

BCCA Protocol Summary for Treatment of Recurrent and Metastatic Nasopharyngeal Cancer using Cisplatin and Etoposide

Protocol Code

HNDE

Tumour Group

Head and Neck

Contact Physician

Dr. Stephen Chia

ELIGIBILITY:

- age 16-70 years
- any histology except lymphoma
- recurrent or metastatic disease or being treated before or concurrently with radiation therapy for locally advanced (Stage III or IV) disease
- adequate bone marrow function
- adequate renal function

TESTS:

- Baseline: CBC & diff, platelets, creatinine, liver function tests, bilirubin
- Before each treatment:
 - Day 1: CBC & diff, platelets, creatinine
 - Day 8: CBC & diff, platelets, creatinine
- If clinically indicated: liver function test, bilirubin

PREMEDICATIONS:

- Ondansetron 8 mg PO 30 minutes pre-chemo and 8 mg PO 6-8 hr post-chemo
- Dexamethasone 8-12 mg PO 30 minutes pre-chemo and 4 mg PO 6-8 hr post-chemo, then 4 mg PO bid x 2 days
- For treatment weeks including etoposide, ondansetron should be extended to include 4 doses.
- Hydrocortisone and diphenhydramine for history of hypersensitivity to etoposide

TREATMENT:

	WEEK											
	1	2	3	4	5	6	7	8	9	10	11	12
Cisplatin Day 1	x	x	x	x	x	x	x	x	x	x	x	x
Etoposide IV Day 1	x		x		x		x		x		x	
Etoposide PO Day 2	x		x		x		x		x		x	

Drug	Dose	BCCA Administration Guideline
Cisplatin	25 mg/m ² on Day 1 and Day 8	IV in 100-250* mL NS over 20-30 min
Etoposide	80 mg/m ² on Day 1	IV in 500 mL NS over 30-60 min (use non-PVC equipment)
(Cisplatin IV and etoposide IV can be given in any sequence)		
Etoposide	160 mg/m ² on Day 2	PO
*if cisplatin dose less than 60 mg, use 100 mL NS, if cisplatin dose greater than 60 mg, use 250 mL NS		

DOSE MODIFICATIONS:

1. Hematological

- modify etoposide dose only
- transfuse as required to treat symptoms of anemia and/or to keep hemoglobin greater than 80 g/L

ANC (x10 ⁹ /L)	Dose (etoposide)
greater than or equal to 1	100%
0.50 – 0.99	50%
less than 0.5	0

2. Renal Dysfunction

- modify cisplatin dose only

Creatinine (micromol/L)	Dose (cisplatin)
less than 180	100%
180 – 200	60%
greater than 200	0

3. **Hepatic Dysfunction:** Omit etoposide treatment if bilirubin greater than 85 micromol/L, unless secondary to biliary obstruction (BCCA Cancer Drug Manual)

PRECAUTIONS:

1. **Neutropenia:** Fever and other evidence of infection must be assessed promptly and treated aggressively; increased risk of myelosuppression in elderly.
2. **Nephrotoxicity** is common with cisplatin. Encourage oral hydration. Avoid nephrotoxic drugs such as aminoglycosides.
3. **Hypersensitivity:** Monitor infusion of etoposide for the first 15 minutes for signs of hypotension. Hypersensitivity reactions have also been reported with cisplatin. Refer to BCCA Hypersensitivity Guidelines.
4. **Extravasation:** Etoposide causes irritation if extravasated. Refer to BCCA Extravasation Guidelines.
5. The following **medications** may interact with **Cisplatin**; close monitoring or dosage adjustments may be necessary: renally excreted drugs, aminoglycosides, amphotericin, furosemide, ethacrynic acid, phenytoin (BCCA Cancer Drug Manual).

Contact Dr Stephen Chia or tumour group delegate at (604) 877-6000 or 1-800-663-3333 with any problems or questions regarding this treatment program.

Date activated: N/A

Date revised: 1 Feb 2009 (Tests, Treatment and Dose Modifications clarified)

References¹:

1. Osoba D, Band PR, Goldie JH, et al. Efficacy of weekly cisplatin-based chemotherapy in recurrent and metastatic head and neck cancer. *Ann Oncol* 1992;3 Suppl 3:57-62.