administered by an infusion lasting 15 minutes or longer. No pre- or post-treatment hydration or forced diuresis is required.

Patients with Impaired Kidney Function:

Patients with creatinine clearance values below 60 ml/min are at increased risk of severe bone marrow suppression. In renally-impaired patients who received single-agent carboplatin therapy, the incidence of severe leukopenia, neutropenia, or thrombocytopenia has been about 25% when the dosage modifications in the table below have been used.

Baseline Creatinine Clearance	Recommended Dose on Day 1
41-59 ml/min	250 mg/m^2
16-40 ml/min	200 mg/m^2

The data available for patients with severely impaired kidney function (creatinine clearance below 15 ml/min) are too limited to permit a recommendation for treatment.

These dosing recommendations apply to the initial course of treatment. Subsequent dosages should be adjusted according to the patient's tolerance based on the degree of bone marrow suppression.

Formula dosing

Another approach for determining the initial dose of carboplatin is the use of mathematical formula, which are based on a patient's pre-existing renal function or renal function and desired platelet nadir. Renal excretion is the major route of elimination for carboplatin. The use of dosing formula, as compared to empirical dose calculation based on body surface area, allows compensation for patient variations in pretreatment renal function that might otherwise result in either underdosing (in patients with above average renal function) or overdosing (in patients with impaired renal function). A simple formula for calculating dosage, based upon a patient's glomerular filtration rate (GFR in ml/min) and carboplatin target area under the concentration versus time curve (AUC in mg/mL•min), has been proposed by Calvert. In these studies, GFR was measured by 51Cr-EDTA clearance.

CALVERT FORMULA FOR CARBOPLATIN DOSING
Total Dose (mg) = (target AUC x (GFR + 25) Note: With the Calvert formual, the total dose of carboplatin is calculated in mg, not mg/m^2

The target AUC of 4 mg/ml•min to 6 mg/ml•min using single-agent carboplatin appears to provide the most appropriate dose range in previously treated patients. This study also showed a trend between the AUC of single-agent carboplatin administered to previously treated patients and the likelihood of developing toxicity.

	% Actual Toxicity in Previously Treated Patients	
AUC (mg/ml•min)	Gr 3 or Gr 4 Thrombocytopenia	Gr 3 or Gr 4 Leukopenia
4 to 5	16%	13%
6 to 7	33%	34%

Geriatric Dosing

Because renal function is often decreased in elderly patients, formula dosing of carboplatin based on estimates of GFR should be used in elderly patients to provide predictable plasma carboplatin AUCs and thereby minimize the risk of toxicity.

Preparation of intravenous solutions

Carboplatin Injection is a premixed aqueous solution of 10 mg/ml carboplatin. Carboplatin aqueous solution can be further diluted to concentrations as low as 0.5 mg/ml with 5% Dextrose in Water (D5W) or 0.9% Sodium Chloride Injection, USP. When prepared as directed, carboplatin aqueous solutions are stable for 8 hours at room temperature (25°C). Since no antibacterial preservative is contained in the formulation, it is recommended that carboplatin aqueous solutions be discarded 8 hours after dilution.

Storage

Store at temperature not exceeding 25°C in a dry place. Protect from light. Do not freeze.

Packaging

Cytocarb® 150 mg: Cytocarb® 150 mg is supplied as a sterile preservative free solution in 25 ml amber glass vial containing 150 mg of Carboplatin BP.

Cytocarb® 450 mg: Cytocarb® 450 mg is supplied as a sterile preservative free solution in 50 ml amber glass vial containing 450 mg of Carboplatin BP.

Medicine: Keep out of reach of children

For further information, please contact: 01977 158 926
(9.00 am - 5.00 pm)

Healthcare

Manufactured by
Healthcare Pharmaceuticals Ltd.
Rajendrapur, Gazipur, Bangladesh

HP 52427