

# Gemcitabine for Germ Cell Tumours

## Indication

Platinum refractory germ cell tumours

## Regimen details

Days 1 & 8:

Gemcitabine 1250mg/m<sup>2</sup> in 250ml 0.9% sodium chloride over 30 minutes

## Cycle frequency

Every 3 weeks

## Number of cycles

6 cycles

## Administration

Do not reduce the infusion rate, increasing the infusion time leads to increased toxicity

## Emetogenicity

Low emetogenicity

## Investigations – pre first cycle

FBC, U&E, LFT, Calcium

AFP, HCG, LDH

## Investigations –pre subsequent cycles

FBC, U&E, LFT, Calcium

AFP, HCG, LDH

Medical review

## Standard limits for administration to go ahead

If blood results not within range, authorisation to administer **must** be given by prescriber/ consultant.

### DAY 1

Neutrophils > 1.5 AND Plat>100                      Proceed with full dose

Neutrophils 1.0-1.5                                      Discuss with consultant

Neutrophils < 1.0 AND/OR platelets < 100      Defer 1 week

### DAY 8

Neutrophils > 1.0 and/or platelets >100        Proceed with full dose

Neutrophils < 1.0 and/or platelets <100        defer

## Dose modifications

See above

**Adverse effects** - for full details consult product literature/ reference texts

Neutropenic sepsis & thrombocytopenia

Nausea & vomiting (moderate)

Diarrhoea

Rash

Alopecia (mild)

Mucositis

Radiosensitisation – do not give RT within 7-10 days of Gemcitabine

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**THIS PROTOCOL HAS BEEN DIRECTED BY DR BIRTLE, DESIGNATED LEAD CLINICIAN FOR GERM CELL TUMOURS**

**RESPONSIBILITY FOR THIS PROTOCOL LIES WITH THE HEAD OF SERVICE**

Date: July 2020

Review: July 2022

VERSION: 2

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