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

**Protocol Code**
GOBEP

**Tumour Group**
Gynecology

**Contact Physician**
Dr. Anna Tinker

**ELIGIBILITY:**
- ovarian germ cell cancer, any histology
- as an adjuvant, or for patients with low, intermediate or high risk according to the international consensus prognostic classification (based upon the more frequent experience with analgous testicular tumours).

**Adjuvant Criteria:**
Retroperitoneal lymph node dissection pathology demonstrating involvement estimated to be associated with greater than 50% risk of subsequent relapse: 5 or more nodes involved, any involved node greater than or equal to 2 centimeters in diameter, or involved lymph node with extracapsular extension.

**Low Risk:**
Ovary/retroperitoneal primary AND no non-pulmonary visceral metastases AND AFP less than 1000 mcg/L or serum beta hCG less than 5000 unit/L or LDH less than 1.5 x N.

**Intermediate Risk:**
Ovary/retroperitoneal primary AND no non-pulmonary visceral mets AND Intermediate Markers:
- AFP greater than 1000 mcg/L but less than 10,000 mcg/L
- Serum beta hCG greater than 5000 unit/L but less than 50,000 unit/L
- LDH greater than 1.5 x N but less than 10 x N

**High Risk:**
Mediastinal primary OR non-pulmonary visceral mets OR AFP greater than 10,000 mcg/L OR serum beta hCG greater than 50,000 unit/L OR LDH greater than 10 x N.

**EXCLUSIONS:**
- Stage IA, grade 1 immature teratoma and stage IA pure dysgerminoma
- Inadequate renal function (measured GFR less than 40 mL/min)
- Inadequate hematologic function
- Chronic pulmonary disease considered a risk factor for bleomycin toxicity.
- Recent thoracic irradiation (bleomycin risk)
TESTS:
- Baseline: CBC and differential, bilirubin, ALT, alkaline phosphatase, LDH, GGT (if indicated), creatinine, sodium, potassium, magnesium, calcium, AFP, beta hCG tumour marker, CEA, pulmonary function tests (if indicated)
- consider baseline audiogram for pre-treatment hearing impairment
- Before each cycle: CBC and differential, creatinine, LDH, AFP, beta hCG tumour marker, magnesium
- Day 5 (not required on day 5 of first cycle): repeat CBC if ANC on day 1 was less than 1.0 x 10^9/L
- Repeat creatinine on day 5 if creatinine on day 1 greater than the upper limit of normal
- Day 9 and Day 16 (if patient receiving bleomycin): repeat creatinine
- Day 12 (optional): nadir CBC and differential

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

HYDRATION:
- Before CISplatin on Days 1 to 5: 1000 mL NS with 20 mEq potassium chloride and 2 g magnesium sulfate IV over 1 hour.
- After chemotherapy on Days 1 to 5: 500 mL NS IV over 0.5 to 1 hour.

TREATMENT:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>BC Cancer Administration Guideline</th>
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<tbody>
<tr>
<td>etoposide</td>
<td>100 mg/m²/day x 5 days</td>
<td>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)</td>
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<tr>
<td>CISplatin</td>
<td>20 mg/m²/day x 5 days</td>
<td>in 100 mL NS over 30 minutes</td>
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<tr>
<td>hydrocortisone</td>
<td>100 mg pre-bleomycin</td>
<td>IV in 50 to 100 mL NS over 10 to 15 minutes</td>
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<tr>
<td>bleomycin</td>
<td>30 units on day 2, 9 and 16, to maximum dose (see Duration, below)</td>
<td>IV in 50 mL NS over 10 minutes</td>
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- Repeat every 21 days, regardless of ANC
- Give treatments on 5 consecutive days
- Duration (by Risk Category):
  - Adjuvant: 2 cycles of GOBEP (total bleomycin 180 units) may be substituted for 3 cycles of GOEP
  - Low risk metastatic: 3 cycles of GOBEP (total bleomycin 270 units) may be substituted for 4 cycles of GOEP
  - Intermediate risk metastatic: 3 cycles of GOBEP plus 1 cycle of GOEP (total bleomycin 270 units)
  - High risk metastatic: 4 cycles of GOBEP (total bleomycin 360 units)
DOSE MODIFICATIONS:
- No dose reduction or delay is permitted for counts, except omit Day 5 etoposide if ANC less than $1.0 \times 10^9$/L on Day 5.
- This program 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. **Bleomycin**: may cause severe and life-threatening pulmonary toxicity. Limiting the total dose 270 units should decrease the risk but clinical assessment before each cycle must include a careful survey of respiratory symptoms, chest auscultation, and chest radiograph for pulmonary toxicity. Pulmonary function tests should be repeated in suspect cases. Febrile reaction can be prevented by hydrocortisone premedication. Oxygen may precipitate or aggravate bleomycin pulmonary toxicity. The FI O$_2$ must not exceed 30-40% unless absolutely necessary. The anesthesiologist must be aware of the bleomycin history before any surgery; an alert bracelet is recommended.
2. **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.
3. **Extravasation**: Etoposide causes irritation if extravasated. Refer to BC Cancer Extravasation Guidelines.
4. **Neutropenia**: Fever or other evidence of infection must be assessed promptly and treated aggressively. Avoid aminoglycoside antibiotics.
5. **Renal Toxicity**: Nephrotoxicity is common with CISplatin. Encourage oral 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: