

# BCCA Protocol Summary for Locally Advanced (Alternate) Head and Neck Cancer Using Cisplatin During Radiation Therapy

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

## ELIGIBILITY:

- locally extensive head and neck cancer, squamous cell or sinonasal undifferentiated carcinoma at diagnosis, any age, ECOG status 0 or 1
- recurrent or metastatic squamous or sinonasal cancer, less than 70 years old (age 70-75 only if very good general condition), ECOG 0-2, good nutritional state
- normal renal function
- adequate marrow function
- no hearing impairment

## TESTS:

- Baseline: CBC & diff, platelets, creatinine, electrolytes, serum calcium, serum magnesium, serum albumin, AST, bilirubin
- Before each treatment: CBC & diff, creatinine

## PREMEDICATION:

- Ondansetron 8 mg po and Dexamethasone 8 mg po 30 minutes pre-cisplatin each day and at least every 12 hours regularly during each day
- Prochlorperazine is usually sufficient after 5 days of ondansetron and dexamethasone
- Optional: For cisplatin doses greater than or equal to 50 mg, may add aprepitant 125 mg 30 minutes pre-cisplatin on day 1 and aprepitant 80 mg daily on days 2 and 3.
- Optional: For added hydration, may give 1 litre of 2/3 D5W-1/3 NS with potassium chloride 20 mEq and magnesium sulphate 2 g over 1 hour on day 2 and/or day 4 with cisplatin.

## TREATMENT:

### Concurrent with radiation therapy

Drug	Dose	BCCA Administration Guidelines
Cisplatin	25 mg/m <sup>2</sup> /day (days 1-4)	IV in 100 mL NS over 30 min (use 250 mL NS if greater than 60 mg)

- Radiation is given concurrently with cisplatin.
- For radiation delivered over 5-6 weeks: start day 1 and day 29
- For radiation delivered over 7 weeks: start day 1, day 22 and day 43
- Effort should be made to ensure radiation is given within 1-2 hours AFTER completion of the cisplatin infusion.
- At least one cycle of chemotherapy will be attempted concurrent with radiation therapy.

## DOSE MODIFICATIONS:

### 1. Hematological

ANC (x 10 <sup>9</sup> /L)		Platelets (x 10 <sup>9</sup> /L)	Dose
greater than or equal to 1.5	and	greater than 100	100%
<b>If chemotherapy is to be given concurrently with radiation therapy, counts should be as above. If not, these dose reductions below apply.</b>			
greater than or equal to 0.8	and	greater than or equal to 100	100%
less than 0.8	or	less than 100	50% dose reduction

### 2. Renal

CrCl (By Cockcroft/Gault formula)	Dose
greater than or equal to 60 mL/min	100%
45 – 59 mL/min	50%
less than 45 mL/min	Delay x 1 week, then reassess

Cockcroft/Gault formula:

$$\text{CrCl} = \frac{N \times (140 - \text{age}) \times \text{weight (kg)}}{\text{Serum Creatinine micromol/L}}$$

Where N = 1.04 for females, and 1.23 for males

### 3. Neurotoxicity:

- Tinnitus, mild high frequency hearing loss, and delayed peripheral neuropathy may occur secondary to cisplatin. The latter are generally reversible with time, though if the area of the eighth cranial nerve is to be radiated, hearing loss and tinnitus may be permanent. If clinically significant hearing loss or functionally significant peripheral neuropathy occurs, discontinue cisplatin only.

### 4. GI Toxicity:

Symptom	Grade	Description	Dose
Nausea & Vomiting	4	More than 10 episodes in 24 h or needs parenteral support, dehydration	If not controlled by antiemetics, give 80% dose or stop treatment

### PRECAUTIONS:

1. **Nausea and vomiting** are common and patients should be treated with ondansetron and dexamethasone before **and** at least every 12 hours regularly during this treatment (see premedication section)
2. **Renal toxicity** may occur with a salt and water losing nephropathy. Patients should be encouraged to maintain good oral hydration.

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

Date activated: 1 Jan 2011 (replacing HNPRT)

Date revised: 01 Dec 2011 (optional hydration, chemo delivery, references)

### References

1. Huguenin P, Beer KT, Allal A, et al. Concomitant cisplatin significantly improves locoregional control in advanced head and neck cancers treated with hyperfractionated radiotherapy. *J Clin Oncol* 2004;22(23):4665-73.
2. Jeremic B, Shibamoto Y, Stanisavljevic B, et al. Radiation therapy alone or with concurrent low-dose daily either cisplatin or carboplatin in locally advanced unresectable squamous cell carcinoma of the head and neck: a prospective randomized trial. *Radiother Oncol* 1997;43:29-37.
3. Jeremic B, Shibamoto Y, Milicic B, et al. Hyperfractionated radiation therapy with or without concurrent low-dose daily cisplatin in locally advanced squamous cell carcinoma of the head and neck: a prospective randomized trial. *J Clin Oncol* 2000;18(7):1458-64.
4. Jeremic B, Milicic B, Dagovic A, et al. Radiation therapy with or without concurrent low-dose daily chemotherapy in locally advanced, nonmetastatic squamous cell carcinoma of the head and neck. *J Clin Oncol* 2004;22(17):3540-8.
5. Blanchard P, Baujat B, Holostenco V, et al. Meta-analysis of chemotherapy in head and neck cancer (MACH-NC): a comprehensive analysis by tumour site. *Radiother Oncol* 2011;100(1):33-40.