ONCOLOGY

Carboplatin Kabi 10 mg/ml

Trusted Generics: Total Care

Carboplatin Kabi 10 mg/ml
Concentrate for solution for infusion

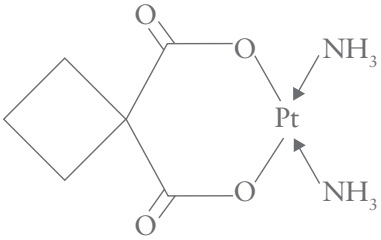
FRESENIUS KABI

caring for life

Carboplatin Kabi

Therapeutic class

Antineoplastic agents, platinum compounds



Indications

- Advanced ovarian carcinoma of epithelial origin in: first line therapy and second line therapy, after other treatments have failed
- Small cell carincoma of the lung

The colour of the packaging is designed to improve patient and user safety and to distinguish between different products in our range.

Carboplatin Kabi is available as follows:

	50 mg	5 ml	Vial
	150 mg	15 ml	Vial
	450 mg	45 ml	Vial
	600 mg	60 ml	Vial
Composition	1 ml concentrate for solution for infusion contains cytarabine 10 mg		
Pharmaceutical form	Concentrate for solution in a colorless Ph Eur. Type I glass vial with flurotec rubber closure with green/blue/red and yellow aluminium flip-off seal for each presentation.		
Excipients	Water for injection		
Shelf life	2 years (before opening the vial)		

Carboplatin Kabi in focus

- Antineoplastic agent, its activity has been demonstrated against several murine and human cell lines. Induces changes in the superhelical conformation of DNA, which is consistent with a “DNA shortening effect”*
- Advanced ovarian carcinoma of epithelial origin in: first line therapy and second line therapy, after other treatments have failed and small cell carcinoma of the lung

*Reference: Seymour M et al. Cancer Res 1980; 40: 3313-3317

Manufacturing and safety:

Carboplatin Kabi is made by Fresenius Kabi from our own raw metarials giving us full control of the manufacturing and supply chain. Our state of the art cleaning process for finished vials guarantees the removal of all external contamination.

Fresenius Kabi sleeved vials (OncoShield®) offers maximum protection for people working with cytotoxic drugs.

Stability

Chemical and physical in-use stability has been demonstrated after dilution in Glucose 5 % for 96 hours at 2 °C to 8 °C and 20 °C to 25 °C.

Abridged SPC of Carboplatin Kabi 10 mg/ml concentrate solution for infusion (carboplatin)

Composition: The solution contains 10 mg of carboplatin. Each vial of 1 ml contains 10 mg, each vial of 5 ml contains 50 mg, each vial of 15 ml contains 150 mg, each vial of 45 ml contains 450 mg, each vial of 60 ml contains 600 mg of carboplatin. **Mechanism of action:** Carboplatin, is an antineoplastic agent, its activity has been demonstrated against several murine and human cell lines. Induces changes in the superhelical conformation of DNA, which is consistent with a "DNA shortening effect". **Indications:** Advanced ovarian carcinoma of epithelial origin in: first line therapy and second line therapy, after other treatments have failed and small cell carcinoma of the lung **Dosage and administration:** Carboplatin should be used by the intravenous route only. The recommended dosage of carboplatin in previously untreated adult patients with normal kidney function, i.e. creatinine clearance > 60 ml/min is 400 mg/m^2 as a single short term IV dose administered by a 15 to 60 minutes infusion. Alternatively, the Calvert formula shown below may be used to determine dosage. Therapy with carboplatin should be discontinued in the case of an unresponsive tumour, progressive disease and/or occurrence of not tolerable side effects. Therapy should not be repeated until four weeks after the previous carboplatin course and/or until the neutrophil count is at least 2,000 cells/mm^3 and the platelet count is at least 100,000 cells/mm^3. Reduction of the initial dosage by 20-25% is recommended for those patients who present with risk factors such as prior myelosuppressive treatment and low performance status (ECOG-Zubrod 2-4 or Karnofsky below 80). Determination of the haematological nadir by weekly blood counts during the initial courses of treatment with carboplatin is recommended for future dosage adjustment. The safety measures for dangerous substances are to be complied with for preparation and administration. Preparation must be carried out by personnel who have been trained in the safe use while wearing protective gloves, face mask and protective clothes. **Special populations:** Impaired renal function: Patients with creatinine clearance values of less than 60 ml/min are at greater risk to develop myelosuppression. The optimal use of carboplatin in patients presenting with impaired renal function requires adequate dosage adjustments and frequent monitoring of both haematological nadirs and renal function. In case of a glomerular filtration rate of ≤ 30 ml/min, carboplatin should not be administered at all. Combination Therapy: The optimal use of carboplatin in combination with other myelosuppressive agents requires dosage adjustments according to the regimen and schedule to be adopted. Paediatric patients: As no sufficient experience of carboplatin use in children is available, no specific dosage recommendations can be given. Elderly: In patients of more than 65 years of age, adjustment of the carboplatin dose to the general condition is necessary during the first and the subsequent therapeutic courses. **Contraindications:** Carboplatin is contra-indicated in patients with hypersensitivity to the active substance or to other platinum containing compounds, breast feding, severe myelosuppression, bleeding tumors, pre-existing severe renal impairment (creatinine clearance ≤ 30 ml/min). concomitant use with yellow fever vaccine **Special warnings and precautions for use:** Blood counts as well as renal and hepatic function tests must be done regularly and the drug should be discontinued if abnormal depression of the bone marrow or abnormal renal or hepatic function is seen. Diagnostic and treatment facilities should be readily available for management of therapy and possible complications. Carboplatin myelosuppression is closely related to its renal clearance. Patients with abnormal kidney function or receiving concomitant therapy with other drugs with nephrotoxic potential are likely to experience more severe and prolonged myelotoxicity. Renal function parameters should therefore be carefully assessed before and during therapy. Leukopenia, neutropenia, and thrombocytopenia are dose-dependent and dose-limiting. Anaemia is frequent and cumulative. Carboplatin Infusion courses should not be repeated more frequently than monthly under normal circumstances. Frequent monitoring of peripheral blood counts is recommended throughout and following therapy with carboplatin. Carboplatin combination therapy with other myelosuppressive compounds must be planned very carefully with respect to dosages and timing in order to minimise additive effects. Supportive transfusional therapy may be required in patients who suffer severe myelosuppression. In general, single intermittent courses of carboplatin injection should not be repeated until leukocyte, neutrophil, and platelet counts have returned to normal. Therapy should not be repeated until 4 weeks after the previous carboplatin injection course and/or until the neutrophil count is at least 2,000 cells/mm^3 and the platelet count is at least 100,000 cells/mm^3. In patients with impaired renal function, the effect of carboplatin on the haematopoietic system is more pronounced and longer-acting than in patients with normal renal function. In this risk group, therapy with Carboplatin must be performed with special caution. Renal and hepatic function impairment may be encountered with carboplatin. Very high doses of carboplatin (≥ 5 times single agent recommended dose) have resulted in severe abnormalities in hepatic and/or renal function. It is not clear whether an appropriate hydration programme might overcome effects on renal function. Dose reduction or discontinuation of therapy is required in the presence of moderate to severe alteration in renal or hepatic function test. Impairment of renal function is more likely in patients who have previously experienced nephrotoxicity as a result of cisplatin therapy. Infrequent allergic reactions to carboplatin have been reported, e.g. erythematous rash, fever with no apparent cause or pruritus. Rarely anaphylaxis, angio-oedema and anaphylactoid reactions including bronchospasm, urticaria and facial oedema have occurred. As with other platinum-based drugs, allergic reactions appearing most often during perfusion may occur and necessitate discontinuation of the perfusion and an appropriate symptomatic treatment. Cross reactions, sometimes fatal, have been reported with all the platinum compounds. Patients should be observed carefully for possible allergic reactions and managed with appropriate supportive therapy, including antihistamines, adrenaline and/or glucocorticoids. The occurrence, severity and protraction of toxicity is likely to be greater in patients who have received extensive prior treatment for their disease, have poor performance status and are advanced in years. Renal function parameters should be assessed prior to, during and after carboplatin therapy. In studies involving combination therapy with carboplatin and cyclophosphamide, elderly patients treated with carboplatin were more likely to develop severe thrombocytopenia than younger patients. Because renal function is often decreased in the elderly, renal function should be considered when determining dosage. Neurotoxicity, such as parasthesia, decreased deep tendon reflexes, and ototoxicity are more likely seen in patients older than 65 years and/or previously treated with other platinum treatments and other ototoxic agents. Impairment of renal function is more likely in patients who have previously experienced nephrotoxicity as a result of cisplatin therapy. The carcinogenic potential of carboplatin has not been studied but compounds with similar mechanisms of action and mutagenicity have been reported to be carcinogenic. Visual disturbances, including loss of vision, have been reported after the use of carboplatin injection in doses higher than those recommended in patients with renal impairment. Vision appears to recover totally or to a significant extent within weeks of stopping these high doses. Auditory defects have been reported during carboplatin therapy. Ototoxicity may be more pronounced in children. Cases of hearing loss with a delayed onset have been reported in paediatric patients. A long-term audiometric follow-up in this population is recommended. Concurrent therapy with nephrotoxic drugs or ototoxic drugs such as amino glycoside, vancomycin, capreomycin and diuretics is not recommended, since this may lead to increased or exacerbated toxicity due to carboplatin induced changes in renal clearance of these substances. Concomitant use of other live attenuated vaccines is not recommended due to the risk of systemic, possibly fatal disease. When combining carboplatin with other myelosuppressive compounds (e.g. other cytotoxic substances, ciclosporin, tacrolimus, sirolimus) or radiation therapy, the myelosuppressive effect of carboplatin and/or the other compounds may be more pronounced. Phenytoin, fosphenytoin risk of exacerbation of convulsions resulting from the decrease of phenytoin digestive absorption by the cytotoxic drug or risk of toxicity enhancement or lose of efficacy of the cytotoxic drug due to increased hepatic metabolism by phenytoin. **Fertility and lactation:** Carboplatin must not be used in pregnant women or women of childbearing potential who might become pregnant unless the potential benefits to the mother outweigh the possible risks to the foetus. Men of sexually mature age treated with Carboplatin are recommended not to father a child during treatment and up to 6 month afterwards and to ask advice about spermatic preservation prior to initiation of the therapy because of the possibility of irreversible infertility due to therapy with carboplatin. If treatment becomes necessary during the lactation period, breastfeeding must be stopped. **Effects on ability to drive and use machines:** Carboplatin has no or negligible influence on the ability to drive and use machines. However carboplatin may cause nausea, vomiting, vision abnormalities and ototoxicity; therefore, patients must be warned on the potential effect of these events on the ability to drive or to use machines. **Undesirable effects:** Neoplasms benign, malignant and unspecified (including cysts and polyps), blood and lymphatic system disorders, immune system disorders, metabolism and nutrition disorders, nervous system disorders, eye disorders, ear and labyrinth disorders, ototoxicity, cardiac disorders, respiratory, thoracic and mediastinal disorders, gastrointestinal disorders, hepatobiliary disorder, skin and subcutaneous tissue disorders, renal and urinary disorders, general disorders and administration site conditions, alopecia, fever and chills, mucositis, asthenia, malaise, dysgeusia, haemolytic-uraemic syndrome, isolated cases of cardiovascular incidents and cases of hypertension have been reported. **Overdose:** Carboplatin was administered in Phase I studies at a dosage of up to 1600 mg/m^2 i.v. per course. At this dosage, life-threatening haematological side effects with granulocytopenia, thrombocytopenia and anaemia were observed. The following non-haematological side effects also occurred: renal function disturbances with a 50% drop in the glomerular filtration rate, neuropathy, ototoxicity, sight loss, hyperbilirubinaemia, mucositis, diarrhoea, nausea and vomiting with headache, erythema, and severe infection. In the majority of cases, hearing disturbances were transient and reversible **List of excipients:** Water for Injections **Shelf life:** 2 years (before opening the vial)

Registered product information may differ in your country. Before prescribing refer to nationally approved Prescribing Information. Before prescribing please refer to nationally registered and approved Summary of Product Characteristics.

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