

Chemotherapy protocol

Drug regimen

Treosulfan & gemcitabine

Indications for use

Ovarian cancer, primary peritoneal cancer or fallopian tube cancer
2nd or 3rd line therapy in those patients who have previously received paclitaxel +/- carboplatin and have relapsed within 6 months
Metastatic breast cancer

Regimen

DRUG	FLUID	TIME
Treosulphan 6g/m ²		1 hour
Gemcitabine 1000mg/m ²	250ml 0.9% sodium chloride	30 mins

Regimen to be repeated every 21 days for 6 cycles

Investigation prior to initiating treatment

FBC
LFTs
U&Es
CA125 (for ovarian only)

Cautions

This regimen should not be administered with radical radiotherapy.
Regimen may cause haemolytic ureaemic syndrome.
It should be used with caution in those patients with abnormal liver function.
Elevation of liver transaminases occurs in 2/3 of patients but should rarely lead to cessation of treatment.
Mild proteinuria and haematuria occur in 50% of patients but are generally not clinically significant.

Investigations and consultations prior to each cycle

FBC (neutrophils should be > 1.5 platelets > 100)
CA125 (looked at retrospectively – ovarian cancer only)
LFTs every 2nd cycle
The liver function test may be looked at retrospectively (i.e. after the chemotherapy treatment) **unless** they are known to be abnormal then they need to be repeated the day before so that the results are available pre-chemotherapy

Consultation each cycle

Acceptable limits for treatment to proceed (if outside these delay one week or contact consultant)

Administration should be delayed one week or until neutrophils ≥ 1.5 and platelets ≥ 100
If Neutrophils 1.2 – 1.5 contact **consultant**

Side Effects

Nausea and vomiting

Rash in 25% of patients – usually responds to local treatment

Dose Modification Criteria

Consider 20% dose reduction of both drugs if chemotherapy is delayed by more than one week, if there has been a treatment delay in 2 or more cycles or if there has been an episode of neutropenic sepsis.

Specific Information on Administration

Treosulphan should be mixed in 250mls of 0.9% sodium chloride and administered over 60 minutes

Gemcitabine should be mixed in 250mls of 0.9% sodium chloride and administered over 30 minutes

Treosulphan should normally be administered prior to gemcitabine – unless patient experiences pain on administration of gemcitabine in which case the gemcitabine may be administered first.

Do not reduce the rate of administration of gemcitabine.

Treosulphan should be treated as a vesicant drug, avoid extravasation

THIS PROTOCOL HAS BEEN DIRECTED BY DR YIANNAKIS, THE DESIGNATED LEAD CLINICIAN FOR GYNAECOLOGICAL CANCER

RESPONSIBILITY FOR THIS PROTOCOL LIES WITH THE HEAD OF SERVICE

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