North West Coast
Strategic Clinical Networks

Chemotherapy protocol

Drug regimen
Caelyx (liposomal doxorubicin) for Kaposi's sarcoma

Indications for use
Advanced or Rapidly Progressive Human immunodeficiency virus (HIV) associated Kaposi Sarcoma (KS)

- Poor prognostic index Score > 12
- Widespread skin involvement (eg > 20 lesions)
- Extensive KS of the oral cavity
- Tumour associated oedema or ulceration
- Symptomatic visceral involvement
- Immune reconstitution inflammatory syndrome – induced KS flare

Contraindications
Hypersensitivity to peanut or soya

Regimen

Caelyx 20mg/m² in 250ml 5% Dextrose over 30 minutes

In-line filters (0.2micron) must not be used

Repeat regimen every 3 weeks for 6 cycles (increased to 10 cycles if indicated)

*To minimise the risk of infusion reactions, the initial dose is administered at a rate no greater than 1mg/minute. If no infusion reaction is observed, subsequent Caelyx infusions may be administered over a 30-minute period.

In those patients who experience an infusion reaction, the method of infusion should be modified as follows:
5% of the total dose should be infused slowly over the first 15 minutes. If tolerated without reaction, the infusion rate may then be doubled for the next 15 minutes. If tolerated, the infusion may then be completed over the next hour for a total infusion time of 90 minutes

Investigation prior to initiating treatment
FBC, LFTs, U&Es, MUGA (in high-risk patients)

Maximum cumulative dose Caelyx = 450 – 550mg/m2

Consider previous anthracycline exposure
A baseline MUGA scan should be performed where the patient is considered at risk of having impaired cardiac function e.g. significant cardiac history, hypertension, obese, smoker, elderly, previous exposure to anthracyclines, previous thoracic radiotherapy. MUGA scan should be

repeated if there is suspicion of cardiac toxicity at any point during treatment, or if cumulative anthracycline dose approaches maximum

Investigations and consultations prior to each cycle
FBC, U&Es, LTFs

Consultation prior to each cycle

Acceptable limits for treatment to proceed (if outside these delay one week or contact consultant)

Neutrophils	Platelets	Caelyx Dose
1.5 – 1.9	or 75 – 150	Give 100% dose
0.5 – 1.4	or 25 – 74	Delay treatment until Neutrophils ≥ 1.5 and Platelets ≥ 75 then give 100% dose
< 0.5	or < 25	Delay treatment until Neutrophils ≥ 1.5 and Platelets ≥ 75 then give 75% dose

Some HIV patients run chronically low Neutrophil counts and may have low platelets due to Bone marrow involvement with HIV. In these cases where the need for chemotherapy to treat advanced Kaposi Sarcoma outweighs the risks, Calyx may be given at 75 - 100% Dose when Neutrophils 0.5 – 1.4 and Platelets 25 – 74. This must be discussed with Consultant.

Side Effects
Myelosuppression
Hand-foot syndrome
Stomatitis
Infection
Taste alteration
Skin changes
Hot flushes
Backache
Photosensitivity
Urine Discolouration
Tiredness
Cardiotoxicity
Infusion reactions (see below)

Dose Modification Criteria
See “Acceptable limits for treatment to proceed” above for dose reductions due to haematological toxicity
For other toxicities ≥ grade 2: delay treatment until resolved. Reduce dose by 25% if delayed by > 2 weeks (increase cycle length to 4 weeks if necessary)

Specific advice on administration
In-line filters (0.2micron) must not be used

Infusion-associated reactions

Serious and sometimes life-threatening infusion reactions, which are characterised by allergic-like or anaphylactoid-like reactions, with symptoms including asthma, flushing, urticarial rash, chest pain, fever, hypertension, tachycardia, pruritus, sweating, shortness of breath, facial oedema, chills, back pain, tightness in the chest and throat and/or hypotension may occur within minutes of starting the infusion of Caelyx.

Very rarely, convulsions also have been observed in relation to infusion reactions. Temporarily stopping the infusion usually resolves these symptoms without further therapy.

However, medications to treat these symptoms (e.g. antihistamines, corticosteroids, adrenaline, and anticonvulsants), as well as emergency equipment should be available for immediate use.

In most patients treatment can be resumed after all symptoms have resolved, without recurrence. Infusion reactions rarely recur after the first treatment cycle. To minimise the risk of infusion reactions, the initial dose should be administered at a rate no greater than 1mg/minute

THIS PROTOCOL HAS BEEN DIRECTED BY DR BOARD, THE DESIGNATED LEAD CLINICIAN FOR SKIN CANCER

RESPONSIBILITY FOR THIS PROTOCOL LIES WITH THE HEAD OF SERVICE

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