

# BCCA Protocol Summary for Palliative Therapy for Advanced Salivary Gland Cancers using Cyclophosphamide, Doxorubicin and Fluorouracil

**Protocol Code:** HNSAVFAC  
**Tumour Group:** Head and Neck  
**Contact Physician:** Dr. Cheryl Ho

## ELIGIBILITY:

- Palliative treatment for recurrent/advanced salivary gland cancers.

## TESTS:

- Baseline: CBC & diff, platelets, creatinine, bilirubin
- Before each treatment: CBC & diff, platelets
- If clinically indicated: bilirubin, creatinine

## PREMEDICATIONS:

- Antiemetic protocol for High/Moderate emetogenic chemotherapy (see protocol SCNAUSEA)

## TREATMENT:

Drug	Dose	BCCA Administration Guideline
doxorubicin (ADRIAMYCIN®)	50 mg/m <sup>2</sup>	IV push
fluorouracil (5-FU)	500 mg/m <sup>2</sup>	IV push
cyclophosphamide	500 mg/m <sup>2</sup>	IV in 100 to 250 mL NS or D5W over 20 min to 1 hour

Repeat every 21 days x 6-8 cycles.

## DOSE MODIFICATIONS:

### 1. Hematological:

ANC (x10 <sup>9</sup> /L)	Platelets (x10 <sup>9</sup> /L)	Dose (all drugs)
greater than or equal to 1.5	greater than or equal to 90	100%
1-1.49	70-89	75%
less than 1	less than 70	delay

## 2. Hepatic dysfunction:

Bilirubin (micromol/L)	Dose
25-50	50% doxorubicin-100% cyclophosphamide
51-85	25% doxorubicin-100% cyclophosphamide
greater than 85	delay

3. **Renal dysfunction:** Dose modification may be required for cyclophosphamide (see BCCA [Cancer Drug Manual](#)).

### PRECAUTIONS:

1. **Cardiac Toxicity:** Doxorubicin is cardiotoxic and must be used with caution, if at all, in patients with severe hypertension or cardiac dysfunction. Cardiac assessment recommended if lifelong dose of 400 mg/m<sup>2</sup> to be exceeded (see BCCA Cancer Drug Manual).
2. **Extravasation:** Doxorubicin causes pain and tissue necrosis if extravasated. Refer to BCCA [Extravasation Guidelines](#).
3. **Neutropenia:** Fever or other evidence of infection must be assessed promptly and treated aggressively.
4. **Possible drug interactions with fluorouracil and warfarin, phenytoin and fosphenytoin** have been reported and may occur at any time. Close monitoring is recommended (eg, for warfarin, monitor INR weekly during fluorouracil therapy and for 1 month after stopping fluorouracil).

**Call Dr. Cheryl Ho or tumour group delegate at (604) 877-6000 or 1-800-663-3333 with any problems or questions regarding this treatment program.**

Date activated: 1 Nov 2010

Date revised: 01 June 2011 (Infusion section revised)

### REFERENCES:

Dimery IW, et al. Fluorouracil, doxorubicin, cyclophosphamide, and cisplatin combination chemotherapy in advanced or recurrent salivary gland carcinoma. J Clin Oncol 1990;8(6):1056-62.