

BCCA Protocol Summary for Palliative Therapy for Pancreatic Endocrine Tumours using Streptozocin and Doxorubicin

Protocol Code

GIENDO2

Tumour Group

Gastrointestinal

Contact Physician

GI Systemic Therapy

ELIGIBILITY:

- Metastatic or unresectable endocrine tumour of pancreas
- ECOG 0-2

EXCLUSIONS:

- History of cardiac disease or evidence of cardiac dysfunction
- Bilirubin greater than 50 micromol/L

TESTS:

- Baseline: CBC & diff, creatinine, AST, ALT, Alkaline Phosphatase, bilirubin
- Prior to each treatment on day 1 and 22: CBC & diff
- Prior to each treatment on day 1: creatinine
- If clinically indicated: AST, ALT, Alkaline Phosphatase, bilirubin

PREMEDICATIONS:

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

TREATMENT:

Drug	Dose	BCCA Administration Guideline
Streptozocin	500 mg/m ² /day x 5 days (d1-5)	IV in 100 mL NS over 15 minutes
Doxorubicin*	50 mg/m ² /day on day 1 and day 22	IV push

* If Fluorouracil is substituted for Doxorubicin, use Fluorouracil 400 mg/m²/day x 5 days (d1-5) IV push. See dose modification #4.

Repeat every 42 days x 3-6 cycles.

DOSE MODIFICATIONS:

1.	ANC (x 10⁹/L)	Platelets (x 10⁹/L)	Dose (all drugs)
	greater than 1.5	greater than 100	100%
	0.5-1.5	50-100	delay
	less than 0.5	less than 50	delay then 75%

2. Toxicity

Grade	Stomatitis	Diarrhea	Dose Fluorouracil
Grade 1	Painless ulcers, erythema or mild soreness	Increase of 2-3 stools/day or nocturnal stools; or moderate increase in loose watery colostomy output	Delay until recovers, then 100%
greater than or equal to Grade 2	Painful erythema, edema, or ulcers but can eat	Increase of 4-6 stools, or nocturnal stools or moderate increase in loose watery colostomy output	Delay until recovers, then 80%
Grade	Uncontrolled Nausea or Vomiting		Dose Streptozocin
greater than or equal to Grade 2	greater than or equal to 2-5 episodes in 24h		80%

3. **Renal dysfunction:** If serum creatinine greater than 150 micromol/L, dose modification for streptozocin may be required (see BCCA Cancer Drug Manual).

4. **Doxorubicin and Fluorouracil:**

Bilirubin (micromol/L)	Dose
25-50	50% Doxorubicin
greater than 50	discontinue Doxorubicin and consider substituting Fluorouracil
greater than 85	discontinue Fluorouracil

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 dose of 450 mg/m² to be exceeded (lifelong). See BCCA Cancer Drug Manual.
2. **Extravasation:** Doxorubicin and Streptozocin cause pain and tissue necrosis if extravasated. See BCCA Extravasation Guidelines.
3. **Neutropenia:** Fever or other evidence of infection must be assessed promptly and treated aggressively.
4. **Renal Toxicity:** Streptozocin is nephrotoxic particularly in combination with Doxorubicin. Avoid nephrotoxic drugs such as aminoglycoside antibiotics. See BCCA Cancer Drug Manual.

Call the GI Systemic Therapy physician at your regional cancer centre or Dr. Sanjay Rao at (250) 712-3900 or 1-888-563-7773 with any problems or questions regarding this treatment program.

Date activated: N/A

Date last revised: 01 June 2011 (Infusion section revised)