BC Cancer Protocol Summary for the Treatment of Sarcomas with Pelvic Primaries or Chemotherapy-Induced Hematuria using vinCRIStine, DOXOrubicin, Cyclophosphamide and Mesna

Protocol Code	*SAVACM*
Tumour Group	*Sarcoma*
Contact Physician	*Dr. Christine Simmons*

ELIGIBILITY:

- Ewing's sarcoma/peripheral neuroectodermal tumour or rhabdomyosarcoma in pelvic sites or pediatric type small round blue cell tumours in patients for whom alternating protocol is not appropriate where treatment includes pelvic radiotherapy
- Patients with hematuria due to ifosfamide or cyclophosphamide
- Good performance status
- Adequate bone marrow, liver and kidney function

TESTS:

- Baseline and before each treatment: CBC and diff, platelets, creatinine, bilirubin, ALT, alkaline phosphatase, GGT, LDH
- Urine dipstick for blood before each treatment and every 8 hours during treatment – if positive at any time, notify doctor and send urine sample for urinalysis and verification and accurate determination - refer to supportive care protocol SCMESNA (follow SCMESNA (SAVACM) preprinted order)
- If clinically indicated: ECG

PREMEDICATIONS:

- Antiemetic protocol for highly emetogenic chemotherapy protocols (see SCNAUSEA)
- LORazepam 1 mg SL every 4 to 6 hours as needed
- prochlorperazine 10 mg PO every 4 to 6 hours as needed
- nabilone 1 mg PO every 6 to 8 hours as needed

TREATMENT:

- Repeat every 3 weeks.
- SAVACM is not given during radiotherapy; omit DOXOrubicin and continue with vinCRIStine, cyclophosphamide and mesna.

Drug	Dose	BC Cancer Administration Guideline
vinCRIStine	1.5 mg/m²	IV in 50 mL NS over 15 min (maximum dose = 2 mg)
DOXOrubicin	75 mg/m^2	IV push
mesna	240 mg/m^2	Hour 0:30: IV in 100 mL D5W over 15 min
cyclophosphamide	1200 mg/m^2	IV in 500 mL D5W-1/2 NS over 1 hour
mesna	240 mg/m^2	Hours 5 and 8: IV in 100 mL D5W over 15 min *OR* 480 mg/m^2 PO in carbonated beverage

HYDRATION:

Hours 1:45 to 11	IV D5W-1/2 NS at 250 mL/h
Hours 11 to 24	IV D5W-1/2 NS at 125 mL/h If no hematuria and patient is drinking well, IV hydration may be discontinued at Hour 15.

DOSE MODIFICATIONS:

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

ANC (x10^9/L)		Platelets (x10^9/L)	Doses
greater than or equal to 0.75	and	greater than or equal to 100	100%
less than 0.75	or	less than 100	delay 1 week*

*if counts remain low after 1 week delay, consult physician 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 BC Cancer Drug Manual).
4. **Renal dysfunction:** Dose modification may be required for cyclophosphamide (see BC Cancer Drug Manual).
5. **Neutropenic Fever** (with ANC less than 0.5 x 10^9/L): Once counts have recovered, reduce dose of cyclophosphamide and DOXOrubicin to 80%
6. **Hematuria:** Refer to SCMESNA protocol (follow SCMESNA (SAVACM) pre-printed order).

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^2 is exceeded (see BC Cancer Drug Manual).
2. **Extravasation:** DOXOrubicin and vinCRIStine cause 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 @ (604) 877-6000 or 1-800-663-3333 with any problems or questions regarding this treatment program.

References: