

# CHEMOTHERAPY DOSING AND HEMATOLOGICAL TOXICITY IN GYNAECOLOGICAL CANCER PATIENTS

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## BACKGROUND

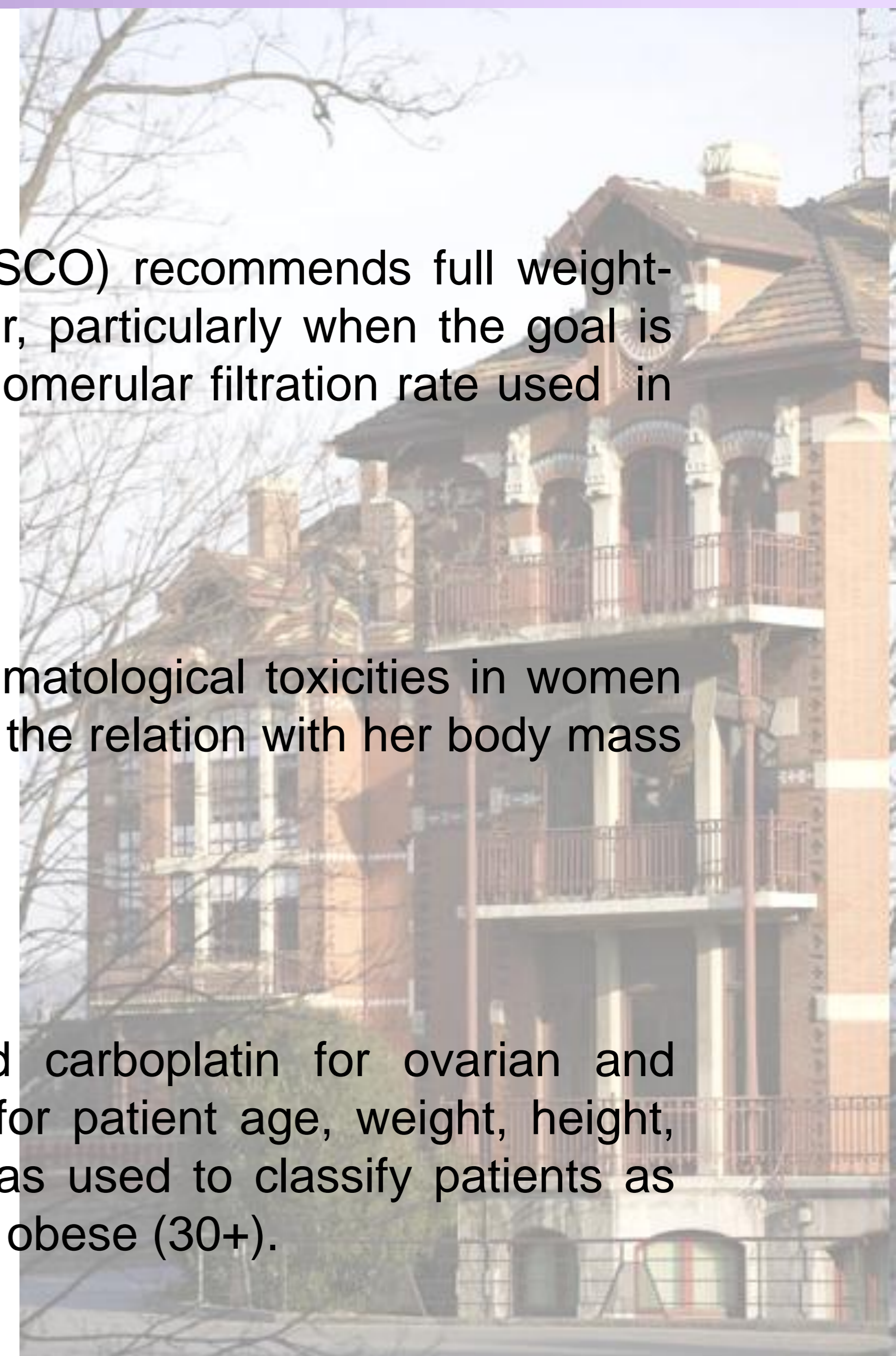
The new guidelines from the American Society of Clinical Oncology (ASCO) recommends full weight-based cytotoxic chemotherapy doses to treat obese patients with cancer, particularly when the goal is cure. Carboplatin is one exception and the recommendation is that the glomerular filtration rate used in Calvert formula to calculate the doses, should not exceed 125 ml/min.

## OBJECTIVE

The objective of this study was to know the dosification patterns and hematological toxicities in women with adjuvant **paclitaxel and carboplatin** for gynecologic malignancy and the relation with her body mass index (BMI).

## METHODS

Retrospective study of women treated with adjuvant paclitaxel and carboplatin for ovarian and endometrial cancer between 2010 and 2013. Records were reviewed for patient age, weight, height, diagnosis, dates of treatment, dosing modifications and toxicity. BMI was used to classify patients as underweight (17,5-19,9), normal weight (20- 24,9), overweight (25–29), or obese (30+).



## RESULTS

We identified 38 women, with a medium age of 58 (38-77). 18,4% were classified as underweight, 34,2% as normal weight, 31,6% as overweight and 15,8% as obese.

First cycle reductions with paclitaxel occurred in 3 women and with carboplatin occurred in one, for their age and performance status. 65,8% and 31,6% of patients received carboplatin at an AUC 5 and 6. Most common high grade toxicities (grades 3 or 4) were neutropenia and thrombocytopenia (14 and 3 patients).

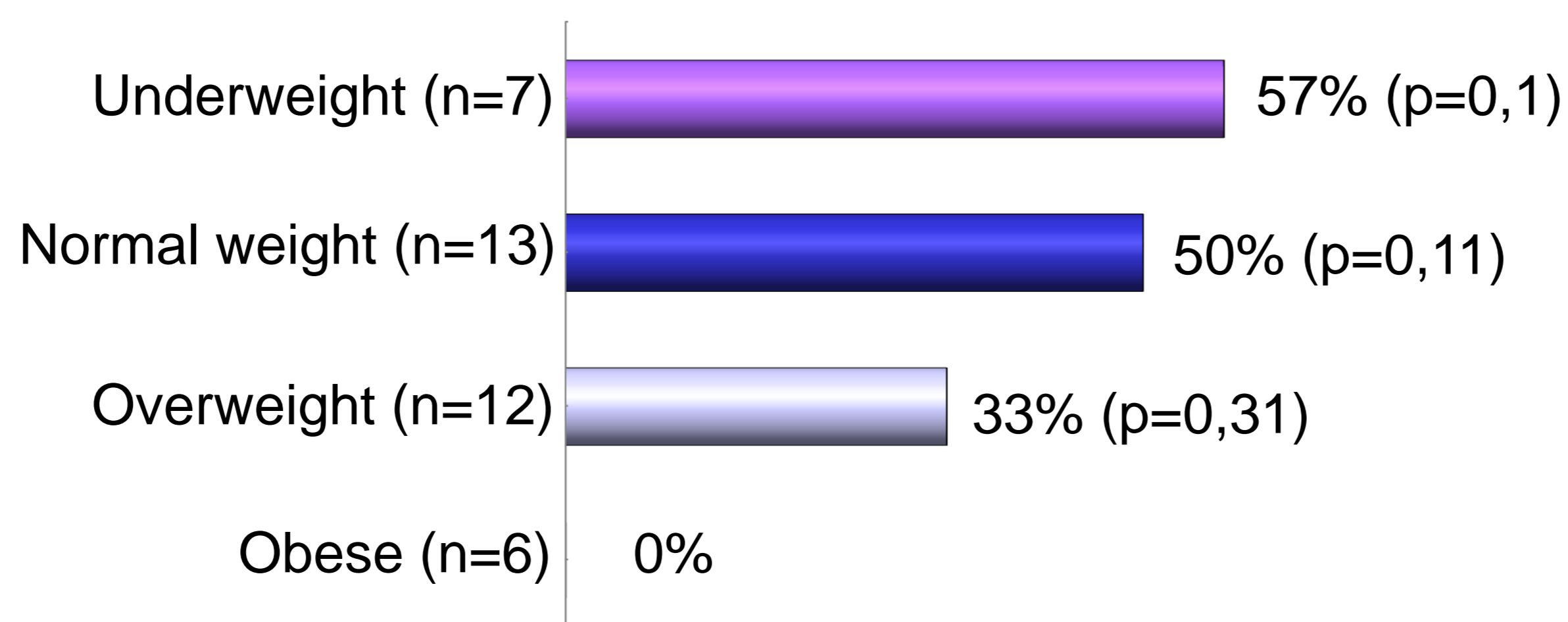


Fig. 1-Incidence of neutropenia (%) grade 3-4

## CONCLUSIONS

The dosification of paclitaxel-carboplatin is appropriate following the ASCO recommendation including overweight and obese patients. Having the limitation of the small sample size, we recorded less neutropenia in the obese group.