BC Cancer Protocol Summary for Adjuvant Therapy for Stage I High Risk Seminoma Using CARBOplatin

Protocol Code	*GUSCARB*
Tumour Group	*Genitourinary*
Contact Physician	*Dr. Christian Kollmannsberger* *Dr. Bernie Eigl*

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, ALT, Alk Phos, bilirubin, LDH
- Day 14 and 21: CBC & diff, platelets,
- Before each treatment: CBC & diff, platelets, creatinine
- If clinically indicated: ALT, Alk Phos, bilirubin, LDH

PREMEDICATIONS:

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

TREATMENT:

Drug	Dose	BC Cancer Administration Guideline
CARBOplatin	dose (mg) = (AUC 7) x [GFR +25]	IV in 100 to 250 mL NS 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

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

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

Repeat every 28 days x 2 cycles.

DOSE MODIFICATIONS:

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

ANC ($x10^9$/L)		Platelets ($x10^9$/L)	Dose
greater than or equal to 1.2	**AND**	greater than or equal to 120	100%
less than 1.2	**OR**	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 CARBOplatin may develop. Refer to BC Cancer Hypersensitivity Guidelines.

Contact Dr. Christian Kollmannsberger, Dr. Bernie Eigl or tumour group delegate at (604) 877-2730 or 1-800-663-3333 with any problems or questions regarding this treatment program.

Date activated: 01 Nov 2001

Date revised: 1 May 2017 (Contact physician updated)

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).