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: 
   
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   \text{corrected calcium (mmol/L)} = \text{total calcium (mmol/L)} + (0.02 \times [40 – \text{albumin in g/L}])
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   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**


