

BC Cancer Protocol Summary for Palliative Therapy for Advanced Thyroid Cancers Using DOXOrubicin

Protocol Code

HNOTAVD

Tumour Group

Head and Neck

Contact Physician

Dr. Cheryl Ho

ELIGIBILITY:

- Advanced medullary carcinoma of the thyroid
- Anaplastic thyroid cancer

EXCLUSIONS:

- Contraindication to DOXOrubicin

TESTS:

- Baseline: CBC and diff, [ALT](#), GGT, LDH, bilirubin, assessment of tumour size
- Before each treatment: CBC and diff
- If clinically indicated: bilirubin, [GGT](#), [ALT](#), [LDH](#)

PREMEDICATIONS:

- Antiemetic protocol for moderate emetogenic chemotherapy protocols (see [SCNAUSEA](#))

TREATMENT:

Drug	Dose	BC Cancer Administration Guideline
DOXOrubicin	60 mg/m ²	IV push

Repeat every 21 days x 2 to 3 cycles, then re-assess for response

Discontinue if no response.

DOSE MODIFICATIONS:

1. Hematological:

ANC (x10⁹/L)		Platelets (x10⁹/L)	Dose (all drugs)
greater than 1.5	and	greater than 100	100%
1 to 1.5	or	70 to 100	75%
less than 1	or	less than 70	delay

2. **Hepatic dysfunction:** Dose modification required for DOXOrubicin. Refer to [BC Cancer Drug Manual](#).
3. **Neutropenic fever:** Reduce dose by 25% if treated for neutropenic sepsis.

PRECAUTIONS:

1. **Neutropenia:** Fever or other evidence of infection must be assessed promptly and treated aggressively.
2. **Extravasation:** DOXOrubicin causes pain and tissue necrosis if extravasated. Refer to BCCA Extravasation Guidelines.
3. **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 450 mg/m² to be exceeded. Refer to [BC Cancer Drug Manual](#).
4. **Mucositis:** Severe mucositis may occur especially in patients previously radiated in the head and neck regions.

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

References:

Vitale G, Caraglia M, Ciccarelli A, et al. Current approaches and perspectives in the therapy of medullary thyroid carcinoma. *Cancer* 2001;91:1797-808.