**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 b-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, serum b-hCG, liver enzymes (including LDH)
- Consider baseline audiogram for pretreatment hearing impairment
- Before each cycle: CBC and differential, sodium, potassium, creatinine, magnesium, and repeat initially elevated markers (LDH, AFP, serum b-hCG)
- Day 5 (all cycles except cycle 1): CBC and differential prior to chemotherapy if ANC on day 1 less than 1 x 10⁹/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:**

<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 (days 1 to 5)</td>
<td>IV in 500 mL NS (non-DEHP bag) over 45 minutes (use non-DEHP tubing with in-line filter)</td>
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<tr>
<td>CISplatin</td>
<td>20 mg/m²/day x 5 days (days 1 to 5)</td>
<td>IV in 100 mL NS over 30 minutes</td>
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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 $1.0 \times 10^9/L$) 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 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: