

# HEAD AND NECK CANCER CHEMOTHERAPY REGIMENS Part 1 of 2

The selection, dosing, and administration of anti-cancer agents and the management of associated toxicities are complex. Drug dose modifications and schedule and initiation of supportive care interventions are often necessary because of expected toxicities and because of individual patient variability, prior treatment, and comorbidities. Thus, the optimal delivery of anti-cancer agents requires a healthcare delivery team experienced in the use of such agents and the management of associated toxicities in patients with cancer. The chemotherapy regimens below may include both FDA-approved and unapproved uses/regimens and are provided as references only to the latest treatment strategies. Clinicians must choose and verify treatment options based on the individual patient.

## GENERAL TREATMENT NOTES

- Squamous Cell Cancers of the head and neck include lip, oral cavity, hypopharynx, glottis larynx, supraglottic larynx, ethmoid sinus, maxillary sinus, occult primary
- Regimens denoted with an \* indicate that they are highly recommended based on a high degree of evidence from randomized, controlled clinical trials.<sup>1</sup>
- Regimens denoted with a † indicate that while based on a lower degree of evidence from clinical trials, they have received uniform consensus from the NCCN.<sup>1</sup>

REGIMEN	DOSING
---------	--------

### SQUAMOUS CELL CANCERS

#### PRIMARY SYSTEMIC THERAPY + CONCURRENT RADIOTHERAPY

Cisplatin (CDDP; Platinol) + radiotherapy*	<b>Days 1, 22, and 43:</b> Cisplatin 100mg/m <sup>2</sup> IV + concurrent radiotherapy 2Gy/d to a total of 70Gy <sup>2,3</sup>
Cetuximab (Erbix) + radiotherapy*	<b>Day 1:</b> Cetuximab 400mg/m <sup>2</sup> loading dose over 120 min, 1 week before radiotherapy, plus <b>Day 7:</b> Begin radiotherapy with 7 weekly infusions of cetuximab 250mg/m <sup>2</sup>
5-fluorouracil (5-FU) + hydroxyurea†	<b>Day 1:</b> Hydroxyurea 1,000mg every 12 hrs orally (11 doses/cycle) and 5-FU 400mg/m <sup>2</sup> /day continuous IV infusion, plus <b>Radiotherapy:</b> 70Gy, delivered in 35 fractions; 1 fraction delivered daily Monday – Friday. Concurrent radiotherapy and chemotherapy every other week for total treatment duration of 13 weeks <sup>5</sup>
Cisplatin + paclitaxel (Taxol)†	<b>Day 1:</b> Paclitaxel 30mg/m <sup>2</sup> IV (begin on Monday), plus <b>Day 2:</b> Cisplatin 20mg/m <sup>2</sup> IV (every Tuesday) Repeat cycle every week for 7 cycles, plus <b>Radiotherapy:</b> 70Gy, delivered in 35 fractions; 1 fraction delivered daily Monday – Friday <sup>5</sup>
Carboplatin (Paraplatin) + infusional 5-FU†	<b>Days 1–4:</b> 5-FU 600mg/m <sup>2</sup> /day as continuous IV infusion + carboplatin 70mg/m <sup>2</sup> /day IV bolus Repeat cycle every 21 days for 3 cycles given concurrently with radiotherapy <sup>6</sup>

#### PRIMARY CHEMOTHERAPY WITH POSTOPERATIVE CHEMORADIATION

Cisplatin*	<b>Days 1, 22, and 43:</b> Cisplatin 100mg/m <sup>2</sup> IV plus radiotherapy <sup>7</sup>
------------	---

#### INDUCTION CHEMOTHERAPY

Docetaxel (Taxotere) + cisplatin + 5-FU*	<b>Day 1:</b> Docetaxel 75mg/m <sup>2</sup> IV + cisplatin 75mg/m <sup>2</sup> IV, plus <b>Days 1–5:</b> 5-FU 750mg/m <sup>2</sup> continuous IV infusion Repeat cycle every 21 days for 3 cycles <sup>8</sup>
--	--

(continued)

REGIMEN	DOSING
<b>NASOPHARYNX CANCER</b>	
<b>CHEMORADIATION FOLLOWED BY ADJUVANT CHEMOTHERAPY</b>	
Cisplatin + radiotherapy, followed by CDDP and 5-FU*	<p><u>Cycles 1-3</u>  <b>Day 1:</b> Cisplatin 100mg/m<sup>2</sup> IV in concurrence with radiotherapy                      Repeat cycle every 21 days, then</p> <p><u>Cycles 4-6</u>  <b>Days 1-4:</b> Cisplatin 80mg/m<sup>2</sup>/day + 5-FU 1,000mg/m<sup>2</sup>/day IV (by 96-hr infusion)                      Repeat cycle every 28 days<sup>9</sup></p>
<b>RECURRENT, UNRESECTABLE, OR METASTATIC</b>	
Cisplatin or carboplatin + 5-FU + cetuximab* (for non-nasopharyngeal disease) <sup>1</sup>	<p><b>Day 1:</b> Cisplatin 100mg/m<sup>2</sup> IV or carboplatin AUC 5mg/mL/min 1-hr IV infusion, plus  <b>Day 1:</b> Cetuximab 400mg/m<sup>2</sup> 2-hr IV infusion (initial dose), followed by 250mg/m<sup>2</sup> 1-hr IV infusion once weekly  <b>Days 1-4:</b> 5-FU 1,000mg/m<sup>2</sup>/day                      Repeat cycle every 21 days for max 6 cycles<sup>10</sup></p>
Carboplatin + docetaxel	<p><b>Day 1:</b> Docetaxel 65mg/m<sup>2</sup> 1-hr IV infusion followed immediately by carboplatin AUC=6 mg/mL/min IV infusion                      Repeat cycle every 21 days<sup>11</sup></p>
Cisplatin + paclitaxel	<p><b>Day 1:</b> Cisplatin 75mg/m<sup>2</sup>/day IV + paclitaxel 175mg/m<sup>2</sup> IV over 3 hours                      Repeat cycle every 21 days for a minimum of 6 cycles<sup>12</sup></p>
Cisplatin + 5-FU	<p><b>Day 1:</b> Cisplatin 100mg/m<sup>2</sup>/day IV  <b>Days 1-4:</b> 5-FU 1,000mg/m<sup>2</sup>/day continuous IV infusion                      Repeat cycle every 21 days for a minimum of 6 cycles<sup>12</sup></p>

## REFERENCES

- NCCN Clinical Practice Guidelines in Oncology™. Head and Neck Cancer. v 1.2011. Available at: [http://www.nccn.org/professionals/physician\\_gls/pdf/head-and-neck.pdf](http://www.nccn.org/professionals/physician_gls/pdf/head-and-neck.pdf) Accessed May 30, 2011.
- Forastiere AA, Goepfert H, Maor M, et al. Concurrent chemotherapy and radiotherapy for organ preservation in advanced laryngeal cancer. *N Engl J Med.* 2003;349:2091-2098.
- Adelstein DJ, Li Y, Adams GL, et al. An intergroup phase III comparison of standard radiation therapy and two schedules of concurrent chemoradiotherapy in patients with unresectable squamous cell head and neck cancer. *J Clin Oncol.* 2003;21:92-98.
- Bonner JA, Harari PM, Giralt J, et al. Radiotherapy plus cetuximab for locoregionally advanced head and neck cancer: 5-year survival data from a phase 3 randomized trial, and relation between cetuximab-induced rash and survival. *Lancet Oncol.* 2010;11:21-28.
- Garden AS, Harris J, Vokes EE, et al. Preliminary results of Radiation Therapy Oncology Group 97-03: a randomized phase II trial of concurrent radiation and chemotherapy for advanced squamous cell carcinomas of the head and neck. *J Clin Oncol.* 2004;22:2856-2864.
- Denis F, Garaud P, Bardet E, et al. Final results of the 94-01 French Head and Neck Oncology and Radiotherapy Group randomized trial comparing radiotherapy alone with concomitant radiochemotherapy in advanced-stage oropharynx carcinoma. *J Clin Oncol.* 2004;22:69-76.
- Bernier J, Domege C, Ozsahin M, et al. European Organization for Research and Treatment of Cancer Trial 22931. Postoperative irradiation with or without concomitant chemotherapy for locally advanced head and neck cancer. *N Engl J Med.* 2004;350:1945-1952.
- Pointreau Y, Garaud P, Chapel S, et al. Randomized trial of induction chemotherapy with cisplatin and 5-fluorouracil with or without docetaxel for larynx preservation. *J Natl Cancer Inst.* 2009;101:498-506.
- Lee AW, Tung SY, Chua DT, et al. Randomized trial of radiotherapy plus concurrent-adjuvant chemotherapy vs radiotherapy alone for regionally advanced nasopharyngeal carcinoma. *J Natl Cancer Inst.* 2010;102:1188-1198.
- Vermorken JB, Mesia R, Rivera F, et al. Platinum-based chemotherapy plus cetuximab in head and neck cancer. *N Engl J Med.* 2008;359:1116-1127.
- Samlowski WE, Moon J, Kuebler JP, et al. Evaluation of the combination of docetaxel/carboplatin in patients with metastatic or recurrent squamous cell carcinoma of the head and neck (SCCHN): a Southwest Oncology Group Phase II study. *Cancer Invest.* 2007;25:182-188.
- Gibson MK, Li Y, Murphy B, Hussain MH, DeConti RC, Ensley J, Forastiere AA; Eastern Cooperative Oncology Group. Randomized phase III evaluation of cisplatin plus fluorouracil versus cisplatin plus paclitaxel in advanced head and neck cancer (E1395): an intergroup trial of the Eastern Cooperative Oncology Group. *J Clin Oncol.* 2005;23:3562-7.

(Created 5/2011)

Copyright © 2011 by Prescribing Reference LLC