

BCCA Protocol Summary for Palliative Therapy for Advanced Endocrine Cancers Using Doxorubicin

Protocol Code

ENAVD

Tumour Group

Endocrine

Contact Physician

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ELIGIBILITY:

- Advanced medullary carcinoma of the thyroid
- Anaplastic thyroid cancer
- Advanced adrenal cortical cancer resistant to Mitotane (ENMITO)

EXCLUSIONS:

- Contraindication to doxorubicin

TESTS:

- Baseline: CBC and diff, AST, GGT, LDH, bilirubin, assessment of tumour size
- Before each treatment: CBC and diff
- If clinically indicated: bilirubin

PREMEDICATIONS:

- Antiemetic protocol for moderate emetogenic chemotherapy protocols (see [SCNAUSEA](#))

TREATMENT:

Drug	Dose	BCCA Administration Guideline
doxorubicin (Adriamycin®)	60 mg/m ²	IV push

Repeat every 21 days x 2 – 3 cycles, then re-assess for response
Discontinue if no response.

DOSE MODIFICATIONS:

1. Hematological:

ANC (x10 ⁹ /L)		Platelets (x10 ⁹ /L)	Dose (all drugs)
greater than 1.5	and	greater than 100	100%
1.0-1.5	or	70-100	75%
less than 1.0	or	less than 70	delay

- Hepatic dysfunction:** Dose modification required for doxorubicin. Refer to BCCA Cancer Drug Manual.
- Neutropenic fever:** Reduce dose by 25% if treated for neutropenic sepsis.

PRECAUTIONS:

- Neutropenia:** Fever or other evidence of infection must be assessed promptly and treated aggressively.
- Extravasation:** Doxorubicin causes pain and tissue necrosis if extravasated. Refer to BCCA Extravasation Guidelines.
- 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 BCCA Cancer Drug Manual.
- Mucositis:** Severe mucositis may occur especially in patients previously radiated in the head and neck regions.

Call Dr. Joseph Connors or Dr. Sharlene Gill at (604) 877-6000 or 1-800-663-3333 with any problems or questions regarding this treatment program.

Date activated: 1980's

Date revised: 27 Oct 2009 (contact physician updated)

References:

- Vitale G, Caraglia M, Ciccarelli A, et al. Current approaches and perspectives in the therapy of medullary thyroid carcinoma. *Cancer* 2001;91:1797–808.