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

Protocol Code: GOOVETO
Tumour Group: Gynecologic Oncology
Contact Physician: Dr. Paul Hoskins

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, GOOVCA, GOOVCA, 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).
- 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: GOOVTOP, GOOLDOX, GOOVGEM, GOOVETO, GOOVVIN, GOOVTA3, GOOVDOC. If gemcitabine (GOOVGEM), topotecan (GOOVTOP) or DOXOrubicin pegylated liposomal (GOOVPLDC) 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:
- Any condition precluding use of oral medication (Regimens A and B; Regimen C (IV route) may be used)

TESTS:
- Baseline: CBC & diff (including platelets), tumour markers (at physician's discretion), imaging for tumour assessment (at physician's discretion)
- Day 8 and 15: after first cycle (and in subsequent cycle if dose modification made): CBC & diff (including platelets)
- Before each treatment: CBC & diff (including platelets), tumour markers (at physician's discretion)
PREMEDICATIONS:
• Antiemetic protocol for chemotherapy with low emetogenicity (see SCNAUSEA)

TREATMENT:
Regimen A. if no previous neutropenia:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Starting Dose</th>
<th>BC Cancer Administration Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>etoposide</td>
<td>50 mg PO BID</td>
<td>for 10 days</td>
</tr>
</tbody>
</table>

Regimen B. if previous neutropenia, or age greater than or equal to 70, or heavily pre-treated:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Starting Dose</th>
<th>BC Cancer Administration Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>etoposide</td>
<td>50 mg PO BID alternating with 50 mg PO once daily</td>
<td>for 10 days</td>
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</tbody>
</table>

Note: Dose-escalate to Regimen A if no hematologic toxicity; see DOSE MODIFICATIONS, below.

Regimen C. if unable to tolerate oral route:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Starting Dose</th>
<th>BC Cancer Administration Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>etoposide</td>
<td>100 mg IV daily</td>
<td>IV in 500 mL NS (non-DEHP bag) over 45 min (use non-DEHP tubing with in-line filter), daily x 5 days</td>
</tr>
</tbody>
</table>

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

1. **Hematology:**

   a) on treatment day:

<table>
<thead>
<tr>
<th>ANC (x 10⁹/L)</th>
<th>Platelets (x 10⁹/L)</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>less than 1.0</td>
<td>or</td>
<td>delay until recovery</td>
</tr>
</tbody>
</table>

   b) at nadir:

<table>
<thead>
<tr>
<th>ANC (x 10⁹/L)</th>
<th>Platelets (x 10⁹/L)</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>greater than or equal to 1.0</td>
<td>greater than or equal to 100</td>
<td>Regimen A or C: no change Regimen B: switch to Regimen A</td>
</tr>
<tr>
<td>less than 1.0 or neutropenic fever</td>
<td>less than 100</td>
<td>Regimen A or B: reduce duration of therapy to 7 days. Regimen C: reduce dose to 80 mg IV in NS 250 mL (non-DEHP bag) daily</td>
</tr>
</tbody>
</table>

2. **Grade 3 or 4 toxicity (except nausea or alopecia):**

   - Regimen A or B: reduce duration of therapy to 7 days
   - Regimen C: reduce dose to 80 mg IV in NS 250 mL (non-DEHP bag) daily

PRECAUTIONS:

1. **Hypersensitivity:** Reactions to IV Etoposide are possible. See BC Cancer Hypersensitivity Guidelines
2. **Neutropenia:** Fever or other evidence of infection must be assessed promptly and treated aggressively.
3. **Hypotension:** Rapid administration of IV Etoposide may cause transient hypotension (faintness, shortness of breath, lightheadedness, or restlessness.

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.