BC Cancer Protocol Summary for Palliative Therapy for Kaposi's Sarcoma Using vinBLAStine Alternating with vinCRIStine

Protocol Code	*KSVB*
Tumour Group	*Kaposi's Sarcoma*
Contact Physician	*Dr. Barbara Melosky*

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, ALT, Alk Phos, LDH, GGT, 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: urea, protein level, albumin, GGT, Alk Phos, LDH, ALT, 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:

Drug	Dose	BC Cancer Administration Guideline
vinBLAStine	6 to 10 mg on Day 1	IV in 50 mL NS over 15 minutes
vinCRIStine	1 mg on Day 8	IV in 50 mL NS over 15 minutes

Repeat every 14 days until disease progression.
Discontinue if no response after 2 cycles.

DOSE MODIFICATIONS:

1. **Hematological**

ANC ($x10^9$/L)		Platelets ($x10^9$/L)	Dose (vinBLAStine only)
greater than 1.0	and	greater than 74	100%
0.5 to 1	or	50 to 74	vinBLAStine 4 mg
less than 0.5	or	less than 50	delay or substitute bleomycin* 10 units/m^2

*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^2 (IV in 50 mL NS over at least 10 minutes; premedicate with hydrocortisone sodium succinate 100 mg IV) or methotrexate 25 mg/m^2 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 BC Cancer Drug Manual.
4. **Hepatic dysfunction**: Dose modification required for vinBLAStine, vinCRIStine (and methotrexate if used, see dose modification 2 above). Refer to BC 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 BC Cancer Extravasation Guidelines.

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

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.