

Regimen Monograph

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A - Regimen Name

CRBP Regimen

CARBOplatin

Disease Site Genitourinary - Testis

Intent Adjuvant
 Curative

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.

This **Regimen Abstract** is an **abbreviated** version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

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B - Drug Regimen

[CARBOplatin](#)

AUC 7 *

IV

Day 1

*Oliver et al recommended measuring GFR using EDTA or another isotope-measurement method, but not using a calculated GFR (eg. Cockcroft-Gault formula). (Refer to reference)

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C - Cycle Frequency

REPEAT EVERY 21 DAYS For 1 to 2 doses

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D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate + NK1 antagonist (Carboplatin AUC \geq 5)

Other Supportive Care:

Also refer to [CCO Antiemetic Recommendations](#).

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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

Oliver RTD, Mason MD, Mead GM, et al. Radiotherapy versus single-dose carboplatin in adjuvant treatment of stage I seminoma: a randomised trial. *Lancet* 2005; 366: 293–300.

Powles T, Robinson D, Shamash J, et al. The long-term risks of adjuvant carboplatin treatment for

stage 1 seminoma of the testis. Annals of oncology 2008; 19: 443-7.

PEBC Advice Documents or Guidelines

- [Management of Stage I Seminoma](#)

May 2019 Updated emetic risk category

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L - Other Notes

Calvert Formula:

$$\text{DOSE (mg)} = \text{target AUC} \times (\text{GFR} + 25)$$

- AUC = product of serum concentration (mg/mL) and time (min)
- GFR (glomerular filtration rate) expressed as measured Creatinine Clearance

(Calvert AH, Newell DR, Gumbrell LA, et al, Carboplatin dosage: Prospective evaluation of a simple formula based on renal function. J Clin Oncol, 1989; 7: 1748-1756.)

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M - Disclaimer

Regimen Abstracts

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Regimen Monographs

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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