Doxorubicin

Indication
1st line treatment of advanced / metastatic soft tissue sarcoma

Regimen details
Doxorubicin 75mg/m^2 intravenous bolus

Cycle frequency
Every 3 weeks

Number of cycles
6

Administration
Doxorubicin is a vesicant and should be administered via the side port of a fast running infusion.

Pre-medication
None

Emetogenicity
Moderately emetogenic

Additional supportive medication
None

Extravasation
Vesicant

Investigations – pre first cycle
FBC
U&Es and creatinine
LFTs
MUGA scan
Appropriate imaging (i.e. CXR and CT scan) to measure metastatic sites of tumour

Investigations –pre subsequent cycles
Consultation each cycle
FBC, U&Es, LFTs
MUGA scan may be repeated if clinically indicated

Standard limits for administration to go ahead
If blood results not within range, authorisation to administer **must** be given by prescriber/ consultant.

Investigation	**Limit**
Neutrophil count	≥ 1.5 x 10^9/L
Platelet count	≥ 100 x 10^9/L
Hb	> 10
Bilirubin	≤ 35

AST	< 1.5 x ULN

Dose modifications

MUGA scan - LVEF < 50% or >20% decrease from baseline treatment may have to be discontinued

Hepatic impairment: bilirubin >35µmol / litre dose modification must be considered.
The following is a guideline:

If bilirubin 35-50µmol / litre – 20% dose reduction
If bilirubin >50µmol / litre – 50% dose reduction

Cumulative dose of doxorubicin should not exceed 550mg/m²

Adverse effects –

for full details consult product literature/ reference texts

Nausea and vomiting, alopecia, mucositis, possible diarrhoea, myelosuppression, cardiac side effects, amenorrhoea/infertility, fatigue

THIS PROTOCOL HAS BEEN DIRECTED BY DR PARIKH, DESIGNATED LEAD CLINICIAN FOR SARCOMA

RESPONSIBILITY FOR THIS PROTOCOL LIES WITH THE HEAD OF SERVICE

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