

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

**Protocol Code**

*HNNAVP*

**Tumour Group**

*Head and Neck*

**BC Cancer Contact Physician**

*Cheryl Ho*

## ELIGIBILITY:

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

## 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.

**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	<b>Delay*</b>
<b>*Delay if day 1; if day 8, omit if <u>serum</u> creatinine greater than 3 x ULN</b>	

Cockcroft-Gault Formula

$$\text{GFR} = \frac{\text{N}^* \times (140 - \text{age in years}) \times \text{wt (kg)}}{\text{serum creatinine (micromol/L)}}$$

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

**PRECAUTIONS:**

- Neutropenia:** Fever or other evidence of infection must be assessed promptly and treated aggressively.
- Renal Toxicity:** Nephrotoxicity is common with CISplatin. Encourage oral hydration. Avoid nephrotoxic drugs such as aminoglycoside antibiotics. Use caution with pre-existing renal dysfunction.
- 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

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

**References:**

- 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.