# BC Cancer Protocol Summary for Palliative Therapy for Kaposi's Sarcoma Using vinBLAStine Alternating with vinCRIStine

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| ***Protocol Code*** | *KSVB* |
| ***Tumour Group*** | *Kaposi's Sarcoma* |
| ***Contact Physician*** | *Dr. Barbara Melosky* |

## 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, ALT, Alk Phos, LDH, GGT, 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: urea, protein level, albumin, GGT, Alk Phos, LDH, ALT, 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:

| Drug | Dose | BC Cancer Administration Guideline |
|---|---|---|
| vinBLAStine | 6 to 10 mg on Day 1 | IV in 50 mL NS over 15 minutes |
| vinCRIStine | 1 mg on Day 8 | IV in 50 mL NS over 15 minutes |

Repeat every 14 days until disease progression.
Discontinue if no response after 2 cycles.

**DOSE MODIFICATIONS:**

1. **Hematological**

| ANC (x$10^9$/L) | | Platelets (x$10^9$/L) | Dose (vinBLAStine only) |
|---|---|---|---|
| greater than 1.0 | and | greater than 74 | 100% |
| 0.5 to 1 | or | 50 to 74 | vinBLAStine 4 mg |
| less than 0.5 | or | less than 50 | delay or substitute bleomycin* 10 units/$m^2$ |

*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/ $m^2$ (IV in 50 mL NS over at least 10 minutes; premedicate with hydrocortisone sodium succinate 100 mg IV) or methotrexate 25 mg/$m^2$ 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 BC Cancer Drug Manual.
4. **Hepatic dysfunction**: Dose modification required for vinBLAStine, vinCRIStine (and methotrexate if used, see dose modification 2 above). Refer to BC Cancer Drug Manual.
5. **Third space fluids** (ascites, pleural effusions): Omit methotrexate if used (see dose modification 2 above).

**PRECAUTIONS:**

1. **Bleomycin**: may cause severe and life threatening pulmonary toxicity. Limiting the total dose to 270 units should decrease the risk but clinical assessment before each cycle must include a careful survey of respiratory symptoms, chest auscultation, and chest radiograph for pulmonary toxicity. Pulmonary function tests should be repeated in suspect cases. Febrile reaction can be prevented by hydrocortisone premedication. Oxygen may precipitate or aggravate bleomycin pulmonary toxicity. The FI $O_2$ must not exceed 30-40% unless absolutely necessary. The anesthesiologist must be aware of the bleomycin history before any surgery: an alert bracelet is recommended.
2. **Neutropenia**: Fever or other evidence of infection must be assessed promptly and treated aggressively.
3. **Extravasation**: vinBLAStine and vinCRIStine cause pain and tissue necrosis if extravasated. Refer to BC Cancer Extravasation Guidelines.

**Call Dr. Barbara Melosky at (604) 877-6000 or 1-800-663-3333 with any problems or questions regarding this treatment program.**

**Reference**:

1. Kaplan L, Abrams D and Volberding P. Treatment of Kaposi's sarcoma in acquired immunodeficiency syndrome with an alternating vincristine-vinblastine regimen. Cancer Treat Rep 1986;70:1121-2.