BCCA Protocol Summary for Therapy for Advanced Ovarian Cancer using Tamoxifen

Protocol Code	*GOOVTAM*
Tumour Group	*Gynecologic Oncology*
Contact Physician	*Dr. Anna Tinker*

ELIGIBILITY:

- Hormonal treatment for advanced ovarian cancer (epithelial ovarian, primary peritoneal, or fallopian tube carcinoma) in postmenopausal women.
- Alternatively, treatment with letrozole may be considered when appropriate (see protocol GOOVAI). Funding for aromatase inhibitors other than letrozole may be requested via the BCCA Compassionate Access Program (CAP).

EXCLUSIONS:

- Patients with a history of significant thromboembolic disease
- Patients who have progressed on an aromatase inhibitor (note: may be used by patients who did not tolerate an aromatase inhibitor).

TESTS:

- *If clinically indicated*: calcium and albumin (or ionized calcium), CBC and diff, platelets, serum cholesterol and triglycerides, liver enzymes and bilirubin, ophthalmologic exam, gynecological exam
- *In patients with an intact uterus*: gynecologic evaluation if experiencing vaginal bleeding

TREATMENT:

Tamoxifen 20 mg PO daily, until evidence of progression.

PRECAUTIONS:

1. **Thromboembolism:** Tamoxifen is associated with an increased risk of thromboembolism that is comparable to estrogen replacement therapy
2. **Ocular Toxicity:** Ocular toxicity is rare and may occur after only a few weeks of therapy, although it is more common with prolonged treatment. Ophthalmologic examination is recommended if visual disturbances occur.
3. **Hepatotoxicity:** While hepatotoxicity is rare and usually presents as elevated hepatic enzymes, more serious liver abnormalities have been reported.
4. **Hyperlipidemia:** Elevations in cholesterol and triglycerides may occur in patients with pre-existing hyperlipidemias.

5. **Myelosuppression:** Mild myelosuppression with transient thrombocytopenia may occur rarely. The association with tamoxifen is uncertain.
6. **Endometrial Cancer:** In patients with an intact uterus, pelvic complaints, such as unusual vaginal bleeding, require evaluation.
7. **Flare Response:** It has been shown that when tamoxifen is used in patients with breast cancer, a transient increase in bone pain, local disease flare (swelling and redness) and/or hypercalcemia may occur when treatment is initiated. Hypercalcemia is more likely with bone metastases and may require aggressive treatment (see supportive care protocol SCHYPCAL). *In patients known to have bone metastases*, serum calcium and albumin (or ionized calcium) can be measured 3 to 7 days after starting treatment *corrected calcium (mmol/L) = total calcium (mmol/L) + (0.02 x [40 – albumin in g/L])

Contact 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.

Date Activated: 1 Mar 2013

Date Revised: 1 Nov 2016 (Exclusions clarified)

References

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2. Hasan J, Ton N, Mullamitha S, et al. Phase II trial of tamoxifen and goserelin in recurrent epithelial ovarian cancer. *Br J Cancer* 2005:93, 647-651.
3. Hatch KD, Beecham JB, et al. Responsiveness of patients with advanced ovarian carcinoma to tamoxifen. A Gynecologic Oncology Group study of second-line therapy in 105 patients. *Cancer* 1991:68:269-71.
4. Markman M, Iseminger KA, et al. Tamoxifen in platinum-refractory ovarian cancer: a Gynecologic Oncology Group Ancillary Report. *Gynecol Oncol* 1996:62, 4-6.
5. Williams CJ, Simera I. Tamoxifen for relapse of ovarian cancer. *The Cochrane Database of Systematic Reviews* 2001, Issue 1. Art. No.: CD001034. DOI: 10.1002/14651858.CD001034.