

UTERINE SARCOMA TREATMENT REGIMENS (Part 1 of 2)

Clinical Trials: The National Comprehensive Cancer Network (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 NCCN 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.

Preferred Therapies

REGIMEN	DOSING
Doxorubicin ²	Day 1: Doxorubicin 75mg/m ² IV bolus. Repeat every 3 weeks.
Doxetacel + gemcitabine ³	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 + olaratumab ⁴	Day 1: Doxorubicin 75mg/m ² IV + olaratumab 15mg/kg IV over 60 minutes Day 8: Olaratumab 15mg/kg IV over 60 minutes. Repeat cycle every 3 weeks for a maximum of 8 cycles followed by Day 1 and 8: Olaratumab 15mg/kg IV over 60 minutes. Repeat cycle every 3 weeks until disease progression or unacceptable toxicity.

Aromatase inhibitors for low-grade ESS¹

Other Combination Regimens

Doxorubicin + ifosfamide ⁵	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 if counts allow.
Doxorubicin + dacarbazine ⁶	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 + dacarbazine ⁷	Day 1: Gemcitabine 10mg/m ² /min IV over 180 minutes followed by dacarbazine 500mg/m ² IV over 20 minutes. Repeat every 2 weeks for a total of 12 cycles.
Gemcitabine + vinorelbine ⁸	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.

Other Single-Agent Options

Dacarbazine ⁷	Day 1: Dacarbazine 1200mg/m ² IV over 20 minutes. Repeat cycle every 3 weeks for total of 8 cycles.
Epirubicin ⁹	Day 1: Epirubicin 75mg/m ² IV bolus. Repeat every 3 weeks.
Eribulin ¹⁰ (Category 2B)	Days 1 and 8: Eribulin 1.4mg/m ² IV. Repeat every 21 days until disease progression or unacceptable toxicity.
Gemcitabine ¹¹	Days 1, 8, and 15: Gemcitabine 1,000mg/m ² IV over 30 minutes. Repeat every 4 weeks.
Ifosfamide ¹²	Days 1–5: Ifosfamide 1.5g/m ² IV daily with mesna.
Liposomal doxorubicin ¹³	Day 1: Liposomal doxorubicin 50mg/m ² . Repeat every 4 weeks.
Pazopanib ^{14,e}	Pazopanib 800mg orally once daily until disease progression or unacceptable toxicity.
Temozolomide ¹³	Temozolomide 50–75mg/m ² daily for 6 of 8 weeks.
Trabectedin ^{15–18,c}	Trabectedin 1.5mg/m ² via 24-hour continuous IV infusion. Repeat once every 3 weeks.

continued

UTERINE SARCOMA TREATMENT REGIMENS (Part 2 of 2)

Systemic Therapy for Uterine Sarcoma¹ (continued)

Other Single-Agent Options (continued)

REGIMEN	DOSING
Vinorelbine (Category 2B)¹⁹	Days 1 and 8: Vinorelbine 30mg/m ² . Repeat every 21 days.
Docetaxel (Category 3)²⁰	Days 1, 8, and 15: Docetaxel 36mg/m ² IV over 1 hour. Repeat every 28 days until disease progression or unacceptable toxicity.

Hormone Therapy^{1d}

Medroxyprogesterone acetate (Category 2B for ER/PR-positive uLMS), megestrol acetate (Category 2B for ER/PR-positive uLMS), aromatase inhibitors (for ER/PR positive uLMS), gonadotropin-releasing hormone analogs (Category 2B for low-grade ESS and ER/PR-positive uLMS)

Abbreviations: ER = estrogen receptor; ESS = endometrial stromal sarcoma; PR = progesterone receptor; SQ = subcutaneous; uLMS = uterine leiomyosarcoma; UUS = undifferentiated uterine sarcoma.

^a Preferred for uLMS.

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

^c For uLMS that has been treated with a prior anthracycline-containing regimen.

^d For low-grade ESS or hormone-receptor positive (ER/PR) uLMS; preferably there is small tumor volume or an indolent growth pace.

^e May be considered for use in patients with recurrent or metastatic disease who have progressed on prior cytotoxic chemotherapy.

References

- Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines[®]) for Uterine Neoplasms V1.2018. Available at: http://www.nccn.org/professionals/physician_gls/pdf/uterine.pdf. Accessed March 21, 2018.
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(Revised 3/2018)

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