Indication	Breast Cancer
Treatment Intent	Palliative
Frequency and number of cycles	Repeat every 21 days Maximum of 6 cycles
Monitoring Parameters pre-treatment	• 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. • AUC 5 should be used where an EDTA result is available; otherwise if GFR is estimated (C+G) AUC 6 may be used at clinician discretion. • Monitor U+Es, LFTs and FBC at each cycle. If CrCl falls by >25% repeat EDTA. • **Renal Impairment:** Do not give if CrCl <30ml/min. • **Hepatic impairment:** No dose adjustment required. • 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 re-peat 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 26/02/21, BNF accessed online 26/02/21

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

Repeat every 21 days

Day	Drug	Dose	Route	Infusion Duration	Administration
Day 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)** **(Max 700mg)**	IV	30 minutes	Glucose 5% 500ml
TTO	Drug	Dose	Route	Directions	
	Dexamethasone	6mg	PO	OM for 3 days. Take with or just after food.	
	Metoclopramide	10mg	PO	Take 10mg TDS for three days, then 10mg up to TDS when required Do not take for more than 5 days continuously.	