# **BC Cancer** Protocol Summary for Treatment of Loco-regionally Recurrent/Metastatic Nasopharyngeal Cancer not Amenable for Local Curative Therapy with Gemcitabine

Protocol Code: Tumour Group:

Contact Physician:

HNNAVGEM Head and Neck

## Dr. Cheryl Ho

## ELIGIBILITY:

 Loco-regionally recurrent/metastatic nasopharyngeal cancer not amenable for local curative therapy

## **EXCLUSIONS:**

ECOG status greater than or equal to 3

## TESTS:

- Baseline: CBC & differential, platelets, Alk Phos, albumin, ALT, GGT, bilirubin
- Before each treatment: CBC & differential, platelets
- If clinically indicated: creatinine, bilirubin

## PREMEDICATIONS:

Antiemetic protocol for non-emetogenic chemotherapy (see SCNAUSEA).

### TREATMENT:

Drug	Dose	BC Cancer Administration Guideline	
Gemcitabine	1,250 mg/m <sup>2</sup> /day on days 1 and 8 (total dose per cycle = 2,500 mg/m <sup>2</sup> )	IV in 250 mL NS over 30 min	

Repeat every 21 days x 4 to 6 cycles (may continue treatment or re-treat beyond 6 cycles if good response)

### DOSE MODIFICATIONS:

1. Hematology – On Treatment Day

### For gemcitabine day 1 of each cycle

ANC (x 10 <sup>9</sup> /L)		Platelets (x 10 <sup>9</sup> /L)	Dose
greater than or equal to 1	and	greater than 100	100%
0.5 to 0.99	or	75 to 100	75%
less than 0.5	or	less than 75	Delay

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ANC (x 10 <sup>9</sup> /L)		Platelets (x 10 <sup>9</sup> /L)	Dose**			
greater than or equal to 1	and	greater than 100	100%			
0.5 to 0.99	or	75 to 100	75%			
less than 0.5	or	less than 75	Omit			
**Dose adjustment only for the day of treatment the CBC is drawn						

#### For gemcitabine day 8 of each cycle

2. Non – Hematologic Toxicities

Grade	Stomatitis		Diarrhea	Dose
1	Painless ulcers, erythema or mild soreness	and/or	Increase of 2 to 3 stools/day or mild increase in loose watery colostomy output	100%
2	Painful erythema, edema, or ulcers but can eat	and/or	Increase of 4 to 6 stools, or nocturnal stools or mild increase in loose watery colostomy output	Omit until toxicity resolved then resume at 100%
3	Painful erythema, edema, or ulcers and cannot eat	and/or	Increase of 7 to 9 stools/day or incontinence, malabsorption; or severe increase in loose watery colostomy output	Omit until toxicity resolved then resume at 75%
4	Mucosal necrosis, requires parenteral support	and/or	Increase of 10 or more stools/day or grossly bloody diarrhea, or grossly bloody colostomy output or loose watery colostomy output requiring parenteral I support; dehydration	Omit until toxicity resolved then resume at 50%.

Doses reduced for toxicity should not be re-escalated.

• If doses must be omitted for Grade 2 toxicity twice in previous cycles, then commence next cycle at 75% dose when treatment is resumed.

### **PRECAUTIONS:**

- 1. **Neutropenia**: Fever or other evidence of infection must be assessed promptly and treated aggressively.
- 2. **Renal Dysfunction**: Irreversible renal failure associated with hemolytic uremic syndrome may occur (rare). Use caution with pre-existing renal dysfunction.
- 3. **Pulmonary Toxicity**: Acute shortness of breath may occur. Discontinue treatment if drug-induced pneumonitis is suspected.

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

#### References:

1. Foo, KF, Tan EH, Leong SS, et al. Gemcitabine in metastatic nasopharyngeal carcinoma of the undifferentiated type. Ann Oncol 2002;13:150-156.

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