BCCA Protocol Summary for Palliative Therapy for Advanced Salivary Gland Cancers using Cyclophosphamide, DOXOrubicin and Fluorouracil

Protocol Code: *HNSAVFAC*

Tumour Group: *Head and Neck*

Contact Physician: *Dr. Cheryl Ho*

ELIGIBILITY:
- Palliative treatment for recurrent/advanced salivary gland cancers.

TESTS:
- Baseline: CBC & diff, platelets, creatinine, bilirubin
- Before each treatment: CBC & diff, platelets
- If clinically indicated: bilirubin, creatinine

PREMEDICATIONS:
- Antiemetic protocol for highly emetogenic chemotherapy (see protocol SCNAUSEA)

TREATMENT:

Drug	Dose	BCCA Administration Guideline
DOXOrubicin (ADRIAMYCIN®)	50 mg/m²	IV push
fluorouracil (5-FU)	500 mg/m²	IV push
cyclophosphamide	500 mg/m²	IV in NS or D5W 100 to 250 mL over 20 min to 1 hour

Repeat every 21 days x 6 to 8 cycles.

DOSE MODIFICATIONS:

1. Hematological:

ANC ($x10^9$/L)	Platelets ($x10^9$/L)	Dose (all drugs)
greater than or equal to 1.5	greater than or equal to 90	100%
1 to 1.49	70 to 89	75%
less than 1	less than 70	delay

2. Hepatic dysfunction:

Bilirubin (micromol/L)	Dose
25 to 50	50% DOXOrubicin 100% cyclophosphamide
51 to 85	25% DOXOrubicin 100% cyclophosphamide
greater than 85	delay

3. Renal dysfunction: Dose modification may be required for cyclophosphamide (see BCCA Cancer Drug Manual).

PRECAUTIONS:

1. **Cardiac Toxicity**: DOXOrubicin is cardiotoxic and must be used with caution, if at all, in patients with severe hypertension or cardiac dysfunction. Cardiac assessment recommended if lifelong dose of 400 mg/m^2 to be exceeded (see BCCA Cancer Drug Manual). **Myocardial ischemia and angina occurs rarely in patients receiving fluorouracil or capecitabine.** Development of cardiac symptoms including signs suggestive of ischemia or of cardiac arrhythmia is an indication to discontinue treatment. If there is development of cardiac symptoms patients should have urgent cardiac assessment. Generally re-challenge with either fluorouracil or capecitabine is not recommended as symptoms potentially have a high likelihood of recurrence which can be severe or even fatal. Seeking opinion from cardiologists and oncologists with expert knowledge about fluorouracil or capecitabine toxicity is strongly advised under these circumstances. The toxicity should also be noted in the patient's allergy profile.
2. **Extravasation:** DOXOrubicin causes pain and tissue necrosis if extravasated. Refer to BCCA Extravasation Guidelines.
3. **Neutropenia:** Fever or other evidence of infection must be assessed promptly and treated aggressively.
4. **Possible drug interactions with fluorouracil and warfarin, phenytoin and fosphenytoin** have been reported and may occur at any time. Close monitoring is recommended (eg, for warfarin, monitor INR weekly during fluorouracil therapy and for 1 month after stopping fluorouracil).

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

Date activated: 1 Nov 2010

Date revised: 1 Feb 2014 (Emetogenicity reclassified)

REFERENCES:

Dimery IW, et al. Fluorouracil, doxorubicin, cyclophosphamide, and cisplatin combination chemotherapy in advanced or recurrent salivary gland carcinoma. J Clin Oncol 1990:8(6):1056-62.