BC Cancer Protocol Summary for Treatment of Relapsed/Progressing Epithelial Ovarian, Primary Peritoneal, or Fallopian Tube Carcinoma using Etoposide

Protocol Code:	*GOOVETO*
Tumour Group:	*Gynecologic Oncology*
Contact Physician:	*Dr. Paul Hoskins*

PREFACE:

- In platinum sensitive disease: patients should be considered for doublet therapy consisting of CARBOplatin plus either a taxane or gemcitabine or DOXOrubicin pegylated liposomal (e.g., GOOVCATR, GOOVCAD, GOOVCAG, GOOVPLDC)
- In platinum resistant disease (i.e., cancer progresses within six months of completing a platinum-containing treatment protocol): patients will ideally receive single agent CARBOplatin, as it is the least toxic and most convenient choice of the equally efficacious agents available (i.e., GOOVCARB)
- In platinum refractory disease (i.e., cancer progresses while being treated with a platinum) choose between available agents based upon toxicity profile and convenience of dosing regimen. Options include: GOOVTOP, GOOLDOX, GOOVGEM, GOOVETO, GOOVVIN, GOOVTAX3, GOOVDOC. If gemcitabine (GOOVGEM), topotecan (GOOVTOP) or DOXOrubicin pegylated liposomal (GOOVLDOX) is used, only one of these options will be reimbursed in any one patient. Subsequently, if a patient is thought likely to benefit from one of the other two, a request should be submitted to the BC Cancer Compassionate Access Program (CAP).
- Patients who will not benefit from further therapy after second or subsequent rounds of chemotherapy can be identified by the following formula: "day 1 of treatment N to day of progression on treatment N+1 is less than or equal to 6 months." They should be offered symptomatic management or investigational protocols.

ELIGIBILITY:

- Platinum refractory ovarian, primary peritoneal or Fallopian tube carcinoma
- Platinum resistant ovarian, primary peritoneal or Fallopian tube carcinoma in cases where patient-specific concerns dissuade the clinician from selecting single-agent CARBOplatin
- Platinum sensitive ovarian, primary peritoneal or Fallopian tube carcinoma in cases where actual or potential toxicity precludes the use of CARBOplatin or CISplatin alone or in combination with a taxane or gemcitabine.
- Adequate hematologic, liver and cardiac function
- PS ECOG 3 or better

EXCLUSIONS:

- Any condition precluding use of oral medication (Regimens A and B; Regimen C (IV route) may be used)

TESTS:

- Baseline: CBC & diff (including platelets), tumour markers (at physician's discretion), imaging for tumour assessment (at physician's discretion)
- Day 8 and 15: after first cycle (and in subsequent cycle if dose modification made): CBC & diff (including platelets)
- Before each cycle: CBC & diff (including platelets), tumour markers (at physician's discretion)

PREMEDICATIONS:

- Antiemetic protocol for chemotherapy with low emetogenicity (see SCNAUSEA)
- hydrocortisone and diphenhydrAMINE for history of hypersensitivity to etoposide IV

TREATMENT:

Regimen A. if no previous neutropenia:

Drug	Starting Dose	BC Cancer Administration Guidelines
etoposide	50 mg PO BID	for 10 days

Regimen B. if previous neutropenia, or age greater than or equal to 70, or heavily pre-treated:

Drug	Starting Dose	BC Cancer Administration Guidelines
etoposide	50 mg PO BID **alternating with** 50 mg PO once daily	for 10 days

Note: Dose-escalate to Regimen A if no hematologic toxicity; see DOSE MODIFICATIONS, below.

Regimen C. if unable to tolerate oral route:

Drug	Starting Dose	BC Cancer Administration Guidelines
etoposide	100 mg IV daily	IV in 250 mL NS (non-DEHP bag) over 45 min (use non-DEHP tubing with in-line filter), daily x 5 days

Repeat every 21 days until disease progression (usual treatment 9 cycles).

DOSE MODIFICATIONS:

1. **Hematology**:

a) on treatment day:

ANC (x 10^9/L)		Platelets (x 10^9/L)	Dose
less than 1.0	or	less than 100	delay until recovery

b) at nadir:

ANC (x 10^9/L)		Platelets (x 10^9/L)	Dose
greater than or equal to 1.0	or	greater than or equal to 100	Regimen A or C: no change Regimen B: switch to Regimen A
less than 1.0 or neutropenic fever	or	less than 100	Regimen A or B: reduce duration of therapy to 7 days. Regimen C: reduce dose to 80 mg IV in NS 250 mL (non-DEHP bag) daily

2. **Grade 3 or 4 toxicity (except nausea or alopecia)**:

Regimen A or B:	reduce duration of therapy to 7 days
Regimen C:	reduce dose to 80 mg IV in NS 250 mL (non-DEHP bag) daily

PRECAUTIONS:

1. **Hypersensitivity**: Reactions to IV Etoposide are possible. See BC Cancer Hypersensitivity Guidelines
2. **Neutropenia**: Fever or other evidence of infection must be assessed promptly and treated aggressively.
3. **Hypotension**: Rapid administration of IV Etoposide may cause transient hypotension (faintness, shortness of breath, lightheadedness, or restlessness.

Call Dr. Paul Hoskins or tumour group delegate at (604) 877-6000 or 1-800-663-3333 with any problems or questions regarding this treatment program.