

# BCCA Protocol Summary for First-line Palliative Chemotherapy for Advanced Gallbladder Cancer and Cholangiocarcinoma using Gemcitabine and Cisplatin

**Protocol Code**

*GIAVPG*

**Tumour Group**

*Gastrointestinal*

**BCCA Contact Physician**

*GI Systemic Therapy*

## **ELIGIBILITY:**

- Metastatic or unresectable gallbladder cancer or cholangiocarcinoma
- ECOG performance status 0 - 2
- Adequate marrow reserve (ANC greater than or equal to  $1.5 \times 10^9/L$ , platelets greater than  $100 \times 10^9/L$ )
- A BCCA "Class II Drug Registration Form" must be submitted. For metastatic or unresectable pancreatic adenocarcinoma, a BCCA "Compassionate Access Program" request must be approved prior to treatment

## **EXCLUSIONS:**

- Patients with inadequate renal function (creatinine clearance less than 60 ml/min by GFR measurement or Cockcroft formula)

## **TESTS:**

- Baseline: CBC & differential, platelets, creatinine, liver function tests, bilirubin
- Prior to each treatment:
  - Day 1: CBC & differential, platelets, creatinine, bilirubin
  - Day 8: CBC & differential, platelets, creatinine
- Optional day 1: CA 19-9

## **PREMEDICATIONS:**

- Antiemetic protocol for high moderate emetogenic chemotherapy protocols (see protocol SCNAUSEA).

## **TREATMENT:**

A Cycle equals -

<b>Drug</b>	<b>Dose</b>	<b>BCCA Administration Guideline</b>
Gemcitabine	1000 mg/m <sup>2</sup> on days 1 and 8	IV in 250 mL NS over 30 min
Cisplatin	25 mg/m <sup>2</sup> on days 1 and 8	IV in 100 mL NS over 30 min

Repeat every 21 days x 8 cycles or until disease progression or toxicity

Discontinue if no response after 2 cycles. If there is continued evidence of response or stable disease by imaging or tumour markers, apply for additional cycles via Compassionate Access Program.

**DOSE MODIFICATIONS:****1. Hematology****For Gemcitabine only**

<b>ANC (x 10<sup>9</sup>/L)</b>		<b>Platelets (x 10<sup>9</sup>/L)</b>	<b>Gemcitabine Dose</b>
greater than or equal to 1	and	greater than 100	100%
0.5-0.99	or	75 to 100	75%
less than 0.5	or	less than 75	<b>Omit*</b>
<b>*Cisplatin is also omitted</b>			

**2. Renal Dysfunction****For Cisplatin only**

<b>Creatinine Clearance (ml/min)</b>	<b>Cisplatin dose</b>
greater than or equal to 60ml/min	100%
45 - 59	50%
less than 45	<b>Delay*</b>
<b>*Delay if day 1; if day 8, omit cisplatin.</b>	

**Cockcroft-Gault Formula**

$$\text{GFR} = \frac{\text{N}^* \times (140 - \text{age in years}) \times \text{wt (kg)}}{\text{serum creatinine (micromol/L)}}$$

\*For males N = 1.23; for females N = 1.04

**PRECAUTIONS:**

1. **Neutropenia:** Fever or other evidence of infection must be assessed promptly and treated aggressively.
2. **Renal Toxicity:** Nephrotoxicity is common with cisplatin. Encourage oral hydration. Avoid nephrotoxic drugs such as aminoglycoside antibiotics. Irreversible renal failure associated with hemolytic uremic syndrome may occur (rare) with gemcitabine. Use caution with pre-existing renal dysfunction.
3. **Pulmonary Toxicity:** Acute shortness of breath may occur. Discontinue treatment if drug-induced pneumonitis is suspected.

**Call Dr Sanjay Rao or tumour group delegate at (250) 712-3900 or 1-888-563-7773 with any problems or questions regarding this treatment program.**

Date activated: 1 Aug 2009 (implemented as UGIAVPG)

Date revised: 1 June 2011 (Infusion section revised)

**References:**

1. Heinemann V; Quietzsch D; Gieseler F et al Randomized phase III trial of gemcitabine plus cisplatin compared with gemcitabine alone in advanced pancreatic cancer. *J Clin Oncol.* 2006;24(24):3946-52.
2. Valle JW, Wasan H, et al; Gemcitabine alone or in combination with cisplatin in patients with advanced or metastatic cholangiocarcinomas or other biliary tract tumours: a multicentre randomised phase II study – The UK ABC-01 Study. *British Journal of Cancer* 2009; 101: 621 – 627.
3. Valle JW, Wasan H et al; Cisplatin plus gemcitabine versus gemcitabine for biliary tract cancer. *N Engl J Med* 2010;362(14):1273-81.