

BCCA Protocol Summary for Treatment of Advanced Salivary Gland Cancers with Platinum, Doxorubicin, and Cyclophosphamide

Protocol Code: HNSAVPAC

Tumour Group: Head and Neck

Contact Physician: Dr. Cheryl Ho

ELIGIBILITY:

- Recurrent or metastatic carcinoma of the salivary glands
- Adequate hematologic, hepatic, and renal function:
- ECOG performance status 0, 1 or 2.
- Protocol **NOT** to be delivered with concurrent radiotherapy.

EXCLUSIONS:

- History of congestive heart failure

TESTS:

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

PREMEDICATIONS:

Antiemetic protocol for highly emetogenic chemotherapy (see protocol SCNAUSEA).

TREATMENT:

Drug	Dose	BCCA Administration Guideline
Doxorubicin	50 mg/m ²	IV push (may be given during prehydration)
Cisplatin	50 mg/m ²	Prehydrate with 1000 mL NS over 1 hour, then cisplatin IV in 500 mL NS with 20 mEq potassium chloride, 1 g magnesium sulfate, 30 g mannitol over 1 hour
Cyclophosphamide	500 mg/m ²	IV in 100 to 250* mL NS over 20 min to 1 hour (*use 250 mL for doses greater than 1000 mg)

- Repeat every 21 days x 6-8 cycles. (may continue until disease progression or toxicity per physician's discretion).
- If no response after 4 cycles, discontinue treatment.

DOSE MODIFICATIONS:

1. HEMATOLOGY

For cyclophosphamide and doxorubicin:

ANC (x 10 ⁹ /L)		Platelets (x 10 ⁹ /L)	Cyclophosphamide and Doxorubicin Dose
greater than or equal to 1.5	and	greater than or equal to 100	100%
1-1.49	or	75-99	50%
less than 1	or	less than 75	Delay

2. HEPATIC DYSFUNCTION

For doxorubicin:

Bilirubin (micromol/L)	Doxorubicin Dose
25-36	50%
greater than 36	Delay

3. RENAL DYSFUNCTION

For cisplatin:

Calculated Creatinine Clearance (mL/min)	Cisplatin dose
greater than or equal to 60	100%
45-59	75% (same prehydration as full dose)
less than 45	hold cisplatin or delay with additional IV fluids

For cyclophosphamide:

Calculated Creatinine Clearance (mL/min)	Cyclophosphamide dose
greater than or equal to 10	100%
less than 10	75%

PRECAUTIONS:

1. **Extravasation:** Doxorubicin can cause pain and tissue necrosis if extravasated. Refer to BCCA Extravasation Guidelines.
2. **Neutropenia:** Fever or other evidence of infection must be assessed promptly and treated aggressively.

3. **Renal Toxicity:** Nephrotoxicity is common with cisplatin. Encourage oral hydration. Avoid nephrotoxic drugs such as aminoglycoside antibiotics. Use caution with pre-existing renal dysfunction.
4. **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 450 mg/m² to be exceeded. Refer to the BCCA Cancer Drug Manual for more information.
5. **Neuropathy:** Dose modification or discontinuation may be required. Refer to the BCCA Cancer Drug Manual for more information.

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 Feb 2012

Date revised:

REFERENCES:

1. Dimery IW, Legha SS, Shirinian M, et al. Fluorouracil, doxorubicin, cyclophosphamide, and cisplatin combination chemotherapy in advanced or recurrent salivary gland carcinoma. *J Clin Oncol* 1990;8(6):1056-62.
2. Licitra L. et al. Cisplatin, doxorubicin and cyclophosphamide in advanced salivary gland carcinoma. A phase II trial of 22 patients. *Ann Oncol* 1996;7:640-2.