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                 Dr. Barbara Melosky
                                  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:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>BCCA Administration Guideline</th>
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<tbody>
<tr>
<td>vinBLASTine</td>
<td>6 to 10 mg on Day 1</td>
<td>IV in 50 mL NS over 15 minutes</td>
</tr>
<tr>
<td>vinCRISTine</td>
<td>1 mg on Day 8</td>
<td>IV in 50 mL NS over 15 minutes</td>
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Repeat every 14 days until disease progression.
Discontinue if no response after 2 cycles.
DOSE MODIFICATIONS:

1. **Hematological**
   
<table>
<thead>
<tr>
<th>ANC (x10^9/L)</th>
<th>Platelets (x10^9/L)</th>
<th>Dose (vinBLAStine only)</th>
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<tbody>
<tr>
<td>greater than 1 and greater than 74</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>0.5 to 1 or 50 to 74</td>
<td></td>
<td>vinBLAStine 4 mg</td>
</tr>
<tr>
<td>less than 0.5 or less than 50</td>
<td></td>
<td>delay or substitute bleomycin* 10 units/m²</td>
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*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/m² (IV in 50 mL NS over at least 10 minutes; premedicate with hydrocortisone sodium succinate 100 mg IV) or methotrexate 25 mg/m² 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: 1 Feb 2015 (vinBLAStine administration revised)

Reference: