

BCCA Protocol Summary for Therapy of Dysgerminomatous Ovarian Germ Cell Cancer Using Cisplatin and Etoposide

Protocol Code

GOEP

Tumour Group

Gynecology

Contact Physician

Dr. Ken Swenerton

ELIGIBILITY:

- Good prognosis (international consensus prognostic [Cambridge] classification)
- AFP less than 1000 mcg/L and 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, electrolytes, creatinine, magnesium, calcium, AFP, BHCG, liver enzymes (including LDH)
- Consider baseline audiogram for pretreatment hearing impairment
- Before each cycle: CBC and differential, electrolytes, creatinine, magnesium, and repeat initially elevated markers (LDH, AFP, BHCG)
- Day 5 (all cycles except cycle 1): CBC and differential prior to chemotherapy if ANC on day 1 less than $1 \times 10^9/L$
- 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	BCCA Administration Guideline
etoposide	100 mg/m ² /day x 5 days (days 1-5)	IV in 500 mL NS (non-PVC bag) over 45 minutes (use non-PVC tubing)
cisplatin	20 mg/m ² /day x 5 days (days 1-5)	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 $1 \times 10^9/L$) 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 BCCA 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 BCCA 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. Swenerton or tumour group delegate at (604) 877-6000 or 1-800-663-3333 with any problems or questions regarding this treatment program.

Date activated: 28 Apr 1989 (as GUEP); Mar 2000 – modified for use in ovarian germ cell tumours (renamed GOEP).

Date last revised: 01 June 2011 (Infusion section revised)

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).