

# BC Cancer Protocol Summary for Treatment of Relapsed/Progressing Epithelial Ovarian, Primary Peritoneal, or Fallopian Tube Carcinoma Using Vinorelbine

**Protocol Code**

GOOVVIN

**Tumour Group**

Gynecologic Oncology

**Contact Physician**

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## 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., GOOVCA<sup>TR</sup>, GOOVCA<sup>DR</sup>, GOOVCA<sup>G</sup>, 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., GOOVCA<sup>RB</sup>)
- 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: GOOVTO<sup>P</sup>, GOOLDO<sup>X</sup>, GOOVGE<sup>M</sup>, GOOVETO, GOOVVIN, GOOVTA<sup>X3</sup>, GOOVDO<sup>C</sup>. If gemcitabine (GOOVGE<sup>M</sup>), topotecan (GOOVTO<sup>P</sup>) or DOXOrubicin pegylated liposomal (GOOVLDO<sup>X</sup>) 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:

- Hepatic dysfunction (see DOSE MODIFICATIONS, below)

## TESTS:

- Mandatory baseline tests: CBC, including differential and platelets; bilirubin
- Suggested baseline tests: relevant tumour markers
- Before each cycle (Day 1): CBC, including differential and platelets, bilirubin (at physician's discretion)
- No labwork required prior to treatment on Day 8
- Tumour markers should be repeated each cycle
- Imaging (at physician's discretion)

## PREMEDICATIONS:

- Antiemetic protocol for chemotherapy with rare to low emetogenicity (see [SCNAUSEA](#))

## TREATMENT:

Drug	Dose	BC Cancer Administration Guideline
vinorelbine	25 mg/m <sup>2</sup> on Day 1 and Day 8	IV in 50 mL NS over 6 min, then flush line with 75 to 125 mL NS prior to removing/capping IV access

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

## DOSE MODIFICATIONS:

### 1. Hematological: prior to new cycle (Day 1)

ANC (x 10 <sup>9</sup> /L)		Platelets (x 10 <sup>9</sup> /L)	Dose
greater than or equal to 1.0	and	greater than or equal to 100	100%
less than 1.0	or	less than 100	delay until recovery; then give 100% and change interval to 28 days

### 2. Hepatic:

Total bilirubin (micromol/L)	Vinorelbine dose
less than 35	100%
36 to 50	50%
greater than 50	25%

### 3. Non-Hematologic Toxicities: may include

- Constipation
- Venous irritation: if severe, consider central venous access device (PICC or PORTACATH®)
- Hair thinning: total hair loss uncommon. Alopecia is a cumulative toxicity.
- Neuropathy: Mild to moderate peripheral neuropathy, usually reversible on discontinuation of therapy.

## PRECAUTIONS:

- Neutropenia:** Fever or other evidence of infection must be assessed promptly and treated aggressively.
- Extravasation:** Vinorelbine causes pain and tissue necrosis if extravasated. It is recommended to flush thoroughly with 75 to 125 mL NS after infusing vinorelbine. Refer to BC Cancer Extravasation Guidelines.

**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.**