# BC Cancer Protocol Summary for Treatment of Relapsed/Progressing Epithelial Ovarian, Primary Peritoneal, or Fallopian Tube Carcinoma Using Topotecan

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| *Protocol Code* | *GOOVTOP* |
| *Tumour Group* | *Gynecologic Oncology* |
| *Contact Physician* | *Dr. Paul Hoskins* |

## 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, GOOVPLDC)
- 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, GOOLDOX, GOOVGEM, 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:

- creatinine clearance less than 40 mL/min. See DOSE MODIFICATIONS for reduced starting dose in patients with renal dysfunction

## TESTS:

- Baseline: CBC & diff (including platelets), creatinine, tumor marker (at physician's discretion), imaging for tumour assessment (at physician's discretion)
- Before each cycle on day 1: CBC & diff (including platelets), tumor markers (at physician's discretion)
- Days 8 and 15 first cycle only (except if dose modification made): CBC & diff (including platelets) to determine nadir levels
- In future cycles, if clinically indicated: creatinine

## PREMEDICATIONS:

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

## TREATMENT:

| Drug | Starting Dose | BC Cancer Administration Guideline |
|---|---|---|
| topotecan | 1.25 mg/m$^2$/day x 5 days (days 1-5)* | IV in 50 mL NS over 30 minutes |

Repeat 5-day treatment every 21 days until disease progression (usual treatment 9 cycles).

* In heavily pre-treated patients, suggested starting dose is 1 mg/m$^2$/day x 5 days

## DOSE MODIFICATIONS:

1. **Hematological**:
   (a) on treatment day:

| ANC (x $10^9$/L) | | Platelets (x $10^9$/L) | Dose |
|---|---|---|---|
| greater than or equal to 1.0 | and | greater than or equal to 100 | treat as per nadir |
| less than 1.0 | and/or | less than 100 | delay until recovery |

   (b) at nadir:

| ANC (x $10^9$/L) | | Platelets (x $10^9$/L) | Dose |
|---|---|---|---|
| less than or equal to 0.5 | and/or | less than or equal to 75 | ↓ by 0.25 mg/m$^2$/day |

   (c) Febrile neutropenia: decrease dose by 0.25 mg/m$^2$/day. In the case of a second occurrence, use filgrastim (G-CSF) and maintain the same dose level, or discontinue topotecan treatment.

2. **Any Grade 3 or 4 toxicity (except nausea)**: decrease dose by 0.25 mg/m$^2$/day

3. **Renal Dysfunction**:

| Creatinine Clearance (mL/min) | Topotecan Dose |
|---|---|
| greater than or equal to 40 | 100% |
| 20-39 | 50% |
| less than or equal to 20 | not recommended |

$$\text{CrCl in mL/min} = \frac{1.04 \times (\text{weight in kg})(140 - \text{age in years})}{\text{SCr in micromol/L}}$$

## PRECAUTIONS:

1. **Neutropenia**: Fever or other evidence of infection must be assessed promptly and treated aggressively.

**Call Dr. Paul Hoskins or tumour group delegate at (604) 877-6000 or 1-800-663-3333 with any problems or questions regarding this treatment program.**