## MV CARBO – MITOMYCIN C, VINBLASTINE, CARBOPLATIN

Cumbria, Northumberland, Tyne & Wear Area Team

### DRUG ADMINISTRATION SCHEDULE

<table>
<thead>
<tr>
<th>Day</th>
<th>Drug</th>
<th>Daily Dose</th>
<th>Route</th>
<th>Diluent &amp; Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1</td>
<td>Sodium Chloride 0.9%</td>
<td>250 ml</td>
<td>Infusion</td>
<td>Fast Running</td>
</tr>
<tr>
<td></td>
<td>Dexamethasone</td>
<td>8mg</td>
<td>IV bolus</td>
<td>Via saline drip</td>
</tr>
<tr>
<td></td>
<td>Ondansetron</td>
<td>8mg</td>
<td>Oral /Slow bolus/15 min infusion</td>
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<tr>
<td></td>
<td><strong>Mitomycin C</strong></td>
<td><strong>8 mg/m²</strong></td>
<td><strong>IV bolus</strong></td>
<td><strong>Via saline drip</strong></td>
</tr>
<tr>
<td></td>
<td>Cycles 1,2,4,6 only</td>
<td>(max 14mg)</td>
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<tr>
<td></td>
<td><strong>VinBLASTine</strong></td>
<td><strong>6 mg/m²</strong></td>
<td><strong>IV infusion</strong></td>
<td><strong>50ml Sodium Chloride 0.9% Very Slow (5 mins)</strong></td>
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<tr>
<td></td>
<td>(Max: 10mg)</td>
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<tr>
<td></td>
<td><strong>Carboplatin</strong></td>
<td><strong>AUC 5</strong></td>
<td><strong>IV Infusion</strong></td>
<td><strong>500/250ml 5% Glucose</strong></td>
</tr>
</tbody>
</table>

*Ondansetron IV must be infused over 15 minutes in patients over 65 years of age.*

### CARBOPLATIN DOSAGE *

Dose (mg) = AUC x (GFR + 25)

Where the GFR is the non-corrected EDTA clearance. If estimated GFR is undertaken the Wright formula must be used with AUC 5. Avoid use of Cockcroft & Gault formulae as it is less accurate.

### CYCLE LENGTH AND NUMBER OF DAYS

Administered on a 21 day cycle

### APPROVED INDICATIONS

First line treatment for NSCLC
An alternative to Pemetrexed/ Platinum in mesothelioma
Second line treatment for TCC Bladder Cancer

### ELIGIABILITY CRITERIA

Adequate cardiac and renal function (GFR over 60 ml/min)

### EXCLUSION CRITERIA

Patients not fitting the above criteria

### PREMEDICATION

Adequate hydration and urinary flow is essential when administering carboplatin.

### RECOMMENDED TAKE HOME MEDICATION

Ondansetron 8mg twice daily for 2 to 3 days
Dexamethasone 4mg twice daily for 1 to 3 days
Metoclopramide 10mg three times daily as required

### INVESTIGATIONS / MONITORING REQUIRED

*Pre treatment*

FBC, U&E’s, LFT’s, baseline radiology (CXR/ CT). Repeat radiology after 2 cycles

Check renal function before commencing platinum. Use EDTA or Wright formulae to calculate GFR.
Prior to each cycle
FBC, U&E’s, LFT’s as required; GFR doubled checked using Wright formulae

ASSESSMENT OF RESPONSE
Metastatic: Tumour size and patient symptomatic response

REVIEW BY CLINICIAN
To be reviewed by either a Nurse, Pharmacist or Clinician before every cycle.

NURSE / PHARMACIST LED REVIEW
On cycles where not seen by clinician.

ADMINISTRATION NOTES
- **Vinblastine is for intravenous administration only.** Administration by other routes may be fatal.
- Prior to starting vinblastine ensure the venous access device is sufficiently patent by flushing well with Sodium Chloride 0.9%. If there is doubt about the patency of the access device it must not be used.
- Vinblastine is to be given by intravenous infusion in 50ml of Sodium Chloride 0.9% over 5 minutes. (Rate: 600ml/hr = about 200 drops per minute on a ‘standard’ 20drop per ml IV giving set.). Administration should normally be ‘free-flow’ rather than via a volumetric pump.
- Vinblastine is highly vesicant – during administration a nurse should remain with the patient and observe the infusion site carefully for signs of extravasation. In the event that extravasation is suspected the infusion must immediately be stopped and appropriate treatment started (according to the extravasation policy).
- Following administration of vinblastine flush well with Sodium Chloride 0.9%.

EXTRAVASATION  See NECN/Local Policy

TOXICITIES
- Nausea & Vomiting
- Lethargy/Weakness/Fatigue
- Drowsiness
- Nephrotoxicity
- Pulmonary fibrosis
- Bone Marrow suppression
- Electrolyte disturbance
- Stomatitis
- Peripheral neuropathy
- Autonomic Neuropathy
- Pruritis
- Otological: tinnitus, high frequency hearing loss
- Hyperuricaemia
- Paralytic ileus, Constipation
- Jaw pain
DOSE MODIFICATION / TREATMENT DELAYS

Haematological Toxicity:

Proceed On Day 1 If:-

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<tbody>
<tr>
<td>WCC ≥ 3.0</td>
<td>PLT ≥ 100</td>
<td>ANC ≥ 1.5</td>
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Delay 1 week on DAY 1 if:-

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</thead>
<tbody>
<tr>
<td>WCC &lt; 3.0</td>
<td>PLT &lt;100</td>
<td>ANC &lt;1.5</td>
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- If Hb < 10 & patient symptomatic will need blood transfusion, but may proceed with chemotherapy as planned if performance status (PS) stable.
- If pre-treatment (Day 1) U&E’s & LFT’s abnormal, delay treatment 1 week and discuss with Oncologist as may need dose reduction, On Day 8 patient will miss that dose and proceed to next cycle of chemotherapy as planned.

Non-Haematological Toxicity:-

- If PS deteriorates to 3 or 4 and on assessment patient is more symptomatic withhold treatment and discuss with Oncologist

TREATMENT LOCATION

Can be given at Cancer Centre or Cancer Unit

REFERENCES:


Document Control

<table>
<thead>
<tr>
<th>Document Title:</th>
<th>MV Carbo protocol CRP09 L006</th>
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<tbody>
<tr>
<td>Document No:</td>
<td>CRP09 L006</td>
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<tr>
<td>Current Version:</td>
<td>1.6</td>
</tr>
<tr>
<td>Author:</td>
<td>Steve Williamson, Consultant Pharmacist</td>
</tr>
<tr>
<td>Approval Signature*:</td>
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<tr>
<td>Approved by:</td>
<td>Calum Polwart, Cancer Pharmacist</td>
</tr>
<tr>
<td>Date Approved:</td>
<td>29.05.14</td>
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<tr>
<td>Due for Review:</td>
<td>May 2016</td>
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Summary of Changes

1.1 Reformatted from old NCN/CCA versions
1.2 Expiry date fixed
1.3 Updated GFR dose calculations
1.4 Added bladder indication
1.5 Protocol reviewed. Typing errors corrected.
1.6 Protocol reviewed and reissued, Antiemetic advice updated