

BCCA Protocol Summary for Palliative Therapy for Aggressive Fibromatosis Using Weekly or Alternate Week Methotrexate and Vinblastine Intravenously

Protocol Code SAMV
Tumour Group SARCOMA
Contact Physician Meg Knowing, Local 2741

ELIGIBILITY:

- Fibromatosis not responding to hormonal therapy

EXCLUSIONS:

- Calculated creatinine clearance **less than** 30 ml/min
- Large third space fluid accumulations (significant ascites, large pleural effusion or other large lobulated fluid accumulations)

TESTS:

- Baseline: CBC & Diff, platelet, bili, alk phos, AST, LDH, GGT, albumin, creatinine, lytes and chest X-ray and best imaging site(s) of disease
- Before each treatment: CBC & Diff, platelet
- If clinically indicated: Imaging should be repeated every 3 – 4 months

PREMEDICATIONS:

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

TREATMENT:

Drug	Dose	BCCA Administration Guideline
Methotrexate	30 mg/m ²	IV push
Vinblastine	6 mg/m ²	IV push

Repeat every 7 or 14 days (28 days = 1 cycle) x 12 cycles- 1 year

Discontinue if progression on imaging at 3 or 4 months.

DOSE MODIFICATIONS:

1. Hematological

ANC (x10 ⁹ /L)		Platelets (x10 ⁹ /L)	Dose (all drugs)
greater than 0.9	and	greater than 99	100%
0.5-0.9	or	50-99	50%
less than 0.5	or	less than 50	delay*

*Baseline Vinblastine dose reduced by 25% if chemotherapy delayed 2 or more weeks.

2. **Mucositis: Methotrexate:** reduced by 50% or 100% for NCI common Toxicity Criteria grade 1 or 2, respectively
3. **Renal dysfunction: Methotrexate:** temporarily withhold for elevations of serum creatinine (**greater than** 3X upper limit of normal)
4. **Hepatic dysfunction: Methotrexate:** temporarily withhold for elevations of bilirubin (**greater than** 1.5 X upper limit of normal) or AST or ALT (**greater than** 5X upper limit of normal.)
5. **Significant third space fluids** (ascites, pleural effusions): Reconsider treatment
6. **Neuropathy: Vinblastine** was temporarily withheld for grade 2 neuropathy or greater.

PRECAUTIONS:

1. **Neutropenia:** Fever or other evidence of infection must be assessed promptly and treated aggressively. Refer to BCCA Febrile Neutropenia Guidelines.
2. **Extravasation: Vinblastine may cause pain and tissue necrosis if extravasated. Refer to BCCA Extravasation Guidelines**

Call Dr. Meg Knowling or tumour group delegate at (604) 877-6000 or 1-800-663-3333 with any problems or questions regarding this treatment program.

Date activated: 01 April 2007

Date revised: 01 May 2009 (unsafe abbreviations and symbols replaced)

References:

1. Skapek SX, Ferguson WS, Granowetter L, et al. Vinblastine and methotrexate for desmoids fibromatosis in children: results of a Pediatric Oncology Group phase II trial. J Clin Oncol 2007;25:501-6.
2. Janinis J, Patriki M, Vini L, et al. The pharmacological treatment of aggressive fibromatosis: a systematic review. Ann Oncol 2003;14:181-90.