BCCA Protocol Summary for the Treatment of Sarcomas with vinCRIStine, DOXOrubicin and Cyclophosphamid (SAVAC)

Protocol Code | SAVAC
Tumour Group | Sarcoma
Contact Physician | Dr. Meg Knowling

ELIGIBILITY:
- Ewing’s sarcoma/peripheral neuroectodermal tumour or rhabdomyosarcoma – for whom alternating protocol is not appropriate
- Good performance status
- Adequate bone marrow, liver and kidney function

EXCLUSIONS:
- Pelvic primaries where bladder will receive radiotherapy (should treat with SAVACM)

TESTS:
- Baseline and before each treatment: CBC and diff, platelets, creatinine, bilirubin, AST, alk phos, GGT, LDH
- Urine dipstick for blood before each treatment – if positive at any time, notify doctor and send urine sample for urinalysis for verification and accurate determination of hematuria. If hematuria verified (ie 50 RBC/hpf on urinalysis report), switch to SAVACM.
- If clinically indicated: ECG

PREMEDICATIONS:
- Antiemetic protocol for highly emetogenic chemotherapy protocols (see SCNAUSEA)

TREATMENT:
- Repeat every 3 weeks.
- SAVAC is not usually given during radiotherapy unless the tumour is extremity primary
- Admit for cycle one. If well tolerated, subsequent cycles can be given as an outpatient. Cycle one may be given as an outpatient as per clinician’s clinical judgement.
Drug Dose BCCA Administration Guideline

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>Guideline</th>
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<tbody>
<tr>
<td>vinCRISTine</td>
<td>1.5 mg/m²</td>
<td>IV in 50 mL NS over 15 min (maximum dose = 2 mg)</td>
</tr>
<tr>
<td>DOXorubicin</td>
<td>75 mg/m²</td>
<td>IV push</td>
</tr>
<tr>
<td>cyclophosphamide</td>
<td>1200 mg/m²</td>
<td>IV in 500 mL D5W-1/2 NS over 60 minutes</td>
</tr>
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**DOSE MODIFICATIONS:**

1. **Hematological:** Adjust DOXorubicin and cyclophosphamide doses only

<table>
<thead>
<tr>
<th>ANC (x10⁹/L)</th>
<th>Platelets (x10⁹/L)</th>
<th>Doses</th>
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<tbody>
<tr>
<td>greater than or equal to 0.75 and greater than or equal to 100</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>less than 0.75 or less than 100</td>
<td></td>
<td>delay 1 week*</td>
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*If counts remain low after a 1 week delay, consult Dr. Knowling for further dose modifications.

2. **Nausea & Vomiting:** If greater than 10 episodes of emesis post-chemotherapy despite optimal use of antiemetics and/or if parenteral fluid support is required, reduce dose of cyclophosphamide and DOXorubicin to 80%.

3. **Hepatic dysfunction:** Dose modifications may be required for DOXorubicin and vinCRISTine (see BCCA Cancer Drug Manual)

4. **Renal dysfunction:** Dose modification may be required for cyclophosphamide (see BCCA Cancer Drug Manual).

5. **Neutropenic Fever** (with ANC less than 0.5 x 10⁹/L): Once counts have recovered, reduce dose of cyclophosphamide and DOXorubicin to 80%

6. **Hematuria:** Call Dr. Knowling – Use SAVACM for subsequent cycles

**PRECAUTIONS:**

1. **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/m² is exceeded (see BCCA Cancer Drug Manual).

2. **Extravasation:** DOXorubicin and vinCRISTine cause pain and tissue necrosis if extravasated. Refer to BCCA Extravasation Guidelines.

3. **Neutropenia:** Fever or other evidence of infection must be assessed promptly and treated aggressively.
Call Dr. Meg Knowling or tumour group delegate 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 Jun 2016 (Title, eligibility, treatment and dose modification simplified; urine dipstick added to Tests)

References: