

# BC Cancer Protocol Summary for Therapy for Invasive Epithelial Ovarian Cancer Using CISplatin

**Protocol Code**

GOOV CIS

**Tumour Group**

Gynecologic Oncology

**Contact Physician**

GO Systemic Therapy

## ELIGIBILITY:

- patients receiving first line adjuvant treatment for epithelial ovarian carcinoma, primary peritoneal carcinoma, or primary fallopian tube carcinoma who are intolerant of taxanes and/or CARBOplatin.
- recurrent, platinum-sensitive, invasive epithelial ovarian carcinoma, fallopian tube carcinoma, primary peritoneal carcinoma, cervical carcinoma, or endometrial carcinoma.
- continuing clinical or tumour marker improvement after six cycles of platinum-taxane therapy.

## EXCLUSIONS:

- disease progression while receiving platinum-based chemotherapy
- relative contraindication: disease recurrence less than six months after completing platinum-based chemotherapy
- poor renal function (creatinine clearance less than 45 mL/min at baseline; split-day dosing may be considered for those with creatinine clearance between 45 to 60 mL/min)

## TESTS:

- Baseline: CBC & Diff, creatinine
- Baseline, if clinically indicated: total bilirubin, ALT, sodium, potassium, calcium, magnesium, CA 125, CA 19-9, CA 15-3, CEA, SCC
- Before each cycle: CBC & Diff, creatinine
- No need to check labwork on Day 8 when CISplatin dose has been split between Days 1 and 8
- If clinically indicated: total bilirubin, ALT, sodium, potassium, calcium, magnesium, CA 125, CA 19-9, CA 15-3, CEA, SCC

## PREMEDICATIONS:

- Antiemetic protocol for highly emetogenic chemotherapy protocols (see protocol SCNAUSEA).

## TREATMENT:

| Drug      | Dose                          | BC Cancer Administration Guideline  |
|-----------|-------------------------------|---|
| CISplatin | 75 mg/m <sup>2</sup> on Day 1 | Prehydrate with 1000 mL NS over 1 hour min, then CISplatin IV in 500 mL NS with potassium chloride 20 mEq, magnesium sulphate 1 g, mannitol 30 g, over 1 hour |

Repeat every 21 days to two cycles beyond best response (maximum 9 cycles)\*.

Discontinue if no response after 2 cycles.

\*No Compassionate Access Program (CAP) approval required to retreat a patient with worsening disease. Patient must have had lasting response from initial therapy, continue to have good performance status and adequate renal function.

**DOSE MODIFICATIONS:****1. Hematology**

| ANC (x 10 <sup>9</sup> /L) |     | Platelets (x 10 <sup>9</sup> /L) | Dose         |
|----------------------------|-----|----------------------------------|--------------|
| Greater than or equal to 1 | and | Greater than 100                 | 100%         |
| 0.5 to 0.99                | or  | 75 to 100                        | 75%          |
| Less than 0.5              | or  | Less than 75                     | <b>Delay</b> |

**2. Renal Dysfunction**

| Creatinine Clearance (mL/min) | CISplatin dose   |
|-------------------------------|--|
| Greater than or equal to 60   | 75 mg/m <sup>2</sup> on Day 1  |
| 45 to 59                      | 35 mg/m <sup>2</sup> on Days 1 and 2 OR Days 1 and 8<br>(same prehydration as for 75 mg/m <sup>2</sup> dose) |
| Less than 45                  | <b>Delay</b>   |

**PRECAUTIONS:**

- Neutropenia:** Fever or other evidence of infection must be assessed promptly and treated aggressively.
- Renal Toxicity:** Nephrotoxicity is common with CISplatin. Encourage oral hydration. Avoid nephrotoxic drugs such as aminoglycoside antibiotics. Use caution with pre-existing renal dysfunction.

Contact the **GO Systemic Therapy physician at your regional cancer centre or GO Systemic Therapy Chair** with any problems or questions regarding this treatment program.