BC Cancer Protocol Summary for Therapy for Invasive Epithelial Ovarian Cancer Using CISplatin

Protocol Code	*GOOVCIS*
Tumour Group	*Gynecologic Oncology*
Contact Physician	*Dr. Anna Tinker (VC)*

ELIGIBILITY:

- patients receiving first line adjuvant treatment for epithelial ovarian carcinoma, primary peritoneal carcinoma, or primary fallopian tube carcinoma who are intolerant of taxanes and/or CARBOplatin.
- recurrent, platinum-sensitive, invasive epithelial ovarian carcinoma, fallopian tube carcinoma, primary peritoneal carcinoma, cervical carcinoma, or endometrial carcinoma.
- continuing clinical or tumour marker improvement after six cycles of platinum-taxane therapy.

EXCLUSIONS:

- disease progression while receiving platinum-based chemotherapy
- relative contraindication: disease recurrence less than six months after completing platinum-based chemotherapy
- poor renal function (creatinine clearance less than 45 mL/min at baseline; split-day dosing may be considered for those with creatinine clearance between 45 to 60 mL/min)

TESTS:

- Baseline: CBC & differential, platelets, creatinine, electrolytes, magnesium
- Before each cycle: CBC & differential, platelets, creatinine
- No need to check labwork on Day 8 when CISplatin dose has been split between Days 1 and 8

PREMEDICATIONS:

- Antiemetic protocol for highly emetogenic chemotherapy protocols (see protocol SCNAUSEA).

TREATMENT:

Drug	Dose	BC Cancer Administration Guideline
CISplatin	75 mg/m^2 on Day 1	Prehydrate with 1000 mL NS over 1 hour min, then CISplatin IV in 500 mL NS with potassium chloride 20 mEq, magnesium sulphate 1 g, mannitol 30 g, over 1 hour

Repeat every 21 days to two cycles beyond best response (maximum 9 cycles)*.
Discontinue if no response after 2 cycles.
*No Compassionate Access Program (CAP) approval required to retreat a patient with worsening disease. Patient must have had lasting response from initial therapy, continue to have good performance status and adequate renal function.

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DOSE MODIFICATIONS:

1. **Hematology**

ANC (x 10^9/L)		Platelets (x 10^9/L)	Dose
greater than or equal to 1	and	greater than 100	100%
0.5 to 0.99	or	75 to 100	75%
less than 0.5	or	less than 75	***Delay***

2. **Renal Dysfunction**

Creatinine Clearance (mL/min)	CISplatin dose
greater than or equal to 60	75 mg/m^2 on Day 1
45 to 59	35 mg/m^2 on Days 1 and 2 OR Days 1 and 8 (same prehydration as for 75 mg/m^2 dose)
less than 45	***Delay***

PRECAUTIONS:

1. **Neutropenia**: Fever or other evidence of infection must be assessed promptly and treated aggressively.
2. **Renal Toxicity**: Nephrotoxicity is common with CISplatin. Encourage oral hydration. Avoid nephrotoxic drugs such as aminoglycoside antibiotics. Use caution with pre-existing renal dysfunction.

Contact Dr. Anna Tinker or tumour group designate at (604) 877-2730 or 1-800-663-3333 with any problems or questions regarding this treatment program.

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