

BC Cancer Protocol Summary for Palliative Chemotherapy for Advanced Head and Neck Squamous Cell Carcinoma with Weekly CISplatin

Protocol Code

HNAVP

Tumour Group

Head and Neck

BC Cancer Contact Physician

Cheryl Ho

ELIGIBILITY:

- Metastatic or unresectable head and neck squamous cell 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 ² 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 ⁹ /L)		Platelets (x 10 ⁹ /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	Delay*
*Delay if day 1; if day 8, omit if <u>serum</u> creatinine greater than 3 x ULN	

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:

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