BC Cancer Protocol Summary for Therapy of Dysgerminomatous Ovarian Germ Cell Cancer using CISplatin and Etoposide

Protocol Code	*GOEP*
Tumour Group	*Gynecology*
Contact Physician	*Dr. Anna Tinker*

ELIGIBILITY:

- Good prognosis (international consensus prognostic [Cambridge] classification)
- AFP less than 1000 mcg/L and serum beta hCG less than 5000 unit/L and LDH less than 1.5 x normal
- pure dysgerminoma

EXCLUSIONS:

- Mediastinal primary non-dysgerminoma

TESTS:

- Baseline: CBC and differential, sodium, potassium, creatinine, magnesium, calcium, AFP, beta hCG tumour marker, bilirubin, ALT, alkaline phosphatase, LDH, GGT (if indicated)
- Consider baseline audiogram for pretreatment hearing impairment
- Before each cycle: CBC and differential, sodium, potassium, creatinine, magnesium, and repeat initially elevated markers (LDH, AFP, beta hCG tumour marker)
- Day 5 (all cycles except cycle 1): CBC and differential prior to chemotherapy if ANC on day 1 less than 1.0 x 10^9/L
- If clinically indicated: repeat any abnormal tests (scans optional if markers responding appropriately)

PREMEDICATIONS:

Antiemetic protocol for highly emetogenic chemotherapy protocols (see SCNAUSEA)

TREATMENT:

Drug	Dose	BC Cancer Administration Guideline
etoposide	100 mg/m^2/day x 5 days (days 1 to 5)	IV in 250 to 1000 mL NS (non-DEHP bag) over 45 minutes to 1 hour 30 minutes (use non-DEHP tubing with 0.2 micron in-line filter)
CISplatin	20 mg/m^2/day x 5 days (days 1 to 5)	IV in 100 mL NS over 30 minutes

Repeat every 21 days (regardless of ANC) x 4 cycles (3 cycles if adjuvant).

DOSE MODIFICATIONS:

- No dose reduction or delay is permitted for counts, except omit Day 5 etoposide if WBC still not recovered (ANC less than 1.0 x 10^9/L) by Day 5.
- This protocol is given with curative intent and any delay or dose reduction may have serious implications. In the event of elevated creatinine (e.g., greater than 200 micromol/L), neutropenic fever or low platelets, phone consultation with a contact physician is recommended.

PRECAUTIONS:

1. **Neutropenia**: Fever or other evidence of infection must be assessed promptly and treated aggressively.
2. **Extravasation**: Etoposide causes pain and tissue necrosis if extravasated. Refer to BC Cancer Extravasation Guidelines.
3. **Hypersensitivity**: Monitor infusion of etoposide for the first 15 minutes for signs of hypotension. Hypersensitivity reactions have also been reported for CISplatin. Refer to BC Cancer Hypersensitivity Guidelines.
4. **Renal Toxicity**: Nephrotoxicity is common with CISplatin. Encourage oral hydration or use adequate IV hydration. Avoid nephrotoxic drugs such as aminoglycoside antibiotics.

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

References:

1. International germ cell consensus collaborative group. International germ cell consensus classification: a prognostic factor-based staging system for metastatic germ cell cancers. J Clin Oncol 1997;15:564-603.

2. Einhorn LH, Williams SD, Loehrer PJ, et al. Evaluation of optimal duration of chemotherapy in favorable-prognosis disseminated germ cell tumours: a Southeastern Cancer Study Group protocol. J Clin Oncol 1989;7:387-91.

3. de Wit R, Roberts JT, Wilkinson P, et al. Final analysis demonstrating the equivalence of 3 BEP vs 4 cycles and the 5 day schedule vs 3 days per cycle in good prognosis germ cell cancer. An EORTC/MRC phase III study. Proc Am Soc Clin Oncol 2000;19a:326a (abstract 1281).