# **BC Cancer** Protocol Summarv HNNAVP Warning: The information contained in these documents are a statement of consensus of BC Cancer professionals regarding their views of currently accepted approaches to treatment. Any clinician seeking to apply or consult these documents is expected to use independent medical judgement in the context of individual clinical circumstances to determine any patient's care or treatment. Use of these documents is at your own risk and is subject to BC Cancer's terms of use available at <u>www.bccancer.bc.ca/terms-of-use</u>

# **BC Cancer Protocol Summary for Palliative Chemotherapy for** Advanced Head and Neck Nasopharyngeal Carcinoma with Weekly **CISplatin**

# **Protocol Code**

# **Tumour Group**

## **BC Cancer Contact Physician**

### **ELIGIBILITY:**

- Metastatic or unresectable head and neck nasopharyngeal carcinoma
- ECOG performance status 0 to 2
- Adequate marrow reserve (ANC greater than or equal to 1.5 x 10<sup>9</sup>/L, platelets greater than 100 x 10<sup>9</sup>/L)

### **EXCLUSIONS:**

Patients with inadequate renal function (creatinine clearance less than 60 ml/min by GFR measurement or Cockcroft formula)

#### **TESTS:**

- Baseline: CBC & differential, platelets, creatinine
- Before each treatment:
  - Day 1: CBC & differential, platelets, creatinine
  - Day 8: CBC & differential, platelets, creatinine

#### **PREMEDICATIONS:**

Antiemetic protocol for high moderate emetogenic chemotherapy protocols (see protocol SCNAUSEA).

### TREATMENT:

A Cycle equals - 2 weeks

Drug	Dose	BC Cancer Administration Guideline	
CISplatin	25 mg/m <sup>2</sup> on days 1 and 8	IV in NS 100 to 250 mL over 30 min	

Repeat every 14 to 21 days until disease progression or toxicity Discontinue if no response after 2 cycles.

**HNNAVP** 

Head and Neck

Cheryl Ho

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### **DOSE MODIFICATIONS:**

#### 1. Hematological

ANC (x 10 <sup>9</sup> /L)		Platelets (x 10 <sup>9</sup> /L)	Dose
Greater than or equal to 1	and	Greater than or equal to 100	100%
Less than 1	or	Less than 100	50% or delay

#### 2. Renal Dysfunction

For CISplatin only

Creatinine Clearance (ml/min)	CISplatin dose			
greater than or equal to 60ml/min	100%			
45 to 59	50%			
less than 45	Delay*			
*Delay if day 1; if day 8, omit if <u>serum</u> creatinine greater than 3 x ULN				

Cockcroft-Gault Formula

GFR = N\* x (140 - age in years) x wt (kg)

serum creatinine (micromol/L)

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

#### 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. 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 1-888-563-7773 with any problems or questions regarding this treatment program.

Date activated: 1 Aug 2010

1 May 2021 (IV bag size clarified and institution name revised) Date revised:

#### References:

1. Osoba, D. et al. Phase II study on the efficacy of weekly cisplatin-based chemotherapy in recurrent and metastatic head and neck Cancer. Ann Oncol 1992;3(Suppl.3):S57-S62.

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