

BC Cancer Protocol Summary for Palliative Therapy for Hepatoma using DOXOrubicin

Protocol Code: GIA
Tumour Group: Gastrointestinal
Contact Physician: GI Systemic Therapy

ELIGIBILITY:

- Unresectable or metastatic hepatoma not suitable for treatment with regional therapies or investigational therapies.
- Performance status ECOG less than or equal to 3.
- No history of cardiac disease or evidence of cardiac dysfunction.

CAUTIONS:

- Adequate marrow reserve and liver function

TESTS:

- Baseline CBC & diff, platelets, bilirubin, ALT, Alk Phos
- Prior to each treatment CBC & diff, platelets
- If clinically indicated: bilirubin, total protein, albumin, Alk Phos, GGT ALT
- Monitor response and cardiac function as required

PREMEDICATIONS:

- Antiemetic Protocol for low-moderate emetogenic chemotherapy (see SCNAUSEA)

TREATMENT:

Drug	Dose	BC Cancer Administration Guideline
DOXOrubicin	60 mg/m ²	IV push

Repeat every 21 days x 3-6 cycles

DOSE MODIFICATIONS:

1. Hematological:

ANC (x 10 ⁹ /L)		Platelets (x 10 ⁹ /L)	Dose
greater than 1.5	and	greater than 100	100%
1.0 to 1.5	or	70 to 100	75%
less than 1.0	or	less than 70	delay

2. Hepatic Dysfunction:

Total Bilirubin (micromol/L)	Dose
less than 25	100%
25 to 50	50%
51 to 85	25%
greater than 85	Discontinue Treatment

PRECAUTIONS:

- Cardiac Toxicity:** DOXOrubicin is cardiotoxic and must be used with caution, if at all, in patients with severe hypertension or cardiac dysfunction. Cardiac assessment required if lifelong dose of 450 mg/m² to be exceeded. Refer to BCCA Cancer Drug Manual.
- Extravasation:** DOXOrubicin causes pain and tissue necrosis if extravasated. Refer to BCCA Extravasation Guidelines.
- Neutropenia:** Fever or other evidence of infection must be assessed promptly and treated aggressively.

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