

**Systemic Anti Cancer Treatment Protocol****Carboplatin AUC10  
Metastatic seminoma****PROTOCOL REF: MPHACA10GC  
(Version No: 1.0)****This protocol is a temporary protocol brought about  
by OPERATIONAL CHANGES DURING COVID-19****Approved for use in:**

Metastatic Seminoma with curative intent

**Dosage:**

Drug	Dosage	Route	Frequency
Carboplatin	AUC 10	IV	21 days

**Give every 21 days for 4 cycles**

Use the Calvert Formula to Calculate the Carboplatin dose:

$$\text{Dose} = \text{Target AUC} \times (\text{GFR} + 25)$$

EDTA measured uncorrected GFR, maintain Carboplatin dose from initial EDTA and dose reduce as indicated below for toxicity.

**Supportive treatments:**

Filgrastim for 7 days starting on Day 2. Dosed as follows:

- For patients under 70kg: 30 micrograms subcutaneous injection daily
- For patients 70kg and above: 48 micrograms subcutaneous injection daily

**Anti-emetic risk - Moderate**

Ondansetron 8mg tablets, 8mg twice daily for 3 days

Issue Date: 11 <sup>th</sup> May 2020 Review Date: May 2020	Page 1 of 4	Protocol reference: MPHACA10GC
Author: Nick Armitage	Authorised by: Drug & Therapeutics Committee	Version No: 1.0

Dexamethasone tablets, 4mg twice daily for 3 days

Domperidone 10mg oral tablets, up to 3 times a day or as required

### Extravasation risk:

Irritant – use warm compression if symptoms warrant

### Administration:

Day	Drug	Dosage	Route	Diluent and Rate
1	Ondansetron 30 mins before chemotherapy	16mg	PO	
1	Dexamethasone 30 mins before chemotherapy	8mg	PO	
1	<b>Carboplatin</b>	AUC 10	IV	500mL glucose 5% over 60 minutes

### Notes:

Use the Calvert Formula to Calculate the Carboplatin dose:

Dose = Target AUC x (GFR + 25)

Measure uncorrected GFR using EDTA

Do **NOT** use Cockcroft and Gault to calculate creatinine clearance

Do **not** “cap” the EDTA result

Review other medication prior to treatment, limit use of renally excreted medicines during chemotherapy, such as ibuprofen

### Main Toxicities:

Myelosuppression, infertility, nausea and vomiting, allergic reactions, alopecia (rare)

## Investigations and treatment plan

	Pre	Cycle 1	Cycle 2	Cycle 3	Cycle 4	Comments
Medical Assessment	X				X	
Nursing Assessment		X	X	X	X	
FBC		X	X	X	X	
U&E & LFT		X	X	X	X	
Serum Creatinine	X	X	X	X	X	Monitor against baseline*
LDH	X			X	X	
AFP, $\beta$ HCG	X			X	X	
CT scan	X					Also at end of treatment
Informed Consent	X					
PS recorded	X	X	X	X	X	
Toxicities documented		X	X	X	X	
Weight recorded	X	X		X	X	Every cycle

**\*If serum creatinine rises more than 20% from baseline, ask the medical team to review**

## Dose Modifications and Toxicity Management:

### Haematological toxicity

Proceed on day of treatment if:

ANC $\geq 1.0 \times 10^9/L$	Platelets $\geq 100 \times 10^9/L$
------------------------------	------------------------------------

Contact the prescribing team if these parameters are not met.

If platelet nadir count is less than  $20 \times 10^9/L$  then dose reduce by 20% for subsequent cycles.

## Non-haematological toxicity

<b>Renal</b>	See also notes above. Always obtain an EDTA measured GFR and use the Calvert formula to calculate the Carboplatin dose Carboplatin is contraindicated if CrCl < 20ml/minute  <b><u>If serum creatinine rises more than 20% from baseline, ask the medical team to review</u></b>
<b>Hepatic</b>	No dose adjustment required.

## References:

Carboplatin SmPC accessed via

<https://www.medicines.org.uk/emc/search?q=carboplatin> (07/05/2020)

Supplement to: Krens S D, Lassche, Jansman G F G A, et al. Dose recommendations for anticancer drugs in patients with renal or hepatic impairment. *Lancet Oncol* 2019; 20: e201–08

Tookman, L et al, 2012. Carboplatin AUC 10 for IGCCCG good prognosis metastatic seminoma. *Acta Oncologica*, 52(5), pp.987-993