

# BC Cancer Protocol Summary for Treatment of Epithelial Ovarian Cancer Relapsing after Primary Treatment using DOXOrubicin Pegylated Liposomal

**Protocol Code**

GOOVLDOX

**Tumour Group**

Gynecologic Oncology

**Contact Physicians**

GO Systemic Therapy

## 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., GOOVCATR, GOOVCAD, GOOVCAG, GOOVLDC)
- 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., GOOVCARB)
- 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, GOOVLDOX, GOOVBEM, GOOVETO, GOOVVIN, GOOVTAX3, GOOVDOC.
- 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:

- Pre-existing cardiomyopathy or congestive heart failure (relative contraindication)
- Premorbid disease affecting ability to tolerate DOXOrubicin pegylated liposomal
- Hepatic dysfunction (see DOSE MODIFICATIONS, below)

## TESTS:

- Baseline: CBC & Diff, total bilirubin, ALT, alkaline phosphatase
- Baseline, if clinically indicated: CA 125, CA 19-9, CA 15-3, CEA, SCC, creatinine, sodium, potassium, echocardiogram or MUGA scan
- Before each treatment: CBC & Diff
- If clinically indicated: creatinine, total bilirubin, CA 125, CA 19-9, CA 15-3, CEA, SCC, sodium, potassium, echocardiogram or MUGA scan

## PREMEDICATIONS:

- Antiemetic protocol for chemotherapy with low emetogenicity (see SCNAUSEA)

## TREATMENT:

Drug	Dose	BC Cancer Administration Guideline	
DOXOrubicin pegylated liposomal	40 mg/m <sup>2</sup>	IV in 250 mL D5W (doses greater than or equal 90 mg in 500 mL D5W)	Initial dose: at rate of 1mg/min Subsequent doses, if no prior infusion reaction: infuse over 1 hour

Repeat every 28 days until disease progression (usual treatment 9 cycles).

## DOSE MODIFICATIONS:

### 1. Hematological

ANC (x10 <sup>9</sup> /L)		Platelets (x10 <sup>9</sup> /L)	Dose
Greater than or equal to 1.0	and	Greater than or equal to 100	100%
Less than 1.0	or	Less than 100	Delay until recovery, then proceed with 100% dose
Febrile neutropenia			Reduce subsequent cycles by 10 mg/m <sup>2</sup>

### 2. Hepatic

Total bilirubin (micromol/L)	Dose (mg/m <sup>2</sup> )
Less than 21	40
21 to 50	30
Greater than 50	20

### 3. Stomatitis

Grade	Symptoms	Dose
1	Painless ulcers, erythema, or mild soreness	40 mg/m <sup>2</sup>
2	Painful erythema, edema or ulcers, but can eat	Delay until recovered to Grade 1, then continue at 30 mg/m <sup>2</sup>
3	Painful erythema, edema or ulcers, and cannot eat	Delay until recovered to Grade 1, then continue at 30 mg/m <sup>2</sup> ; or discontinue treatment
4	Requires parenteral or enteral support	Discontinue treatment

Note: If delay has been necessary due to stomatitis, change of interval to five weeks is recommended.

#### 4. Palmar-Plantar Erythrodysesthesia (PPE) (Hand-Foot Skin Reaction)

Grade	Symptoms	Dose
1	Mild erythema, swelling or desquamation not interfering with normal daily activities	If no prior Grade 2 or 3 occurrence, proceed at full dose. if prior Grade 2 or 3 occurrence, delay one week; once recovery evident, continue treatment at 30 mg/m <sup>2</sup>
2	Erythema, swelling or desquamation interfering with but not precluding normal daily activities; small blisters or ulcerations less than 2 cm in diameter	Delay one week; once recovery evident, continue treatment at 30 mg/m <sup>2</sup>
3	Blistering, ulceration or swelling preventing normal daily activities; cannot wear regular clothing	Delay one week, and re-assess; consider dexamethasone 2 mg TID until symptoms resolve; if still Grade 3 after a one week delay, discontinue treatment; if resuming, dose at 30 mg/m <sup>2</sup>

Note: If delay has been necessary due to PPE, change of interval to five weeks is recommended.

#### 5. Other Grade 3 or 4 Toxicities

Reduce dose by 10 mg/m<sup>2</sup>.

#### PRECAUTIONS:

- Neutropenia:** Fever or other evidence of infection must be assessed promptly and treated aggressively. Refer to BC Cancer Febrile Neutropenia Guidelines.
- Cardiac Toxicity:** DOXOrubicin is cardiotoxic and must be used with caution, if at all, in patients with severe hypertension or cardiac dysfunction.
- Extravasation:** DOXOrubicin pegylated liposomal is considered an irritant. Refer to BC Cancer Extravasation Guidelines.
- Acute Infusion Reaction:** may occur with first infusion, usually within minutes of starting. Refer to BC Cancer Hypersensitivity Guidelines. *Note: the first step is to stop the infusion.* In subsequent cycles, reactions are rare, but prophylaxis with dexamethasone, diphenhydrAMINE, and famotidine may be used.
- Palmar-Plantar Erythrodysesthesia (PPE) (Hand-Foot Skin Reaction):** See BC Cancer Drug Manual liposomal DOXOrubicin monograph for suggested strategies for preventing or minimizing PPE. Corticosteroids may reduce the incidence of PPE during treatment.<sup>2</sup>

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.

#### REFERENCES:

- Hoskins P, et al. Identifying patients unlikely to benefit from further chemotherapy: A descriptive study of outcome at each relapse in ovarian cancer. *Gynecol Oncol* 2005;97(3):862-9.
- Alberts DS, et al. Efficacy and safety of liposomal anthracycline in phase I/II clinical trials. *Sem Oncol* 2004;32(Suppl 13):53-90.