

CANCER TREATMENT REGIMENS

Gynecologic Cancer

Uterine Sarcoma Carcinoma

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. These cancer treatment regimens 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.

UTERINE SARCOMA CARCINOMA

General treatment note: Participation in clinical trial strongly recommended.

REGIMEN

DOSING

Sytemic Therapy¹

Doxorubicin (Adriamycin) ²	Day 1: 75mg/m ² IV bolus. Repeat cycle every 31 days.
Liposomal doxorubicin (Doxol) ²	Day 1: 50mg/m ² IV infusion. Repeat cycle every 4 weeks.
Gemcitabine (Gemzar) + docetaxel (Taxotere) + granulocyte-colony-stimulating factor (G-CSF) ³	Days 1 and 8: Gemcitabine 900mg/m ² IV, followed by Day 8: Docetaxel 100mg/m ² IV, followed by Days 9–15: G-CSF 150mcg/m ² SC OR on Day 9 or 10: Pegfilgrastim 6mg SC. Repeat cycle every 3 weeks until disease progression or toxicity occurs.
Gemcitabine ⁴	Days 1, 8 and 15: Gemcitabine 1,000mg/m ² IV. Repeat cycle every 4 weeks.

References

1. NCCN Clinical Practice Guidelines in Oncology™. Uterine Neoplasms. v 2.2012. Available at: http://www.nccn.org/professionals/physician_gls/pdf/uterine.pdf. Accessed October 16, 2011.
2. Judson I, Radford JA, Harris M, et al. Randomised phase II trial of pegylated liposomal doxorubicin (DOXIL/CAELYX) versus doxorubicin in the treatment of advanced or metastatic soft tissue sarcoma: a study by the EORTC Soft Tissue and Bone Sarcoma Group. *Eur J Cancer*. 2001;37:870–877.
3. Hensley ML, Blessing JA, Mannel R, Rose PG. Fixed-dose rate gemcitabine plus docetaxel as first-line therapy for metastatic uterine leiomyosarcoma: a Gynecologic Oncology Group phase II trial. *Gynecol Oncol*. 2008;109:329–34.
4. Look KY, Sandler A, Blessing JA, Lucci JA 3rd, Rose PG; Gynecologic Oncology Group (GOG) Study. Phase II trial of gemcitabine as second-line chemotherapy of uterine leiomyosarcoma: a Gynecologic Oncology Group (GOG) Study. *Gynecol Oncol*. 2004;92:644–647.

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