

# BCCA Protocol Summary for Palliative Therapy for Kaposi's Sarcoma Using Vinblastine Alternating with Vincristine

**Protocol Code**

*KSVB*

**Tumour Group**

*Kaposi's Sarcoma*

**Contact Physician**

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*Dr. Karen Gelmon*

## **ELIGIBILITY:**

- extensive cutaneous/visceral Kaposi's Sarcoma, including persistent or relapsing disease
- performance status ECOG 3 or better

## **EXCLUSIONS:**

- inadequate hematologic, liver function
- inadequate renal function if bleomycin or methotrexate are substituted (see dose modifications)

## **TESTS:**

- Baseline: CBC & differential, platelets, liver enzymes, bilirubin, creatinine
- Before each vinblastine treatment: CBC & differential, platelets (note: not required prior to vincristine [or bleomycin if used, see dose modifications] (note: required prior to methotrexate if used, see dose modifications)
- If clinically indicated: liver enzymes, bilirubin, creatinine\*  
\*creatinine required only for bleomycin or methotrexate substitutions (see dose modifications below)

## **PREMEDICATIONS:**

- Antiemetic protocol for NON-EMETOGENIC chemotherapy (see protocol SCNAUSEA)
- Regular antiemetics not usually required

## **TREATMENT:**

<b>Drug</b>	<b>Dose</b>	<b>BCCA Administration Guideline</b>
Vinblastine	6-10 mg on Day 1	IV push
Vincristine	1 mg on Day 8	in 50 mL NS over 15 mins

Repeat every 14 days until disease progression.

Discontinue if no response after 2 cycles.

## DOSE MODIFICATIONS:

### 1. Hematological

ANC (x10 <sup>9</sup> /L)		Platelets (x10 <sup>9</sup> /L)	Dose (Vinblastine only)
greater than 1	and	greater than 74	100%
0.5 - 1	or	50 - 74	vinblastine 4 mg
less than 0.5	or	less than 50	delay or substitute bleomycin* 10 units/m <sup>2</sup>

\*IV in 50 mL NS over at least 10 minutes. Premedicate with hydrocortisone sodium succinate 100 mg IV.

### 2. Neurologic dysfunction:

- **Paresthesia** – if tolerable, continue vincristine or substitute bleomycin 10 units/m<sup>2</sup> (IV in 50 mL NS over at least 10 minutes; premedicate with hydrocortisone sodium succinate 100 mg IV) or methotrexate 25 mg/m<sup>2</sup> IV push.
  - **Weakness** – discontinue vincristine. Substitute bleomycin or methotrexate as for paresthesia.
3. **Renal dysfunction:** Dose modification required for bleomycin and methotrexate if used (see dose modifications 1 and 2 above). Refer to BCCA Cancer Drug Manual.
  4. **Hepatic dysfunction:** Dose modification required for vinblastine, vincristine (and methotrexate if used, see dose modification 2 above). Refer to BCCA Cancer Drug Manual.
  5. **Third space fluids** (ascites, pleural effusions): Omit methotrexate if used (see dose modification 2 above).

## PRECAUTIONS:

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

**Call Dr. Barbara Melosky or Dr. Karen Gelmon at (604) 877-6000 or 1-800-663-3333 with any problems or questions regarding this treatment program.**

Date activated: N/A

Date revised: 01 June 2011 (Infusion section revised)

## Reference:

1. Kaplan L, Abrams D and Volberding P. Treatment of Kaposi's sarcoma in acquired immunodeficiency syndrome with an alternating vincristine-vinblastine regimen. Cancer Treat Rep 1986;70:1121-2.