BCCA Protocol Summary for Therapy for Advanced Ovarian Cancer using Tamoxifen

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

ELIGIBILITY:

Patients must have:

- Advanced ovarian cancer (epithelial ovarian, primary peritoneal, or fallopian tube carcinoma), and
- Be postmenopausal women.

Note:

- Alternatively, treatment with letrozole or anastrozole may be considered when appropriate (see protocol GOOVAI). Funding for aromatase inhibitors other than letrozole and anastrozole may be requested via the BCCA Compassionate Access Program (CAP).

EXCLUSIONS:

Patients must not have:

- History of significant thromboembolic disease

TESTS:

- If clinically indicated: calcium and albumin (or ionized calcium), CBC and differential, platelets, serum cholesterol and triglycerides, alk phos, ALT, total bilirubin, ophthalmologic exam, gynecological exam
- In patients with an intact uterus: gynecologic evaluation if experiencing vaginal bleeding

TREATMENT:

Drug	Dose	BC Cancer Administration Guideline
tamoxifen	20 mg once daily	PO

Continuously until disease progression or unacceptable toxicity.

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.

References

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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.
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7. Gershenson DM, Cobb LP, Sun CC. Endocrine therapy in the management of low-grade serous ovarian/peritoneal carcinoma: Mounting evidence for therelative efficacy of tamoxifen and aromatase inhibitors. *Gynecol Oncol*. 2020 Dec;159(3):601-603.