

# BCCA Protocol Summary for Adjuvant Therapy for Stage I High Risk Seminoma Using CARBOplatin

**Protocol Code**

GUSCARB

**Tumour Group**

Genitourinary

**Contact Physician**

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**GU Systemic Therapy Contacts**

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## ELIGIBILITY:

- GU conferencing is recommended.
- High Risk Stage I Seminoma (see BCCA Cancer Management Manual for current definition)
- Calculated creatinine clearance (Cockcroft) greater than or equal to 50 mL/min.
- Relative or absolute contraindication to standard radiation

## EXCLUSIONS:

- Contraindication to CARBOplatin such as clinical deafness.

## TESTS:

- Baseline: CBC & diff, platelets, creatinine, liver function tests
- Day 14 and 21: CBC & diff, platelets,
- Before each treatment: CBC & diff, platelets, creatinine
- If clinically indicated: liver function tests

## PREMEDICATIONS:

- Antiemetic protocol for high/moderate emetogenic chemotherapy protocols (see SCNAUSEA)

## TREATMENT:

Drug	Dose	BCCA Administration Guideline
CARBOplatin	dose (mg) = (AUC 7) x [GFR +25]	IV in 250 mL D5W over 30 minutes

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  $N = 1.23$ ; for females  $N = 1.04$

Repeat every 28 days x 2 cycles.

### DOSE MODIFICATIONS:

1. **Creatinine:** Recalculate GFR and **CARBO**platin dose at each cycle.
2. **Hematological:** On treatment day:

ANC ( $\times 10^9/L$ )		Platelets ( $\times 10^9/L$ )	Dose
greater than or equal to 1.2	<b>AND</b>	greater than or equal to 120	100%
less than 1.2	<b>OR</b>	less than 120	delay 1 week or until recovery

### PRECAUTIONS:

1. **Renal Toxicity:** Patients should maintain adequate hydration at home.
2. **Neutropenia:** Fever or other evidence of infection must be assessed promptly and treated aggressively.
3. **Subjective toxicity** may include nausea, vomiting; tinnitus, high frequency hearing loss; numbness and tingling in feet.
4. **Hypersensitivity:** Reactions to **CARBO**platin may develop. Refer to BCCA [Hypersensitivity Guidelines](#).

**Call Dr. Heidi Martins or tumour group delegate at (250)519-5570 or 1-800-670-3322 with any problems or questions regarding this treatment program.**

Date activated: 01 Nov 2001

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

### References:

1. Warde P, Gospodarowicz MK, Banerjee D, et al. Prognostic factors for relapse in stage I testicular seminoma treated with surveillance. J Urol. 1997;157:1705-9; discussion 1709-10.
2. Oliver RTD, Boublikova L, Ong J. Proc Am Soc Clin Oncol 2001;20:1969 (Abstract 780).