Gemcitabine (1000mg/m^2) and CARBOplatin (AUC 4) Therapy- 21 day

INDICATIONS FOR USE:

INDICATION	ICD10	Regimen Code	Reimbursement Status
Treatment of patients with locally advanced or metastatic epithelial ovarian carcinoma, in patients with relapsed disease following a recurrence-free interval of at least 6 months after platinum-based, first line therapy[i]	C56	00306a	Hospital
Treatment of patients with fallopian tube cancer with relapsed disease following a recurrence-free interval of at least 6 months after platinum-based, first line therapy[i]	C57	00306b	Hospital
Treatment of patients with primary peritoneal cancer with relapsed disease following a recurrence-free interval of at least 6 months after platinum-based, first line therapy[i]	C48	00306c	Hospital

TREATMENT:

The starting dose of the drugs detailed below may be adjusted downward by the prescribing clinician, using their independent medical judgement, to consider each patients individual clinical circumstances.

Gemcitabine is administered on day 1 and day 8 and CARBOplatin on day 1 of a 21 day cycle until disease progression or unacceptable toxicity develops

Facilities to treat anaphylaxis MUST be present when the chemotherapy is administered.

Admin. Order	Day	Drug	Dose	Route	Diluent & Rate	Cycle
1	1 and 8	Gemcitabine	1000mg/m^2	IV infusion	250ml NaCl 0.9% over 30mins	Every 21 days
2	1	CARBOplatin	AUC4	IV infusion	500ml glucose 5% over 60 min	Every 21 days

CARBOplatin dose:

The dose in mg of CARBOplatin to be administered is calculated as follows:

Dose (mg) = target AUC (mg/ml x min) x (GFR ml/min +25)

- **Measured GFR** (e.g. nuclear renogram) is preferred whenever feasible

Estimation of GFR (eGFR) can be done by using the Wright formula or using the Cockcroft and Gault formula to measure creatinine clearance

- The GFR used to calculate the AUC dosing should not exceed 125ml/min.

- For obese and anorexic patients the formulae may not give accurate results and measured GFR is recommended. Where obesity or overweight is likely to lead to an overestimate of GFR and isotope GFR is not available the use of the adjusted ideal body weight for Cockroft and Gault may be considered (3).

WRIGHT FORMULA

There are two versions of the formula depending on how serum creatinine values are obtained, by the kinetic Jaffe method or the enzymatic method. The formula can be further adapted if covariant creatine kinase (CK) values are available (not shown).

1. *SCr measured using enzymatic assay*.

$$\text{GFR (ml/min)} = \frac{(6230 - 32.8 \times \text{Age}) \times \text{BSA} \times (1 - 0.23 \times \text{Sex})}{\text{SCr (micromol/min)}}$$

2. *SCr measured using Jaffe assay*

$$\text{GFR (ml/min)} = \frac{(6580 - 38.8 \times \text{Age}) \times \text{BSA} \times (1 - 0.168 \times \textit{Sex})}{\text{SCr (micromol/min)}}$$

Key: Sex = 1 if female, 0 if male; Age in years; BSA= DuBois BSA

COCKCROFT-GAULT FORMULA

$$\text{GFR (ml/min)} = \frac{S \times (140 - \text{age in years}) \times \text{wt (kg)}}{\text{serum creatinine (micromol/L)}}$$

S = 1.04 for females and 1.23 for males

ELIGIBILITY:

- Indications as above
- ECOG 0-2*
- Adequate marrow reserve (ANC > 1.5 x 10^9/L, platelets > 100x10^9/L)

*Selected patients with ECOG PS 3 due to disease burden may be eligible at consultant discretion and with planned close monitoring for toxicity and clinical benefit

EXCLUSIONS:

- Hypersensitivity to gemcitabine, CARBOplatin* or any of the excipients
- Pregnancy or Breast Feeding

*If it is felt that the patient may have a major clinical benefit from CARBOplatin, it may in exceptional circumstances be feasible to rechallenge a patient with a prior mild hypersensitivity reaction e.g using a desensitisation protocol, but only with immunology advice, premedication as advised, and a desensitisation protocol under carefully controlled conditions with resuscitation facilities available and medical and/or ITU/ HDU supervision (4).

PRESCRIPTIVE AUTHORITY:

The treatment plan must be initiated by a Consultant Medical Oncologist

TESTS:

Baseline tests:

- FBC, Renal and liver profile
- Audiometry and creatinine clearance as clinically indicated

Regular tests:

- Day 1: FBC, renal and liver profile
- Day 8: FBC, renal profile

Disease monitoring:

Disease monitoring should be in line with the patient's treatment plan and any other test/s as directed by the supervising Consultant.

DOSE MODIFICATIONS:

- Any dose modification should be discussed with a Consultant.

Haematological:

Prior to commencing a new treatment cycle (i.e **day 1**), ANC must be >1.5 x 10^9/L and platelets > 100 x 10^9/L

Dose modifications for **gemcitabine within a cycle (i.e day 8)**

Table 1: Dose modifications for gemcitabine within a cycle (i.e Day 8)

ANC (x 10^9 /L)		Platelet count (x 10^9 /L)		Other toxicity	Recommended dose of Gemcitabine
>1	and	>100			100%
0.5-1	or	50-100			75%
<0.5	or	<50			Omit*
*Treatment omitted will not be re-instated within a cycle. Treatment will start on day 1 of next cycle once the ANC≥1.5x10^9/L and platelets reach ≥100x10^9/L.					

Table 2: Dose modifications due to haematological toxicity in subsequent cycles

ANC (x 10^9 /L)			Platelet count (x 10^9 /L)		Other toxicity	Recommended dose of Gemcitabine
ANC <0.5 for >5 days **or** ANC <0.1 for >3 days **or** Any incidence of febrile neutropenia		**or**	<25	**or**	cycle delay of >1 week due to any toxicity	Reduce dose to 75% of the original cycle initiation dose for all subsequent cycles.

Renal and Hepatic Impairment:

Table 3: Dose modification of CARBOplatin and Gemcitabine in renal and hepatic impairment

Drug	Renal Impairment		Hepatic Impairment
CARBOplatin	• Patients with creatinine clearance values of <60ml/min are at greater risk to develop myelosuppression. • In case of GFR ≤20ml/min CARBOplatin should not be administered at all. • If Cockcroft & Gault or Wright formula are used, the dose should be adjusted per cycle based on a serum creatinine obtained within 48 hrs of drug administration. • If isotope GFR is used, the dose should remain the same provided the serum creatinine is ≤110% of its value at the time of the isotope measurement. If the serum creatinine is higher than this, consideration should be given to remeasuring the GFR or to recalculating using Cockcroft & Gault or Wright formulae taking care this does result in a dose reduction		Probably no dose modification required
Gemcitabine	**CrCl (ml/min)**	**Dose**	**Hepatic Impairment**
	>30	100%	AST elevations do not seem to cause dose limiting toxicities. If bilirubin >27 micromol/L, initiate treatment with dose of 800 mg/m^2.
	<30	Consider dose reduction clinical decision	

Management of adverse events:

Table 4: Dose Modification schedule for Adverse Events

Adverse reactions	Recommended dose modification
Grade ≥ 3 Non-haematological toxicity (except nausea/vomiting)	Therapy with gemcitabine and CARBOplatin should be withheld (until toxicity has resolved to grade ≤ 1) and may be resumed with dose reduction at discretion of prescribing consultant.
Grade ≥ 2 pneumonitis	Discontinue gemcitabine

SUPPORTIVE CARE:

EMETOGENIC POTENTIAL:

Gemcitabine: Low (**Refer to local policy).**
CARBOplatin: High (**Refer to local policy).**

PREMEDICATIONS: None usually required

OTHER SUPPORTIVE CARE: No specific recommendations

ADVERSE EFFECTS / REGIMEN SPECIFIC COMPLICATIONS:

The adverse effects listed are not exhaustive. Please refer to the relevant Summary of Product Characteristics for full details.

- **Neutropenia**: Fever or other evidence of infection must be assessed promptly and treated appropriately.
- **Renal Toxicity**: Irreversible renal failure associated with haemolytic uremic syndrome may occur (rare) with gemcitabine. Use caution with pre-existing renal dysfunction.
- **Pulmonary Toxicity**: Acute shortness of breath may occur with gemcitabine. Discontinue treatment with gemcitabine if drug-induced pneumonitis is suspected.
- **Cardiovascular:** Due to the risk of cardiac and/or vascular disorders with gemcitabine, particular caution must be exercised with patients presenting a history of cardiovascular events.
- **Hypersensitivity:** Reactions to CARBOplatin may develop in patients who have been previously exposed to platinum therapy. However allergic reactions have been observed upon initial exposure to CARBOplatin.
- **Neurotoxicity and ototoxicity:** Neurological evaluation and an assessment of hearing should be performed on a regular basis, especially in patients receiving high dose CARBOplatin. Neurotoxicity, such as parasthesia, decreased deep tendon reflexes, and ototoxicity are more likely seen in patients previously treated with CISplatin, other platinum treatments and other ototoxic agents. Frequency of neurologic toxicity is also increased in patients older than 65 years.

DRUG INTERACTIONS:

- CARBOplatin may potentiate the nephrotoxic and ototoxic effects of loop diuretics and aminoglycosides so concurrent use should be avoided.
- Current drug interaction databases should be consulted for more information.

REFERENCES:

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2. Appropriate chemotherapy dosing for obese adult patients with cancer: American Society of Clinical Oncology Clinical Practice Guideline. J Clin Oncol 2012; 30 (13) 1553-1561.

3. Ekhart C, Rodenhuis S et al. Carboplatin dosing in overweight and obese patients with normal renal function, does weight matter? Cancer Chemother Pharmacol 2009;64:115-122.
4. NCCN Guidelines Version3.2017 Epithelial Ovarian Cancer/Fallopian Tube Cancer/Primary Peritoneal Cancer
5. Dosage Adjustment for Cytotoxics in Renal Impairment January 2009; North London Cancer Network.
6. Dosage Adjustment for Cytotoxics in Hepatic Impairment January 2009; North London Cancer Network.
7. Gemcitabine 40mg/ml Concentrate for Solution for Infusion Summary of Product Characteristics Last updated: 30/09/2019. Accessed Mar 2021. Available at: https://www.hpra.ie/img/uploaded/swedocuments/Licence_PA2059-039-002_18042019163628.pdf
8. Carboplatin Summary of Product Characteristics HPRA. Accessed Mar 2021. Available at: https://www.hpra.ie/img/uploaded/swedocuments/Licence_PA2059-032-001_10112019092721.pdf
9. NCCP Classification Document for Systemic Anti-Cancer Therapy (SACT) Induced Nausea and Vomiting. V3 2021. Available at: https://www.hse.ie/eng/services/list/5/cancer/profinfo/chemoprotocols/nccp-classification-document-for-systemic-anti-cancer-therapy-sact-induced-nausea-and-vomiting.pdf

Version	Date	Amendment	Approved By
1			Prof Maccon Keane
2	15/11/2017	Updated title and dosing in renal and hepatic impairment. Emetogenic status of CARBOplatin amended from moderate to moderate to high Applied new NCCP regimen template	Prof Maccon Keane
3	06/11/2019	Reviewed. Standardisation of treatment table, update of dose modifications for adverse events and emetogenic potential.	Prof Maccon Keane
4	23/03/2021	Reviewed. Updated dose modifications of gemcitabine for haematological toxicity.	Prof Maccon Keane

Comments and feedback welcome at oncologydrugs@cancercontrol.ie.

[i] This regimen is outside its licensed indication in Ireland. Patients should be informed of the unlicensed nature of this indication and consented to treatment in line with the hospital's policy on the use of unlicensed medication and unlicensed or "off label" indications. Prescribers should be aware of their responsibility in communicating any relevant information to the patient and also in ensuring that the unlicensed or "off label" indication has been acknowledged by the hospital's Drugs and Therapeutics Committee, or equivalent, in line with hospital policy.