

UTERINE SARCOMA TREATMENT REGIMENS (Part 1 of 2)

Clinical Trials: The NCCN recommends cancer patient participation in clinical trials as the gold standard for treatment.

Cancer therapy selection, dosing, administration, and the management of related adverse events can be a complex process that should be handled by an experienced healthcare team. Clinicians must choose and verify treatment options based on the individual patient; drug dose modifications and supportive care interventions should be administered accordingly. The cancer treatment regimens below may include both U.S. Food and Drug Administration-approved and unapproved indications/regimens. These regimens are only provided to supplement the latest treatment strategies.

These Guidelines are a work in progress that may be refined as often as new significant data becomes available. The NCCN Guidelines® are a consensus statement of its authors regarding their views of currently accepted approaches to treatment. Any clinician seeking to apply or consult any NCCN Guidelines® is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient's care or treatment. The National Comprehensive Cancer Network makes no warranties of any kind whatsoever regarding their content, use, or application and disclaims any responsibility for their application or use in any way.

Systemic Therapy for Uterine Sarcoma¹

NOTE: All recommendations are category 2A unless otherwise indicated.

Combination Regimens

REGIMEN	DOSING
Docetaxel + gemcitabine^{2*}	Days 1 and 8: Gemcitabine 900mg/m ² IV over 90 minutes followed by docetaxel 100mg/m ² IV over 60 minutes on day 8† followed by Days 9–15: Granulocyte colony-stimulating factor (G-CSF) 150μ/m ² SQ Or Pegfilgrastim 6mg SQ on day 9 or 10. Repeat cycle every 3 weeks until disease progression or toxicity occurs.
Doxorubicin + ifosfamide³	Day 1: Doxorubicin 50mg/m ² over 15 minutes followed by ifosfamide 5g/m ² via 24-hour continuous IV admixed with mesna 6g/m ² 36-hour continuous IV. Repeat cycle every 3 weeks.
Doxorubicin + dacarbazine⁴	Day 1: Doxorubicin 60mg/m ² IV. Days 1–4: Dacarbazine 750mg/m ² IV via continuous infusion for 96 hours. Repeat cycle every 3 weeks.
Gemcitabine + dacarbazine⁵	Day 1: Gemcitabine 10mg/m ² /min IV over 180 minutes followed by dacarbazine 500mg/m ² IV over 20 minutes every 2 weeks for a total of 12 cycles.
Gemcitabine + vinorelbine⁶	Days 1 and 8: Vinorelbine 25mg/m ² IV over 10 minutes followed by gemcitabine 800mg/m ² IV over 90 minutes. Repeat cycle every 21 days.

Single-Agent Regimens

Dacarbazine⁵	Day 1: Dacarbazine 1200mg/m ² IV over 20 minutes. Repeat cycle every 3 weeks for total of 8 cycles
Doxorubicin⁷	Day 1: Doxorubicin 75mg/m ² IV bolus. Repeat every 31 days.
Epirubicin⁸	Day 1: Epirubicin 75mg/m ² IV bolus. Repeat every 3 weeks.
Gemcitabine⁹	Days 1, 8, and 15: Gemcitabine 1,000mg/m ² IV. Repeat every 4 weeks.
Ifosfamide¹⁰	Days 1–5: Ifosfamide 1.5gm/m ² IV daily with mesna.
Liposomal doxorubicin¹¹	Day 1: Liposomal doxorubicin 50mg/m ² . Repeat every 4 weeks.
Pazopanib¹²	Pazopanib 800mg PO once daily until disease progression.
Temozolomide¹¹	Temozolomide 50–75mg/m ² daily for 6 of 8 weeks.
Vinorelbine (category 2B)¹³	Days 1 and 8: Vinorelbine 30mg/m ² . Repeat every 21 days.
Docetaxel (category 3)¹⁴	Days 1, 8, and 15: Docetaxel 36mg/m ² IV over 1 hour. Repeat every 28 days.

Hormone Therapy (Endometroid histologies only)¹

Medroxyprogesterone acetate, megestrol acetate, aromatase inhibitors, gonadotropin-releasing hormone analogs (category 2B)

* Preferred for leiomyosarcoma.

† Patients with prior pelvic irradiation received gemcitabine 675mg/m² IV and docetaxel 75mg/m² IV.

continued

References

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(Revised 4/2014)

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