# **BC Cancer** Protocol Summary for DOXOrubicin for Use in Patients with Advanced Uterine Sarcoma

**Protocol Code** 

GOSAD

Tumour Group

Contact Physician

Gynecologic Oncology

Dr. Anna Tinker

# ELIGIBILITY:

- Patients with an advanced uterine sarcoma
- Good performance status

# EXCLUSIONS:

Poor bone marrow reserve, renal dysfunction, hepatic dysfunction (bilirubin greater than 2xULN)

#### TESTS:

- Baseline: CBC & diff, platelets, creatinine, bilirubin, ALT, alk phos and clinical measure of tumour response. If clinically indicated: GGT
- Before each treatment: CBC & diff, platelets, ALT, alk phos, bilirubin, clinical measure of tumour response. If clinically indicated: creatinine
- Every second treatment: appropriate imaging to monitor response

# PREMEDICATIONS:

Antiemetic protocol for High/Moderate emetogenic chemotherapy (see protocol SCNAUSEA)

# TREATMENT:

Drug	Dose	<b>BC Cancer Administration Guidelines</b>
DOXOrubicin	75 mg/m <sup>2</sup>	IV push

- For patients greater than 65 years old, consider reducing dose to 60 mg/m<sup>2</sup>
- Repeat every 21 days x 6 cycles

#### DOSE MODIFICATIONS:

#### 1. Hematological:

ANC (x 10 <sup>9</sup> /L)		Platelets (x 10 <sup>9</sup> /L)	Dose
greater than 1.5	and	greater than 100	100 %
1 to 1.5	or	70 to 100	80 %
less than 1	or	less than 70	Delay one week

- 2. **Mucositis:** Grade 3 or 4, reduce dose to 80%
- 3. **Nausea & Vomiting:** Grade 4 despite optimal use of antiemetics, reduce dose to 80% or QUIT
- 4. **Neutropenic Fever** (with ANC less than 0.5 x 10<sup>9</sup>/L): Once counts have recovered, reduce dose to 80%
- 5. Hepatic Dysfunction: For bilirubin 1.5 to 2 times ULN, reduce dose to 50%

#### **PRECAUTIONS:**

- Cardiac Toxicity: DOXOrubicin is cardiotoxic and must be used with caution in patients with severe hypertension or cardiac dysfunction. Cardiac assessment is recommended if lifelong dose of 450 mg/m<sup>2</sup> is exceeded (see BC Cancer Drug Manual).
- 2. **Extravasation:** DOXOrubicin causes pain and tissue necrosis if extravasated. Refer to BC Cancer Extravasation Guidelines.
- 3. **Neutropenia:** Fever or other evidence of infection must be assessed promptly and treated aggressively.

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