

Oxaliplatin gemcitabine

(Germ cell tumours)

Indication

Cisplatin-refractory germ cell tumours
Salvage therapy of germ cell tumours

Regimen details

Day 1	Oxaliplatin	130mg/m ²	500ml 5% dextrose over 2 hours
Days 1 & 8	Gemcitabine	1000mg/m ²	250ml sodium chloride over 30 minutes

Cycle frequency

Every 21 days

Number of cycles

4 cycles

Administration

Gemcitabine must be given over 30 minutes; longer infusion times may increase toxicity
Patients should avoid cold drinks for 2-3 days after oxaliplatin infusion

Caution

Pre-existing marrow suppression. Abnormal AST/ALT or bilirubin

Emetogenicity

Moderately emetogenic

Additional supportive medication

Patients should receive primary prophylaxis with filgrastim or pegfilgrastim with each cycle.
For patients with previous neutropenic sepsis, consider prophylactic antibiotics for days 6-11

Investigations – pre first cycle

FBC, U&E, LFT, BHCG, LDH, AFP, corrected serum Calcium, calculated creatinine clearance

Investigations –pre subsequent cycles

Tumour markers-LDH, AFP, βHCG (look at retrospectively to determine marker response)

FBC, U&E, LFTs. Calculated renal clearance

LFT's may be looked at retrospectively. If they are abnormal prior to treatment, they must be available pre-treatment.

Review weekly with repeat FBC and U&Es

Standard limits for administration to go ahead

Patients will have been heavily pre-treated with multiple lines of chemotherapy. The risk of marrow suppression is high and patients must be evaluated before each cycle of treatment and before day 8 to ensure no dose modifications need to be made

Hb>10

WBC> 3

Neutrophils > 1.5

Platelets > 100

AST< 2.5 x upper limit of normal

Bilirubin < 3 x upper limit of normal

If haematological parameters are outside these levels, please discuss with consultant. No dose adjustments to be made without prior discussion with consultant. Please do not defer without discussion with consultant

Dose modifications

Discuss with consultant

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

Cold sensitivity, peripheral neuropathy, allergic reaction, Reynaud's phenomenon, patients should avoid cold drinks for 2-3 days after oxaliplatin infusion, mouth ulcers, diarrhoea, vomiting, skin rash, infection (may be severe as patients have been heavily pre-treated), anaemia, thrombocytopenia, flu-like symptoms.

More rare side effects include haemolytic uraemic syndrome, severe shortness of breath with ARDS-type picture. Drugs should be permanently discontinued for these side effects

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: 6
