop infusion and consider alternative treatment. • Severe (grade 3): Do not restart infusion. Consider alternative treatment. • Anaphylaxis (grade 4): Follow anaphylaxis protocol. Discontinue permanently and consider alternative treatment. • **Dose modification:** 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. • **Common drug interactions: (for comprehensive list refer to BNF/SPC)** Use with caution with other nephrotoxic drugs.
References	GYN-001 v5, SPC accessed online 26.03.2025, Gynae NOG February 2025

NB For funding information, refer to CDF and NICE Drugs Funding List

Repeat every 21 days

Day	Drug	Dose	Route	Infusion Duration	Administration
1	Dexamethasone	8mg	PO		
	Ondansetron	<75yrs 16mg >/=75yrs 8mg	IV	15 minutes	Sodium chloride 0.9% 50ml
	CARBOPLATIN (see note)	**AUC 5** **Dose =** **AUC X (GFR + 25)** **(dose capped at 790mg on epx system)**	IV	30 minutes	Glucose 5% 500ml In clinical practice the dose is usually capped at either 700mg OR for a maximum calculated dose of GFR 125ml/min
TTO	Drug	Dose	Route	Directions	
Day 1	Dexamethasone	6mg	PO	OM for 3 days. Take with or just after food.	
	Metoclopramide	10mg	PO	Take 10mg TDS for 3 days, then up to TDS when required. Do not take for more than 5 days continuously.	