

# BCCA Protocol Summary for Therapy for Transitional Cell Cancers Using CARBOplatin-VinBLAStine

**Protocol Code:** GUBCV

**Tumour Group:** Genitourinary

**Contact Physician:** Dr Kim Chi

**GU Systemic Therapy** CCSI Drs Susan Ellard, Judy Sutherland

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## ELIGIBILITY:

- Transitional cell carcinoma of urinary tract
- Require palliative chemotherapy but unsuitable for CISplatin-based protocol eg because creatinine clearance less than 60 ml/min, PS2-4, or deafness
- Calculated creatinine clearance (Cockcroft) greater than 20 ml/min
- Not receiving concurrent radiotherapy
- Normal bilirubin

## BENEFITS:

Undocumented: this protocol is based on the substitution of CARBOplatin for CISplatin and the deletion of methotrexate in the CMV protocol for use in patients unable to tolerate these drugs.

## TESTS:

- CBC and diff on day 1 and 8 for all cycles (day 1 only if VinBLAStine given on Days 1 + 2)
- CBC and diff on day 15 and 22 for first cycle only, then optional thereafter.
- Serum creatinine on day 1 of each cycle
- Bilirubin prior to day 1 of each cycle

## PREMEDICATIONS

- Ondansetron 8 mg PO prior to treatment
- Dexamethasone 8 mg or 12 mg prior to treatment

## TREATMENT:

Drug	Dose	BCCA Administration Guideline
CARBOplatin	on day 1 only: <ul style="list-style-type: none"> <li>▪ With no marrow problems: (AUC = 5) CARBOplatin Dose = (GFR by Cockcroft formula + 25) x 5</li> <li>▪ With marrow problems: (AUC = 4) CARBOplatin Dose = (GFR* + 25) x 4</li> </ul>	IV in 250 mL D5W over 30 minutes
VinBLAStine	4 mg/m <sup>2</sup> days 1 + 8 (or Days 1 + 2 if out of town)	IV push

Repeat every 4 weeks for up to 6 cycles.

\*Measured GFR (e.g. nuclear renogram) is preferred whenever feasible, particularly in circumstances of co-morbidity that could affect renal function (third-space fluid accumulations, hypoproteinemia, potentially inadequate fluid intake, etc.). The lab reported GFR (MDRD formula) may be used as an alternative to the Cockcroft-Gault estimate of GFR; the estimated GFR reported by the lab or calculated using the Cockcroft-Gault equation should be capped at 125 mL/min when it is used to calculate the initial carboplatin dose. When a nuclear renogram is available, this clearance would take precedence.

Cockcroft-Gault Formula

$$\text{GFR} = \frac{N^* \times (140 - \text{age in years}) \times \text{wt (kg)}}{\text{serum creatinine (micromol/L)}}$$

Note: The same method of estimation should be used throughout the treatment course (i.e. if lab reported GFR was used initially, this should be used for dosing in all subsequent cycles and not the Cockcroft-Gault estimate).

\*For males in = 1.23; for females N = 1.04

**DOSE MODIFICATIONS:**

<b>Day 1:</b>	<b>Total granulocytes x 10<sup>9</sup>/L</b>	<b>Dose</b>
	1-1.5	VinBLAStine 75%
	less than 1	delay cycle 1 week, recheck CBC

<b>Day 1:</b>	<b>Platelets x 10<sup>9</sup>/L</b>	<b>Dose</b>
	90-120	CARBOplatin AUC=4
	less than 90	delay cycle 1 week, recheck CBC

<b>Day 8:</b>	Ileus	omit VinBLAStine
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<b>Nadir:</b>	<b>Total granulocytes x 10<sup>9</sup>/L</b>	<b>All Subsequent Doses</b>
	less than 0.5	VinBLAStine 75%

<b>Nadir:</b>	<b>Platelets x10<sup>9</sup>/L</b>	<b>All Subsequent Doses</b>
	less than 50	CARBOplatin: reduce AUC by 1

**PRECAUTIONS:**

- Moderately emetogenic.
- Relative contraindication if patient on anti-coagulants.
- Subjective toxicity may include: nausea, fatigue, constipation, muscle pains, numbness, tingling, and occasionally weakness in hands or feet, bleeding.

**Call Dr. Kim Chi or tumour group delegate listed above at (604) 877-6000 or 1-800-663-3333 with any problems or questions regarding this treatment program.**

Date activated:

Date revised: 01 Apr 2011 (estimated GFR capped, reformatted with TALLman lettering)

## **REFERENCE**

Go RS, Adjei AA. Review of the comparative pharmacology and clinical activity of cisplatin and carboplatin. J Clin Oncol 1999;17:409-22.