



Carboplatin (seminoma)

Indication

Adjuvant treatment of stage one seminoma

Treatment of stage IIA or IIB seminoma with para-aortic radiotherapy – the carboplatin is administered first with radiotherapy usually starting after 3 to 4 weeks.

ICD-10 codes

Codes pre-fixed with C38, C48, C62, C63, C75.

Regimen details

Day	Drug	Dose	Route
1	Carboplatin	AUC 7*	IV infusion

^{*} Carboplatin dose calculated using the Calvert equation: Carboplatin dose (mg) = AUC (CrCl +25)

An EDTA should be performed to measure the CrCl. If this is not possible a 24 hour urine collection should be performed to measure the CrCl

Cycle frequency

N/A

Number of cycles

1 cycle only

Administration

Carboplatin is administered in 500mL glucose 5% over 30-60 minutes.

Patients should be observed closely for hypersensitivity reactions. Hypersensitivity reactions may occur within a few minutes following the initiation of the infusion of carboplatin. Facilities for the treatment of hypotension and bronchospasm **must** be available.

If hypersensitivity reactions occur, minor symptoms such as flushing or localised cutaneous reactions do not require discontinuation of therapy. The infusion may be temporarily interrupted and when symptoms improve restarted at a slower infusion rate. Chlorphenamine 10mg IV may be administered. Severe reactions, such as hypotension, bronchospasm or generalised rash/erythema require immediate discontinuation of carboplatin and appropriate therapy.

Pre-medication

None

Emetogenicity

This regimen has moderate -high emetic potential

Additional supportive medication

H₂ antagonist or proton pump inhibitor if required.

Mouthwashes as per local policy.

Anti-emetics as per local policy.

Version 2 Review date December 2021 Page 1 of 3

South West Clinical Network

Extravasation

Carboplatin is an irritant (Group 3)

Investigations – pre first cycle

Investigation	Validity period	
FBC	14 days	
U+E (including creatinine)	14 days	
LFTS	14 days	
Magnesium	14 days	
EDTA creatinine clearance	28 days	
AFP, HCG, LDH	14 days	
LH, FSH and testosterone	28 days	

Where appropriate offer pre-treatment sperm storage.

Investigations – pre subsequent cycles

N/A

Standard limits for administration to go ahead If blood results not within range, authorisation to administer **must** be given by prescriber/ consultant

Investigation	Limit
WBC	$\geq 3.0 \times 10^9 / L$
Neutrophils	$\geq 1.0 \times 10^9 / L$
Platelets	$\geq 100 \times 10^9 / L$
Creatinine Clearance (CrCl)	≥20mL/min

Dose modifications

• Haematological toxicity

N/A

• Renal impairment

Carboplatin is contra-indicated if CrCl <20mL/min.

• Hepatic impairment

N/A

Adverse effects - for full details consult product literature/ reference texts

• Serious side effects

Myelosuppression Nephrotoxicity Ototoxicity Neurotoxicity Infertility

Hypersensitivity reactions

Frequently occurring side effects

Myelosuppression Constipation, diarrhoea Stomatitis, mucositis Nausea and vomiting

Version 2 Review date December 2021 Page 2 of 3



South West Clinical Network

Other side effects

Electrolyte disturbances
Taste disturbance
Fatigue

Significant drug interactions – for full details consult product literature/ reference texts

Warfarin/coumarin anticoagulants: Avoid use due to elevations in INR. Switch to low molecular weight

heparin during treatment.

Aminoglycoside antibiotics: increased risk of nephrotoxicity and ototoxicity

Clozapine: increased risk of agranulocytosis, avoid concomitant use

Diuretics: increased risk of nephrotoxicity and ototoxicity

Nephrotoxic drugs: increased nephrotoxicity; not recommended **Phenytoin**: carboplatin reduces absorption and efficacy of phenytoin

Additional comments

References

 Summary of Product Characteristics Carboplatin (Hospira) accessed 25 November 2015 via www.medicines.org.uk

- Oliver RT, Mason MD, Mead GM et al. Radiotherapy versus single dose carboplatin in adjuvant treatment of stage 1 seminoma: a randomised trial. Lancet 2005, 366; 293-300
- Horwich A, Dearnaley D, Sohaib A et al. Neoadjuvant carboplatin before radiotherapy in stage IIA and IIB seminoma. Annals of Oncology 2013, 24; 2104-2107

Written/reviewed by: Dr J Braybrooke (Consultant Oncologist, UHBristol NHS Trust)

Checked by: Sarah Murdoch (Senior Oncology Pharmacist, SW Clinical Network)

Authorised by: Dr J Braybrooke (Consultant Oncologist, UHBristol NHS Trust, SW Clinical Network)

Date: December 2015 v2 December 2018

Version 2 Review date December 2021 Page 3 of 3