

Kent and Medway SACT Protocol

MVACarbo for Urothelial Cancer

Indication	Palliative treatment for urothelial cancer
Treatment Intent	Palliative
Funding approval required	No
Drugs / Doses / Administration	<p>Day 1: VINBLASTINE (3mg/m²) IV in 50ml 0.9% sodium chloride over 5-10 minutes DOXORUBICIN (30mg/m²) as a slow IV bolus through the side of a fast running 0.9% sodium chloride intravenous infusion METHOTREXATE (30mg/m²) as a slow IV bolus through the side of a fast running 0.9% sodium chloride intravenous infusion CARBOPLATIN (AUC 5) Dose = AUC x (GFR + 25) IV in 500ml 5% glucose over 30 minutes</p> <p>Day 15: VINBLASTINE (3mg/m²) IV in 50ml 0.9% sodium chloride over 5-10 minutes METHOTREXATE (30mg/m²) as a slow IV bolus through the side of a fast running 0.9% sodium chloride intravenous infusion</p> <p>Day 22: VINBLASTINE (3mg/m²) IV in 50ml 0.9% sodium chloride over 5-10 minutes METHOTREXATE (30mg/m²) as a slow IV bolus through the side of a fast running 0.9% sodium chloride intravenous infusion N.B. BSA to be capped at 2.0m²</p>
Frequency and number of cycles	Every 28 days for 6 cycles.
Emetogenic potential (follow K&M guidelines for the management of SACT induced nausea and vomiting)	<p>Day 1: High Pre Chemo: Dexamethasone 8mg po and Ondansetron iv 16mg (if <75yrs) / 8mg (if ≥75yrs) TTO: Dexamethasone 6mg po om for 3 days and metoclopramide 10mg po up to 3 times a day for 3 days, then 10mg up to 3 times a day as required (do not take for more than 5 days continuously).</p> <p>Day 15 & 22: Minimal Pre Chemo: Metoclopramide 20mg po TTO: Metoclopramide 10mg po up to 3 times a day for 3 days, then 10mg up to 3 times a day as required (max. 30mg per day including 20mg pre-chemo dose). Do not take for more than 5 days continuously.</p>
Pre-medication (if required) Drugs / doses / administration	Anti-emetics only (see above)
Hydration (if required, follow K&M cisplatin hydration guidelines if appropriate)	N/A
Monitoring parameters pre-treatment	<ul style="list-style-type: none"> • ECG prior to cycle 1 • EDTA or C&G may be used to measure GFR prior to cycle 1. Must be ≥ 30ml/min • Discuss with consultant if Creatinine clearance drops by >= 25% • Monitor FBC (day 1, 15 & 22), U&Es and LFTs (day 1) at each cycle • Dose reduction should be considered if grade 3 or 4 non-haematological toxicity or repeat appearance of grade 2 (except N&V and alopecia). Delay until resolution of toxicity to ≤ grade 1 • Omit methotrexate in the event of third space (pleural effusion / ascites) • Day 1 If neuts ≥ 1.5 and PLT ≥100 continue with treatment. If neuts 1.0-1.4 and Plts ≥100 d/w consultant. If neuts <1.0 or PLT <100 defer treatment and consider dose reduction • Day 15 & 22 If neuts <1.0 or PLT <100 omit treatment.
Post treatment observation (if required)	N/A

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Additional TTOs	Calcium folinate 15mg po every 6 hours for 6 doses, starting 24 hours after methotrexate on days 1, 15 & 22 (dispense 18 doses)
Reference(s)	K&M SACT proforma URO-009 MVAC May 15 v5
Comments	

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Document Control

Protocol No:	URO-028	New protocol (carboplatin as a replacement for cisplatin)
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Authorising consultant (usually NOG Chair)	C Thomas	
Written by:	C Waters	
Checked by:	K Miller	