

# BC Cancer Protocol Summary for DOXOrubicin for Use in Patients with Advanced Soft Tissue Sarcoma

**Protocol Code** SAAVA

**Tumour Group** Sarcoma

**Contact Physician** *Dr. Christine Simmons*

## ELIGIBILITY:

- Patients with an advanced soft tissue sarcoma
- Good performance status
- Adequate bone marrow, renal and hepatic function (bilirubin less than 2 x ULN)

## EXCLUSION:

- Rhabdomyosarcoma in young adults

## TESTS:

- Baseline and before each treatment: CBC & diff, platelets, creatinine, bilirubin, **ALT**, alk phos, GGT, LDH and clinical measure of tumour response
- Every second treatment: chest x-ray or other imaging to monitor response

## PREMEDICATIONS:

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

## TREATMENT:

Drug	Dose	BC Cancer Administration Guidelines
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 <b>equal to</b> 1.5	and	greater than <b>equal to</b> 100	100 %
1.0 to <b>less than</b> 1.5	or	70 to <b>less than</b> 100	80 %
less than 1.0	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:**

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/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. [Christine Simmons](#) or tumour group delegate at (604) 877-6000 or 1-800-663-3333 with any problems or questions regarding this treatment program.**