BC Cancer Protocol Summary using Fluorouracil and Leucovorin for Recurrent Head and Neck Cancer (Squamous Cell Carcinoma)

Protocol Code	*HNAVFUFA*
Tumour Group	*Head and Neck*
Contact Physician	*Dr Cheryl Ho*

ELIGIBILITY:

- All patients with recurrence or metastasis of a primary in the head and neck region and with any histology except lymphoma and melanoma

TESTS:

- Baseline CBC, diff, platelets, bilirubin, ALT, alkaline phosphatase, *DPYD* test (not required if previously tested, or tolerated fluorouracil or capecitabine)
- CBC, diff, platelets and doctor visit initially every 2 weeks (chemotherapy to be given weekly). Bilirubin, ALT, alkaline phosphatase if indicated
- If tolerating treatment well and disease is stable, doctor visit can be every 4 weeks with CBC and diff every 2 weeks and treatment weekly
- Tests to measure treatment response to be done every 6-8 weeks

TREATMENT:

Drug	Dose	BC Cancer Administration Guideline
fluorouracil (5-FU)	500 mg/m²	IV push
leucovorin (folinic acid)	20 mg/m²	IV push prior to fluorouracil

Repeat treatment weekly, 1 cycle = 2 weeks.
If response or stabilization occurs, continue until disease progression or toxicity occurs.

DOSE MODIFICATIONS:

- For fluorouracil only

Fluorouracil Dosing Based on DPYD Activity Score (DPYD-AS)

Refer to "Fluorouracil and Capecitabine Dosing Based on DPYD Activity Score (DPYD-AS) on www.bccancer.bc.ca/health-professionals/clinical-resources/cancer-drug-manual.

1. **Hematological**

ANC ($x10^9$/L)		Platelets ($x10^9$/L)	Dose (fluorouracil)
greater than or equal to1.5	and	greater than or equal to 100	100%
1.0 to less than 1.5	or	50 to less than 100	75%
less than 1	or	less than 50	Delay

2. **Gastrointestinal**

GI toxicity	Dose adjustment (fluorouracil)
Grade 1	None
Grade 2	Discontinue for 1 week; decrease by 25%
Grade 3 to 4	Discontinue: consider other treatment

PRECAUTIONS:

1. **Possible drug interactions with fluorouracil and warfarin, phenytoin and fosphenytoin** have been reported and may occur at any time. Close monitoring is recommended (e.g., for warfarin, monitor INR weekly during fluorouracil therapy and for 1 month after stopping fluorouracil).
2. **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.

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.

References:

Jacobs C, et al. Phase III randomized study comparing cisplatin and fluorouracil as single agents and in combination for advanced squamous cell carcinoma of the head and neck. J Clin Oncol 1992;10(2):257-63.