

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

**Protocol Code**

GIAVPG

**Tumour Group**

Gastrointestinal

**Contact Physician**

GI Systemic Therapy

## ELIGIBILITY:

- Metastatic or unresectable gallbladder or ampullary cancer or cholangiocarcinoma
- ECOG performance status 0 to 2
- For metastatic or unresectable pancreatic adenocarcinoma, a BC Cancer “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) unless treated with carboplatin.

## CAUTIONS:

- Adequate marrow reserve and renal function

## TESTS:

- Baseline: CBC & differential, platelets, creatinine, ALT, Alk Phos, bilirubin. Optional : CA 19-9
- 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 -

Drug	Dose	BC Cancer Administration Guideline
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 to 250 mL NS over 30 min

Repeat every 21 days until disease progression or toxicity

**DOSE MODIFICATIONS:**

**1. Hematology:**

ANC (x 10 <sup>9</sup> /L)		Platelets (x 10 <sup>9</sup> /L)	Day 1		Day 8	
			Gemcitabine	CISplatin	Gemcitabine	CISplatin
greater than or equal to 1.0	and	greater than or equal to 100	100%	100%	100%	100%
0.5 to less than 1.0	or	75 to less than 100	75%	100%	75%	100%
less than 0.5	or	less than 75	<b>Delay</b>	<b>Delay</b>	<b>Omit</b>	<b>Omit</b>

**2. Renal Dysfunction:**

Creatinine Clearance (mL/min)	Day 1		Day 8	
	Gemcitabine	CISplatin	Gemcitabine	CISplatin
greater than or equal to 60	100%	100%	100%	100%
45 to 59	100%	50%	100%	50%
less than 45	<b>Delay</b>	<b>Delay</b>	<b>100%</b>	<b>Omit</b>

**Alternatively, CARBOplatin may be used instead of CISplatin:**

DRUG	DOSE	BC Cancer Administration Guidelines
CARBOplatin	AUC 5 DAY 1 only Dose = AUC x (GFR* +25)	IV in 100 to 250mL NS over 30 minutes.

\* *Measured GFR* (e.g. nuclear renogram) is preferred whenever feasible, *particularly* in circumstances of co-morbidity that could affect renal function (third-space fluid accumulations, hypoproteinemia, potentially inadequate fluid intake, etc.). The lab reported GFR (MDRD formula) may be used as an alternative to the Cockcroft-Gault estimate of GFR; the estimated GFR reported by the lab or calculated using the Cockcroft-Gault equation should be capped at 125 mL/min when it is used to calculate the initial carboplatin dose. When a nuclear renogram is available, this clearance would take precedence.

Cockcroft-Gault Formula

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

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

Note: The *same* method of estimation should be used throughout the treatment course (i.e. if lab reported GFR was used initially, this should be used for dosing in all subsequent cycles and not the Cockcroft-Gault estimate).

## 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.
4. **Drug Interaction:** Possible interaction between gemcitabine and warfarin has been reported and may occur at any time. Close monitoring is recommended (monitor INR weekly during gemcitabine therapy and for 1 to 2 month after discontinuing gemcitabine treatment).

**Call the GI Systemic Therapy physician at your regional cancer centre or the GI Systemic Therapy Chair [Dr. Theresa Chan](#) at [\(604\) 930-2098](#) with any problems or questions regarding this treatment program.**

## 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. *Br J Cancer* 2009;101:621-7.
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.