

BC Cancer Protocol Summary for Palliative Therapy for Hepatocellular Carcinoma using DOXOrubicin

Protocol Code: GIA

Tumour Group: Gastrointestinal

Contact Physician: GI Systemic Therapy

ELIGIBILITY:

Patients must have:

- Unresectable or metastatic [hepatocellular carcinoma](#) not suitable for treatment with regional therapies or investigational therapies

Patients should have:

- ECOG less than or equal to 3
- No history of cardiac disease or evidence of cardiac dysfunction
- Adequate marrow reserve and liver function

TESTS:

- Baseline: CBC & Diff, [creatinine](#), [total bilirubin](#), ALT, [alkaline phosphatase](#), [albumin](#), [sodium](#), [potassium](#), INR
- Baseline if clinically indicated: [AFP](#), [GGT](#), [ECG](#)
- Prior to each treatment: CBC & Diff, [creatinine](#), [total bilirubin](#), [ALT](#), [INR](#), [albumin](#)
- If clinically indicated: [AFP](#), [alkaline phosphatase](#), [GGT](#), [sodium](#), [potassium](#), [ECG](#)
- For patients on warfarin, weekly INR during DOXOrubicin therapy until stable warfarin dose established, then INR prior to each cycle

PREMEDICATIONS:

- Antiemetic Protocol for [moderately](#) emetogenic chemotherapy (see [SCNAUSEA](#))

TREATMENT:

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

Repeat every 21 days x 3 to 6 cycles

DOSE MODIFICATIONS:

1. Hematological:

ANC (x 10 ⁹ /L)		Platelets (x 10 ⁹ /L)	Dose
Greater than or equal to 1.5	and	Greater than or equal to 100	100%
1.0 to less than 1.5	or	70 to less than 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.