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A	REGIMEN NAME CARBOPLATIN Chemotherapy	
Cancer	Testicular Cancer	Adjuvant Intent
Regimen Category	Local: a regimen not widely used; used by fewer than four Regional Cancer Centres	
Rationale and Uses	For patients with stage I testicular seminoma post-orchidectomy, when neither surveillance nor radiation therapy is suitable.	

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B	DRUG REGIMEN		
CARBOPLATIN	AUC 7	IV	Day 1
See Calvert formula as outlined in Section L: Other Notes			

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C	CYCLE FREQUENCY
ONE CYCLE ONLY	

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D	PREMEDICATION AND SUPPORTIVE MEASURES
ANTIEMETIC REGIMEN: HESKETH LEVEL 4	

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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:

Hematologic Toxicities

Refer to [Appendix 6](#) for general recommendations.

Treat when platelets $\geq 100 \times 10^9/L$, and ANC $\geq 1.5 \times 10^9/L$.

Renal Impairment

Adjust dose based on Calvert Formula. See [Section L: Other Notes](#).

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F**ADVERSE EFFECTS**

Refer to the Carboplatin drug monograph for full details of adverse effects.

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G**INTERACTIONS**

Refer to the Carboplatin drug monograph for full details.

Most Frequently Occurring Adverse Effects

- Nausea and vomiting
- Myelosuppression
- Neurotoxicity (including ototoxicity)
- Nephrotoxicity
- Electrolyte abnormalities

Less Common but may be Severe or Life-Threatening

- Secondary malignancies
- Cardiac failure, CVA
- Hemolytic-uremic syndrome

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H**DRUG ADMINISTRATION AND SPECIAL PRECAUTIONS**

Refer to the Carboplatin drug monograph for full details.

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I**CLINICAL MONITORING**

- Clinical toxicity assessment (including neurotoxicity and ototoxicity). Grade toxicity using the current [NCI Common Toxicity Criteria Version](#)
- Baseline and follow-up CBC.
- Baseline and follow-up liver and renal function tests.
- Baseline and follow-up electrolytes (including magnesium).

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J**ADMINISTRATIVE INFORMATION**

Patient visit

Approximately 1 hour

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K**KEY REFERENCE (S)**

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.

[CCO Practice Guideline:](#) Management of stage I seminoma.

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L

OTHER NOTES

In patients treated with adjuvant therapy, post-treatment monitoring for disease relapse is still necessary. The follow-up after adjuvant therapy should be as thorough as the surveillance conducted in the absence of adjuvant therapy.

Calvert Formula:

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

- Target AUC of 4 to 6 mg/mL·min (previously treated patients) or 6 to 8 mg/mL·min (previously untreated patients)
- AUC = product of serum concentration (mg/mL) and time (min)
- GFR (glomerular filtration rate) expressed as measured Creatinine Clearance or estimated from Serum Creatinine (by Cockcroft and Gault method or Jelliffe method)

(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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