LONDON CANCER ALLIANCE West and South

Skin Pathway Group – Carboplatin in Malignant Melanoma

Indication:	Metastatic or unresectable malignant melanoma previously treated with Dacarbazine Carboplatin in not licensed for this indication, and therefore use should be in line with individual Trust governance process
Regimen details:	Carboplatin AUC 6 IV Day 1 (See Comments)
Administration:	Carboplatin in 500mls Glucose 5% IV over 30 – 60 minutes Aluminium containing equipment should not be used during preparation and administration of carboplatin Hypersensitivity reactions may occur, such as flushing, rash with or without pruritus, chest tightness, back pain, dyspnoea and fever or chills, usually during the first and second infusions and within a few minutes following the start of the infusion; the infusion should be slowed down or interrupted and the necessary supportive medication should be administered. Severe reactions such as hypotension and/or bronchospasm or generalised rash/erythema requires immediate discontinuation. Availability of resuscitation equipment must be ensured as a standard precaution.
Frequency:	21 days, for 6 cycles
Pre-medication:	Not routinely required
Anti- emetics:	Moderate emetogenicity Follow Local Anti-emetic Policy
Supportive medication:	Not routinely required

Version: 1.0 Supersedes: all other versions	Approved by LCA Skin Pathway Chemotherapy Lead: Mark Harries
Reason for Update: LCA Protocol Development	Approved by LCA Joint Delivery Subgroup Co-Chairs: Pauline McCalla & Rebecca Johl
Prepared by: Ravi Shaunak	Approved by LCA Medicines & Chemotherapy Steering Group Chair:
Second check by: Sanna Eestila	Date prepared: January 2015 Review Date: January 2017

Extravasation: Non-vesicant

Regular investigations: Prior to Cycle 1:

FBC	Day 1 (within 14 days)
LFTs	Day 1 (within 14 days)
U&Es	Day 1 (within 14 days)
EDTA	Prior to 1st cycle, if necessary (see comments)

Comments:
Carboplatin dose should be calculated using the Calvert formula: Dose = Target AUC x (25 + GFR) GFR should be calculated using the Cockcroft & Gault formula; if the calculated GFR <60 or >120ml/min measure EDTA clearance before prescribing. Monitor trends in serum creatinine between treatments, if >25% from baseline value re-calculate GFR using the Cockcroft & Gault formula.

Prior to Day 1 (cycle 2 onwards):

FBC	Day 1 (within 72 hours)
LFTs	Day 1 (within 72 hours)
U&Es	Day 1 (within 72 hours)
Clinical Toxicity Assessment	Every 3 cycles

Toxicities: Myelosuppression, bleeding, infection, anaemia, fatigue, nausea, vomiting, decrease in creatinine clearance, ovarian failure, infertility

DOSE MODIFICATIONS

Haematological Toxicity

Neutrophils (x 10^9/L)		Platelets (x 10^9/L)	Dose
≥ 1.5	**&**	≥ 100	100 % dose
< 1.5	**or**	< 100	Delay for 1 week. Repeat FBC, if recovered to above these levels give 100% dose. If not recovered after two weeks, reduce the next dose by 1 AUC level

Subsequent cycles
If Neutrophils < 0.5 x 10^9/L for 1 week, OR
Febrile neutropenia is diagnosed, OR
Platelets < 50 x 10^9/L
Carboplatin dose should be reduced by 1 x AUC from previous dose (do not escalate for subsequent cycles). If the patient continues to experience these side effects at the lower dose, treatment should be discontinued

Version: 1.0 Supersedes: all other versions	Approved by LCA Skin Pathway Chemotherapy Lead: Mark Harries
Reason for Update: LCA Protocol Development	Approved by LCA Joint Delivery Subgroup Co-Chairs: Pauline McCalla & Rebecca Johl
Prepared by: Ravi Shaunak	Approved by LCA Medicines & Chemotherapy Steering Group Chair:
Second check by: Sanna Eestila	Date prepared: January 2015 Review Date: January 2017

Non-haematological Toxicities

Renal Impairment

Creatinine Clearance (ml/min)	Carboplatin Dose
≥ 20	Dose as per GFR
< 20	Contraindicated

Hepatic Impairment No dose adjustment required

Location of regimen delivery: Day case setting

Drug interactions : Clozapine : increased risk of agranulocytosis, avoid concomitant use
Diuretics : increased risk of nephrotoxicity and ototoxicity
Nephrotoxic drugs : increased nephrotoxicity
Phenytoin : reduced absorption of the antiepileptic
Warfarin : increased anticoagulant effect of warfarin

References:
www.medicines.org.uk,
Hauschild A et al. JCO (2009) April 6
Hofmann MA et al. Chemotherapy (2007); 53: 422- 428
Rao RD et al. Cancer (2006); 106: 375 - 382