BC Cancer 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 Dr. Christine Simmons

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, ALT, LDH, GGT, albumin, creatinine, sodium, potassium, 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 to 4 months

PREMEDICATIONS:

Antiemetic protocol for low emetogenic chemotherapy protocols (see SCNAUSEA)

TREATMENT:

Drug	Dose	BC Cancer Administration Guideline	
methotrexate	30 mg/m ²	IV push	
vinBLAStine	6 mg/m ²	IV in 50 mL NS over 15 minutes	

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 or equal to 1.0	and	greater than or equal to 100	100%
0.5 to less than 1.0	or	50 to less than 100	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 ALT (greater than 5X upper limit of normal.)
- 5. **Significant third space fluids** (ascites, pleural effusions): Reconsider treatment
- 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 BC Cancer Febrile Neutropenia Guidelines.
- 2. Extravasation: vinBLAStine may cause pain and tissue necrosis if extravasated. Refer to BC Cancer Extravasation Guidelines

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

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.