



# CARBOPLATIN AUC DOSING IN PAEDIATRIC PATIENTS: INFLUENCE OF GRF MEASUREMENT

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# **Background and importance**

In paediatrics, some carboplatin dosage methods are based on renal clearance. An accurate determination of the glomerular filtration rate (GFR) can be obtained by measuring 51Cr-EDTA clearance. For that matter various formulae have been developed to calculate and estimate the GFR.

## Aim and objectives

The aim of this study is to compare carboplatin doses calculated by modified Calvert formulae with GFR measured by 51Cr-EDTA clearance and GFR estimated with Schwartz formulae in children.

#### Material and methods

- All cancer paediatric patients whose GFR were measured by 51Cr-EDTA were included.
- Modified Calvert formula was used:

Dose (mg/m2) = target AUC  $\times$  [raw GFR (ml/min) + 15 x BSA (m2)]

- The target AUC chosen was 5 mg/ml/min.
- Carboplatin doses were calculated
  - GFR were measured by 51Cr-EDTA
  - GFR were also estimated with Schwartz formulae

# Results

Table 1. Results		
Patients included	33	
Sex	Male:	21 (63.63%)
	Female:	12 (36.37)
mAge (range)	10 (1-17) years-old	
mWeight (range)	28 (8-84.4) Kg	
mHeight (range)	137 (64-182) Cm	
mBSA (range)	1.04 (0.37-2.06) m2	
mcarboplatin	51Cr-EDTA	274.2 ± 135.7 mg
doses	Schwartz formulae	364.9 ± 156.6 mg
Mean difference between methods	90.58 mg p <0.001	

### **Conclusion and relevance**

- Carboplatin doses calculated with GFR estimated by Schwartz were statistically higher than those measured with 51Cr-EDTA. This variability may be a risk factor leading to inadequate dosage of patients treated with carboplatin.
- GFR measured with 51-Cr-EDTA is considered the gold standard. Therefore, it should be implemented in all centers where carboplatin is dosed in pediatric patients.

