CMG for Planning and Treatment

The process to be followed when a course of chemotherapy is required to treat:

OVARIAN AND PRIMARY PERITONEAL CANCER

Patient information given at each stage following agreed information pathway

1. DIAGNOSIS

This CMG applies to patients with a diagnosis of ovarian or primary peritoneal cancer.

2. STAGING

Cytoreductive surgery, cytological assessment of fluid samples and pre-operative imaging are used to stage the patient according to the International Federation of Gynaecology and Obstetrics (FIGO) nomenclature. All patients undergoing elective surgery should have pre-operative CT imaging of the chest, abdomen and pelvis. Patients treated as emergencies should be imaged post-operatively. Patients in whom the diagnosis of either ovarian or primary peritoneal cancer is suspected should have pre-operative and post-operative serum CA125 levels checked. A normal CA125 level does not exclude the diagnosis of malignancy.

3. PATHOLOGY

Pathological examination of ovarian and other tissues defines the nature, grade and stage of the tumour. All new cases of ovarian or primary peritoneal cancer should be discussed at a multidisciplinary meeting.
Pathology and radiology should be available at the multidisciplinary meeting.

4. INVESTIGATIONS

Pre-chemotherapy calculation of creatinine clearance:
A measured GFR is recommended prior to the administration of carboplatin chemotherapy.

5. CHEMOTHERAPY

Ovarian and primary peritoneal cancer are chemosensitive.
Chemotherapy should be prescribed on the chemocare system. (To include patient's name, date of birth, unit number, height, weight, surface area, diagnosis, haematology and biochemistry).

Chemotherapy should be started no later than eight weeks after surgery.
Patients should be considered for entry into a clinical trial where appropriate.

Adjuvant chemotherapy of patients with FIGO stage Ia or Ib ovarian cancer remains controversial and should only be offered to those with additional risk factors such as those with moderately or poorly differentiated tumours, clear cell histological subtype or grade II or III cancers.

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Patients with stage IC-IV tumours should be offered first line chemotherapy, if appropriate, which should include a platinum agent either in combination or as a single agent.
For patients with relapsed disease further chemotherapy may well be effective and appropriate and can be prescribed under the supervision of a consultant oncologist.

Patients receiving chemotherapy will normally require a CT scan after cycles 3 and 6 to assess the response to treatment. CA125 can also be useful for monitoring response to treatment in selected patients.

Choice of Chemotherapy

Ist Line Treatment

For patients with IC-IV disease (or IA/B tumours with adverse risk factors) not eligible or not willing to participate in a suitable clinical trial, and where potential benefits justify the toxicity, first line chemotherapy will be:

Paclitaxel (175mg/m2) with **Carboplatin** (AUC5) therapy or,

for patients with contra-indications or who are judged as unable or unwilling to tolerate Paclitaxel, treatment will be:

Carboplatin single agent therapy (AUC4-6) depending on age and fitness.

2nd Line Treatment

Chemotherapy for recurrent ovarian cancer should be regarded as palliative in intent and should be reserved for symptomatic recurrence of the disease.

Platinum Sensitive Recurrence

If more than 12 months has elapsed since the end of Carboplatin-containing chemotherapy and the patient has received a Taxane first line, then retreat with **Paclitaxel** 175mg/m2 and **Carboplatin** AUC5 (EDTA).

If more than 12 months has elapsed since Carboplatin-containing treatment and the patient has not received Taxane then treat with **Paclitaxel** 175mg/m2 and **Carboplatin** AUC5 (EDTA), for 6 cycles.

If relapse is between six and twelve months after the end of Carboplatin and the patient has not received Paclitaxel then **Paclitaxel** alone or in combination with **Carboplatin** should be considered at this stage.

Platinum Refractory Recurrence

If relapse is less than six months after Carboplatin-containing treatment consider **Paclitaxel single agent** if not given first line, or the Rotterdam regimen. For patients who present with sub-acute obstruction the Rotterdam regimen may be of benefit because symptomatic response may be relatively quick.

Rotterdam Regimen
Cisplatin 50mg/m^2 d1, d8, d15, d29, d36, d43 with oral etoposide50mg daily d1-15 and d29-43. Patients with a response or stable disease after 6th cisplatin should continue with oral etoposide 50mg daily for 21 days of every 28 day cycle.

Van der Burg/weekly Carboplatin and Paclitaxel Regimen
This alternative weekly regimen can give responses similar to the Rotterdam regimen in patients with platinum refractory disease.
Paclitaxel 80mg/m^2 and Carboplatin AUC3 , given weekly as long as patient responding for up to 18 weeks.

Pegylated doxorubicin (Caelyx) (40-50mg/m^2 4 weekly) and **Topotecan** (4mg/m^2 d1, 8, 15 of 28 day cycle) can be prescribed for platinum refractory 2nd or subsequent relapses as long as the patient remains fit enough to receive chemotherapy.

Oral **Treosulphan** 250mg bd can be prescribed for patients who remain well enough to receive systemic treatment but who have progressed on all other chemotherapeutic regimens.

6. RADIOTHERAPY

Radiotherapy has a minor role in the management of these patients but can be useful in the palliation of brain metastases or vaginal bleeding.

7. HORMONE TREATMENT

Tamoxifen can be considered in patients for whom chemotherapy is not appropriate**.**

If the patient has slowly progressing disease and the tumour is expressing high levels of oestrogen receptors consider Tamoxifen **40mg** daily for 3 months in the first instance and continue if there is disease stabilisation. (Assessing at 3 monthly intervals). **Some patients may go on to benefit from letrozole 2.5mg daily when Tamoxifen stops working.**

8. TREATMENT DEFINITIONS

PACLITAXEL WITH CARBOPLATIN
Paclitaxel 175mg/m² IV Infusion Day 1
Carboplatin AUC×5 IV Infusion Day 1 if using GFR or 24 hour creatinine clearance, (AUC×6 if calculated creatinine clearance)
Repeated every 3 weeks

CARBOPLATIN
Carboplatin AUC 4-6 (Depending on fitness & age) IV Infusion Day 1
Repeated every 3 weeks

PACLITAXEL
Paclitaxel 175mg/m² IV infusion Day 1
Repeated every 3 weeks

ROTTERDAM
Cisplatin 50mg/m² IV Infusion Day 1, 8, 15 and 29, 36, 43
Etoposide 50mg oral Days 1-15 and 29-43

VAN DER BURG/ WEEKLY CARBOPLATIN AND PACLITAXEL
Paclitaxel 80mg/m2 IV Infusion Day 1
Carboplatin AUC3 IV Infusion Day 1
Repeated weekly for up to 18 weeks

PEGYLATED DOXORUBICIN (CAELYX)
Caelyx (Liposomal Doxorubicin) 40mg/m² IV Infusion Day 1
Repeated every 4 weeks

TOPOTECAN
Topotecan 4mg/m² IV infusion days 1,8 and 15
Repeat every 28 days

TREOSULPHAN
Treosulphan 250mg PO Twice daily on days 1-21
Repeated every 28 days

Author: …… Signature: …….. Date: ……

Chair: …… Signature: …….. Date: ……
(on behalf of OHMMG)

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