UTERINE SARCOMA TREATMENT REGIMENS

The selection, dosing, and administration of anticancer agents and the management of associated toxicities are complex. Drug dose modifications and schedule and initiation of supportive care interventions are often necessary because of expected toxicities and because of individual patient variability, prior treatment, and comorbidities. Thus, the optimal delivery of anticancer agents requires a healthcare delivery team experienced in the use of such agents and the management of associated toxicities in patients with cancer. The cancer treatment regimens below may include both FDA-approved and unapproved uses/regimens and are provided as references only to the latest treatment strategies. Clinicians must choose and verify treatment options based on the individual patient.

NOTE: GREY SHADED BOXES CONTAIN UPDATED REGIMENS.

General treatment note: Participation in clinical trial strongly recommended.

REGIMEN	DOSING
Chemotherapy	
Doxorubicin (Adriamycin)[1-3]	**Day 1:** 75mg/m² IV bolus. Repeat cycle every 31 days **OR** 60mg/m²–70mg/m² IV typically dosed every 3 weeks.
Gemcitabine (Gemzar) **+ docetaxel** (Taxotere) **+ granulocyte-colony-stimulating factor** (G-CSF)[1,4]	**Days 1 and 8:** Gemcitabine 900mg/m² IV over 90 min, followed by **Day 8:** Docetaxel 100mg/m² IV over 60 min, followed by **Days 9–15:** G-CSF 150mcg/m² SC **OR** on **Day 9 or 10:** Pegfilgrastim 6mg SC. Repeat cycle every 3 weeks until disease progression or toxicity occurs. NOTE: Patients with prior pelvic irradiation received Gemcitabine 675mg/m² IV and Docetaxel 75mg/m² IV.
Gemcitabine[1,5]	**Days 1, 8 and 15:** Gemcitabine 1,000mg/m² IV. Repeat cycle every 4 weeks.
Hormone Therapy (Endometrial Stromal Sarcoma only)	
Medroxyprogesterone acetate and Megestrol acetate[1,6]	

References

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