

BCCA Protocol Summary for Palliative Therapy for Metastatic Carcinomas Using Mitomycin

Protocol Code

PUM

Tumour Group

Primary Unknown

Contact Physician

Dr. Nevin Murray

ELIGIBILITY:

- metastatic carcinoma of unknown origin
- primary cancers with potential for cure or reliable palliation ruled out
- pathology: adenocarcinoma, squamous or undifferentiated tumours
- adequate renal, cardiac and bone marrow function
- measurable or evaluable index lesion (serum tumour marker useful)

EXCLUSIONS:

- congestive heart failure
- concurrent radiation therapy

TESTS:

- Baseline: CBC and differential, platelets, serum creatinine
- Before each treatment: CBC and differential, platelets
- If clinically indicated: serum creatinine

PREMEDICATIONS:

- Minimally emetogenic: metoclopramide or equivalent, or none

TREATMENT:

Drug	Dose	BCCA Administration Guideline
Mitomycin	15 mg/m ²	IV push

Repeat every 28 days x 2 cycles.

Because mitomycin may cause severe hematologic and non-hematologic toxicity at cumulative doses above 30 mg/m², only 2 cycles of initial therapy are recommended in this palliative patient population. If progression-free or response duration exceeds six months, more mitomycin could be given later (with caution).

DOSE MODIFICATIONS:

1. Hematological

ANC (x10 ⁹ /L)		Platelets (x10 ⁹ /L)	Dose (all drugs)
greater than 2	and	greater than 100	100%
less than 2	or	less than 100	Delay 2 weeks and reassess

2. **Renal dysfunction:** Dose modification required for creatinine clearance **less than 12** mL/minute. Refer to BCCA Cancer Drug Manual.

3. **Hepatic dysfunction:** No dose modification required.

PRECAUTIONS:

1. **Neutropenia:** Fever or other evidence of infection must be assessed promptly and treated aggressively.
2. **Extravasation:** Mitomycin is a vesicant and causes pain and tissue necrosis if extravasated. Refer to BCCA Extravasation Guidelines.
3. **Cumulative dose and risk:** Cumulative hematologic, pulmonary and microangiopathic hemolytic anemia risk increases with mitomycin cumulative dose above 30 mg/m². Events may be precipitous and catastrophic.
4. **Cardiotoxicity:** Although less cardiotoxic than doxorubicin, mitomycin should be avoided in patients with congestive heart failure.
5. **Radiation therapy:** Mitomycin is a radiosensitizer and should not be given concurrently with radiation therapy.
6. **Interstitial pneumonitis:** Previous thoracic irradiation predisposes patient to interstitial pneumonitis.

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

Date activated: 1985

Date revised: 1 May 2009 (unsafe abbreviations and symbols replaced)

References:

1. Brigden M, Murray N. Improving survival in metastatic carcinoma of unknown origin. Postgraduate medicine 1999;105:67-74.