VA

INDICATION (ICD10) C49

1. Rhabdomyosarcoma low risk

REGIMEN

Cycles 1, 3, 5 and 7

Day 1	VINCRISTINE	1.5mg/m^2 (maximum 2mg) in 50ml sodium chloride 0.9% IV infusion over 10 minutes
	DACTINOMYCIN	1500mcg/m^2 (maximum 2000mcg) IV bolus
Day 8	VINCRISTINE	1.5mg/m^2 (maximum 2mg) in 50ml sodium chloride 0.9% IV infusion over 10 minutes
Day 15	VINCRISTINE	1.5mg/m^2 (maximum 2mg) in 50ml sodium chloride 0.9% IV infusion over 10 minutes

Cycles 2, 4, 6 and 8

Day 1	VINCRISTINE	1.5mg/m^2 (maximum 2mg) in 50ml sodium chloride 0.9% IV infusion over 10 minutes
	DACTINOMYCIN	1500mcg/m^2 (maximum 2000mcg) IV bolus

CYCLE FREQUENCY AND NUMBER OF CYCLES

Every 21 days for 8 cycles

ANTI-EMETICS

Moderate emetic risk day 1
Minimal emetic risk days 8 and 15

CONCURRENT MEDICATION REQUIRED

GCSF	Starting at least 24 hours after chemotherapy to maintain dose intensity

EXTRAVASATION AND TYPE OF LINE / FILTERS

Dactinomycin - vesicant
Vincristine – vesicant

Central line

INVESTIGATIONS

Blood results required before SACT administration
FBC, U&E and LFTs every week
Neutrophils x 10^9/L ≥1.0
Platelets x 10^9/L ≥80
Serum creatinine every cycle
ECG (possible ECHO) required if patient has preexisting cardiac disease
Baseline weight and every cycle

MAIN TOXICITES AND ADVERSE REACTIONS

Dactinomycin	Myelosuppression, mucositis, liver changes
Vincristine	Neuropathy

INTERACTIONS WHICH MAY REQUIRE DOSE MODIFICATIONS
(not exhaustive list check SPC/BNF/Stockleys)

Dactinomycin	-
Vincristine	-

DOSE MODIFICATIONS
Non-haematological
Dactinomycin
Omit for duration of concurrent radiotherapy (omitted doses are not subsequently given).
In case of veno occlusive disease (VOD) dactinomycin should not be given until the main abnormalities have returned to normal and give 50% dose in the following course. If tolerated dactinomycin dose may be increased progressively in the following cycles. If the symptoms reappear during dactinomycin treatment, this drug should be withdrawn permanently.

Vincristine
Grade 3-4 peripheral neuropathy (intolerable paraesthesia, marked motor loss, paralysis or paralytic ileus) one or two injections of vincristine should be omitted and restarted at a 50% dose.

Hepatic impairment
Dactinomycin
Consider dose reduction with hepatic dysfunction

Vincristine

Bilirubin 25-51 or AST 60-180u/L	give 50%
Bilirubin >51micromol/L and normal AST	give 50%
Bilirubin >51micromol/L and AST >180u/L	omit

REFERENCES
1. RMS 2005