BC Cancer Protocol Summary for Palliative Treatment of Advanced Salivary Gland Cancers with CISplatin and Vinorelbine

Protocol Code: *HNSAVNP*

Tumour Group: *Head and Neck*

Contact Physician: *Dr. Cheryl Ho*

ELIGIBILITY:

- for recurrent/advanced or unresectable salivary gland cancers
- ECOG performance status 0, 1 or 2
- Adequate hematologic, hepatic and renal function

EXCLUSIONS:

- Patients with pre-existing hearing or neurologic impairment

TESTS:

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

PREHYDRATION:

- 500 mL NS IV over 30 minutes to 1 hour prior to CISplatin.

PREMEDICATIONS:

Antiemetic protocol for High/Moderate emetogenic chemotherapy as long as CISplatin dose is not greater than or equal to 50 mg. If CISplatin is greater than or equal to 50 mg use antiemetic protocol for High emetogenic chemotherapy (see protocol SCNAUSEA)

TREATMENT:

Drug	Dose	BC Cancer Administration Guideline
(Drugs can be given in any sequence)		
CISplatin	30 mg/m^2/day on days 1 and 8	IV in NS 100 to 250 mL over 30 min
vinorelbine	30 mg/m^2/day on days 1 and 8	IV in NS 50 mL over 6 minutes, then flush line with NS 75 to 125 ml prior to removing/capping IV access
If CISplatin dose less than or equal to 60 mg use NS 100 mL, if CISplatin dose greater than 60 mg use NS 250 mL		

- **Repeat every 21 days x 6 cycles**

DOSE MODIFICATIONS:

1. HEMATOLOGY

ANC (x 10^9/L)		Platelets (x 10^9/L)	Dose of both drugs **
greater than or equal to 1.5	and	greater than or equal to 100	100%
1.0 to 1.49	or	75 to 99	75%
less than 1.0	or	less than 75	**Delay**
**Consider decreasing vinorelbine to 75% or 22.5mg/m^2 if an episode of febrile neutropenia occurs with the prior cycle of treatment			

2. HEPATIC DYSFUNCTION
For vinorelbine

Bilirubin (micromol/L)	Dose
less than or equal to 35	100%
36 to 50	50%
greater than 50	25%

3. RENAL DYSFUNCTION
For CISplatin:

Calculated Cr Clearance (mL/min)	Dose
greater than or equal to 60	100%
45 to 59	66% CISplatin
less than 45	Hold CISplatin or delay with additional IV fluids

PRECAUTIONS:

1. **Extravasation**: Vinorelbine causes pain and tissue necrosis if extravasated. It is recommended to flush thoroughly with NS 75 to 125 mL after infusing vinorelbine. Hydrocortisone 100mg IV prior to vinorelbine may be of benefit. Refer to BC Cancer Extravasation Guidelines.

2. **Neutropenia**: Fever or other evidence of infection must be assessed promptly and treated aggressively.
3. **Renal Toxicity**: Nephrotoxicity is common with CISplatin. Encourage oral hydration. Avoid nephrotoxic drugs such as aminoglycoside antibiotics.
4. **Hepatic Toxicity**: Elevated bilirubin and ALT may sometimes occur with vinorelbine.

Contact 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.

REFERENCES:

1. Airoldi M, Pedani F, Succo G, et al. Phase II randomized trial comparing vinorelbine versus vinorelbine plus cisplatin in patients with recurrent salivary gland malignancies. Cancer 2001;91: 541-7.