Gemcitabine (1000mg/m^2) and CARBOplatin (AUC 4) Therapy- 21 day

INDICATIONS FOR USE:

INDICATION	ICD10	Regimen Code	HSE approved Reimbursement Status*
Treatment of patients with locally advanced or metastatic epithelial ovarian carcinoma, in patients with relapsed disease following a recurrence-free interval of at least 6 months after platinum-based, first line therapy[i]	C56	00306a	N/A
Treatment of patients with fallopian tube cancer with relapsed disease following a recurrence-free interval of at least 6 months after platinum-based, first line therapy[i]	C57	00306b	N/A
Treatment of patients with primary peritoneal cancer with relapsed disease following a recurrence-free interval of at least 6 months after platinum-based, first line therapy[i]	C48	00306c	N/A

*This applies to post 2012 indications

TREATMENT:

The starting dose of the drugs detailed below may be adjusted downward by the prescribing clinician, using their independent medical judgement, to consider each patients individual clinical circumstances.

Gemcitabine is administered on day 1 and day 8 and CARBOplatin on day 1 of a 21 day cycle until disease progression or unacceptable toxicity develops.

Facilities to treat anaphylaxis MUST be present when systemic anti- cancer therapy (SACT) is administered.

Admin. Order	Day	Drug	Dose	Route	Diluent & Rate	Cycle
1	1 and 8	Gemcitabine	1000mg/m^2	IV infusion	250mL NaCl 0.9% over 30 minutes	Every 21 days
2	1	CARBOplatin	AUC4	IV infusion	500mL glucose 5% over 30 minutes	Every 21 days

CARBOplatin dose:

The dose in mg of CARBOplatin to be administered is calculated as follows:

Dose (mg) = target AUC (mg/mL x min) x (GFR mL/min +25)

- **Measured GFR** (e.g. nuclear renogram) is preferred whenever feasible
- Estimation of GFR (eGFR) can be done by using the Wright formula or using the Cockcroft and Gault formula to measure creatinine clearance
- The GFR used to calculate the AUC dosing should not exceed 125mL/min

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- For obese patients and those with a low serum creatinine, for example, due to low body weight or post-operative asthenia, estimation using formulae may not give accurate results; measured GFR is recommended
    - where obesity (body mass index [BMI] ≥ 30 kg/m^2) or overweight (BMI 25-29.9) is likely to lead to an overestimate of GFR and isotope GFR is not available the use of the adjusted ideal body weight in the Cockcroft and Gault formula may be considered.
    - where serum creatinine is less than 63 micromol/L, the use of a creatinine value of 62 micromol/L or a steady pre-operative creatinine value may be considered

• These comments do not substitute for the clinical judgement of a physician experienced in prescription of CARBOplatin

WRIGHT FORMULA

There are two versions of the formula depending on how serum creatinine values are obtained, by the kinetic Jaffe method or the enzymatic method. The formula can be further adapted if covariant creatine kinase (CK) values are available (not shown).

1. *SCr measured using enzymatic assay*.

$$\text{GFR (ml/min)} = \frac{(6230 - 32.8 \times \text{Age}) \times \text{BSA} \times (1 - 0.23 \times \text{Sex})}{\text{SCr (micromol/min)}}$$

2. *SCr measured using Jaffe assay*

$$\text{GFR (ml/min)} = \frac{(6580 - 38.8 \times \text{Age}) \times \text{BSA} \times (1 - 0.168 \times \textit{Sex})}{\text{SCr (micromol/min)}}$$

Key: Sex = 1 if female, 0 if male; Age in years; BSA= DuBois BSA

COCKCROFT-GAULT FORMULA

$$\text{GFR (ml/min)} = \frac{\text{S} \times (140 - \text{age in years}) \times \text{wt (kg)}}{\text{serum creatinine (micromol/L)}}$$

S = 1.04 for females

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ELIGIBILITY:

- Indications as above
- ECOG 0-2*
- Adequate marrow reserve (ANC > 1.5 x 10^9/L, platelets > 100x10^9/L)

*Selected patients with ECOG PS 3 due to disease burden may be eligible at consultant discretion and with planned close monitoring for toxicity and clinical benefit

EXCLUSIONS:

- Hypersensitivity to gemcitabine, CARBOplatin** or any of the excipients
- Pregnancy or Breast Feeding

**If it is felt that the patient may have a major clinical benefit from CARBOplatin, it may in exceptional circumstances be feasible to rechallenge a patient with a prior mild hypersensitivity reaction e.g. using a desensitisation protocol, but only with immunology advice, premedication as advised, and a desensitisation protocol under carefully controlled conditions with resuscitation facilities available and medical and/or ITU/ HDU supervision

PRESCRIPTIVE AUTHORITY:

The treatment plan must be initiated by a Consultant Medical Oncologist

TESTS:

Baseline tests:

- FBC, Renal and liver profile
- Isotope GFR measurement (preferred) or GFR / Cr Clearance estimation
- Audiometry and creatinine clearance as clinically indicated

Regular tests:

- Day 1: FBC, renal and liver profile
- Day 8: FBC, renal profile

Disease monitoring:

Disease monitoring should be in line with the patient's treatment plan and any other test/s as directed by the supervising Consultant.

DOSE MODIFICATIONS:

- Any dose modification should be discussed with a Consultant.

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Haematological:

Prior to commencing a new treatment cycle (i.e. **day 1**), ANC must be >1.5 x 10^9/L and platelets > 100 x 10^9/L

Dose modifications for **gemcitabine within a cycle (i.e. day 8)**

Table 1: Dose modifications for gemcitabine within a cycle (i.e. Day 8)

ANC (x 10^9 /L)		Platelet count (x 10^9 /L)		Other toxicity	Recommended dose of Gemcitabine
>1	and	>100			100%
0.5-1	or	50-100			75%
<0.5	or	<50			Omit*
*Treatment omitted will not be re-instated within a cycle. Treatment will start on day 1 of next cycle once the ANC≥1.5x10^9/L and platelets reach ≥100x10^9/L.					

Table 2: Dose modifications due to haematological toxicity in subsequent cycles

ANC (x 10^9 /L)		Platelet count (x 10^9 /L)		Other toxicity	Recommended dose of Gemcitabine
ANC <0.5 for >5 days **or** ANC <0.1 for >3 days **or** Any incidence of febrile neutropenia	**or**	<25	**or**	cycle delay of >1 week due to any toxicity	Reduce dose to 75% of the original cycle initiation dose for all subsequent cycles.

Renal and Hepatic Impairment:

Table 3: Dose modification of CARBOplatin and Gemcitabine in renal and hepatic impairment

Drug	Renal Impairment		Hepatic Impairment
CARBOplatin	• See note below[a]		No dose modification required
Gemcitabine	**CrCl (mL/min)**	**Dose**	**Hepatic Impairment**
	≥30	100%	Total bilirubin < 27 micromol/L: no dose adjustment is needed Total bilirubin ≥ 27 micromol/L: either start at 80% of the original dose and increase the dose if tolerated or start with full dose with active monitoring
	<30	No need for dose reduction is expected	
	Haemodialysis	No need for dose adjustment is expected. Start haemodialysis 6-12 hrs after administration	

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[a]Renal dysfunction and CARBOplatin:

- Patients with creatinine clearance values of <60mL/min are at greater risk of developing myelosuppression
- If GFR between 20 to ≤ 30mL/min, CARBOplatin should be administered with extreme caution
- If GFR ≤ 20mL/min, CARBOplatin should not be administered at all
- If Cockcroft & Gault or Wright formula are used, the dose should be calculated as required per cycle based on a serum creatinine obtained within 48 hrs of drug administration. If isotope GFR is used, the dose can remain the same provided the serum creatinine is ≤110% of its value at the time of the isotope measurement. If the serum creatinine increases, consideration should be given to remeasuring the GFR or to estimating it using Cockcroft & Gault or Wright formulae

Management of adverse events:

Table 4: Dose Modification schedule for Adverse Events

Adverse reactions	Recommended dose modification
Grade ≥ 3 Non-haematological toxicity (except nausea/vomiting)	Therapy with gemcitabine and CARBOplatin should be withheld (until toxicity has resolved to grade ≤ 1) and may be resumed with dose reduction at discretion of prescribing consultant.
Grade ≥ 2 pneumonitis	Discontinue gemcitabine
Severe cutaneous adverse reactions (SCARs) e.g. Stevens-Johnson syndrome (SJS),toxic epidermal necrolysis (TEN), drug reaction with eosinophilia and systemic symptoms (DRESS) and acute generalised exanthematous pustulosis (AGEP)	Discontinue gemcitabine

SUPPORTIVE CARE:

EMETOGENIC POTENTIAL:

- As outlined in NCCP Classification Document for Systemic Anti-Cancer Therapy (SACT) Induced Nausea and Vomiting - Available on the NCCP website

Gemcitabine: Low (**Refer to local policy).**
CARBOplatin: High (**Refer to local policy).**

For information:
Within NCIS regimens, antiemetics have been standardised by Medical Oncologists and Haemato-oncologists and information is available in the following documents:

- NCCP Supportive Care Antiemetic Medicines for **Inclusion in NCIS** (Medical Oncology) - Available on the NCCP website
- NCCP Supportive Care Antiemetic Medicines for **Inclusion in NCIS** (Haemato-oncology) - Available on the NCCP website

PREMEDICATIONS: None usually required

OTHER SUPPORTIVE CARE: No specific recommendations

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ADVERSE EFFECTS / REGIMEN SPECIFIC COMPLICATIONS:

The adverse effects listed are not exhaustive. Please refer to the relevant Summary of Product Characteristics for full details.

- **Neutropenia**: Fever or other evidence of infection must be assessed promptly and treated appropriately.

Gemcitabine:

- **Renal Toxicity**: Irreversible renal failure associated with hemolytic uremic syndrome may occur (rare) with gemcitabine. Use caution with pre-existing renal dysfunction.
- **Pulmonary Toxicity**: Acute shortness of breath may occur with gemcitabine. Discontinue treatment with gemcitabine if drug-induced pneumonitis is suspected.
- **Cardiovascular:** Due to the risk of cardiac and/or vascular disorders with gemcitabine, particular caution must be exercised with patients presenting a history of cardiovascular events.
- **Infusion time:** Infusion time prolonged beyond 60 minutes has been shown to increase volume of distribution and has been associated with an increase in toxicity. However, given in the context of a fixed dose rate (FDR) regimen, prolonged infusions have also been reported to produce a higher response rate than standard regimens in association with a higher intracellular accumulation of its active metabolite (dFdCTP).

CARBOplatin:

- **Hypersensitivity:** Reactions to CARBOplatin may develop in patients who have been previously exposed to platinum therapy. However allergic reactions have been observed upon initial exposure to CARBOplatin.
- **Neurotoxicity and ototoxicity:** Neurological evaluation and an assessment of hearing should be performed on a regular basis, especially in patients receiving high dose CARBOplatin. Neurotoxicity, such as parasthesia, decreased deep tendon reflexes, and ototoxicity are more likely seen in patients previously treated with CISplatin, other platinum treatments and other ototoxic agents. Frequency of neurologic toxicity is also increased in patients older than 65 years.

DRUG INTERACTIONS:

- CARBOplatin may potentiate the nephrotoxic and ototoxic effects of loop diuretics and aminoglycosides so concurrent use should be avoided.
- Current drug interaction databases should be consulted for more information.

REFERENCES:

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3. Pollera CF, Ceribelli A, Crecco M, et al. Prolonged infusion gemcitabine: a clinical phase I study at low- (300 mg/m2) and high-dose (875mg/m2) levels. Invest New Drugs 1997; 15 (2):115-121.

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From 20/05/2026, this regimen will be reviewed on an 'As Required' basis. Please refer to the version control box for information, and the footer for date of last review. If you wish to suggest any updates to this regimen, please contact oncologydrugs@cancercontrol.ie

Version	Date	Amendment	Approved By
1			Prof Maccon Keane
2	15/11/2017	Updated title and dosing in renal and hepatic impairment. Emetogenic status of CARBOplatin amended from moderate to moderate to high Applied new NCCP regimen template	Prof Maccon Keane
3	06/11/2019	Reviewed. Standardisation of treatment table, update of dose modifications for adverse events and emetogenic potential.	Prof Maccon Keane
4	23/03/2021	Reviewed. Updated dose modifications of gemcitabine for haematological toxicity.	Prof Maccon Keane
5	22/09/2023	Updated CARBOplatin infusion time. Updated standard wording for	Prof Maccon Keane

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		CARBOplatin dosing and creatinine value. Updated baseline tests and dose modifications sections.	
6	07/11/2025	Updated adverse events table (Table 4) to include information on SCARs.	Prof Maccon Keane
7	20/05/2026	Amendment to review schedule. Addition of links in emetogenic potential section.	NCCP

Comments and feedback welcome at oncologydrugs@cancercontrol.ie.

[i] This regimen is outside its licensed indication in Ireland. Patients should be informed of the unlicensed nature of this indication and consented to treatment in line with the hospital's policy on the use of unlicensed medication and unlicensed or "off label" indications. Prescribers should be aware of their responsibility in communicating any relevant information to the patient and also in ensuring that the unlicensed or "off label" indication has been acknowledged by the hospital's Drugs and Therapeutics Committee, or equivalent, in line with hospital policy.

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