Regimen Monograph

A - Regimen Name

CRBP(RT) Regimen

CARBOplatin

Disease Site	Genitourinary - Bladder
Intent	Adjuvant Palliative
Regimen Category	**Evidence-Informed :** Regimen is considered appropriate as part of the standard care of patients; meaningfully improves outcomes (survival, quality of life), tolerability or costs compared to alternatives (recommended by the Disease Site Team and national consensus body e.g. pan-Canadian Oncology Drug Review, pCODR). Recommendation is based on an appropriately conducted phase III clinical trial relevant to the Canadian context OR (where phase III trials are not feasible) an appropriately sized phase II trial. Regimens where one or more drugs are not approved by Health Canada for any indication will be identified under Rationale and Use.
Rationale and Uses	As a ***radiosensitizer*** concurrent with pelvic radiotherapy in patients who refuse cystectomy or who are not medically operable and cannot tolerate Cisplatin.

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B - Drug Regimen

CARBOplatin (Round to nearest 10mg)	AUC 1.5	IV	Day 1

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C - Cycle Frequency

REPEAT WEEKLY

6 weeks concurrent with pelvic radiotherapy

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D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate

Febrile Neutropenia Risk: Low

Other Supportive Care:

Also refer to CCO Antiemetic Summary

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E - Dose Modifications

Doses should be modified according to the protocol by which the patient is being treated. The following recommendations are in use at some centres.

Dosage with toxicity

Hematologic Toxicities: See Appendix 6 for general recommendations.

Hepatic Impairment

No dosage adjustment required.

Renal Impairment

Dose modification is not required at CARBOplatin AUC 1.5.

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F - Adverse Effects

Refer to CARBOplatin drug monograph(s) for additional details of adverse effects

Most Common Side Effects	Less Common Side Effects, but may be Severe or Life-Threatening
• Myelosuppression +/- infection, bleeding • Nausea, vomiting • ↑ LFTs • Nephrotoxicity (may be severe) • Ototoxicity • Abnormal electrolytes	• Hypersensitivity • Neurotoxicity • Arterial thromboembolism • Venous thromboembolism • Hemolytic uremic syndrome

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G - Interactions

Refer to CARBOplatin drug monograph(s) for additional details

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H - Drug Administration and Special Precautions

Refer to CARBOplatin drug monograph(s) for additional details

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I - Recommended Clinical Monitoring

Recommended Clinical Monitoring

- CBC; Baseline and before each cycle
- Renal function tests; Baseline and regular, including electrolytes
- Clinical toxicity assessment for neurotoxicity, ototoxicity, hypersensitivity, bleeding, infection, nausea and vomiting; regular

- Grade toxicity using the current NCI-CTCAE (Common Terminology Criteria for Adverse Events) version

Suggested Clinical Monitoring

- INR; Baseline and as clinically indicated
- Liver function tests; Baseline and regular

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J - Administrative Information

Approximate Patient Visit	0.5-1 hour
Pharmacy Workload (average time per visit)	22.220 minutes
Nursing Workload (average time per visit)	44.167 minutes

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K - References

Carboplatin drug monograph, Cancer Care Ontario.

Radosevic-Jelic L, Pekmezovic T, Pavlovic-Cvetkovic L, Radulovic S, Petronic V. Concomitant radiotherapy and carboplatin in locally advanced bladder cancer. Eur Urol. 1999 Nov;36(5):401-5.

April 2016 Replaced regimen category with evidence-informed

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M - Disclaimer

Refer to the New Drug Funding Program or Ontario Public Drug Programs websites for the most up-to-date public funding information.

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