

# BC Cancer Protocol Summary for Treatment of Thymoma/Thymic Carcinoma with Cyclophosphamide, DOXOrubicin and vinCRISTine (CAV)

**Protocol Code:** LUOTCAV

**Tumour Group:** Lung

**Contact Physician:** Dr. Christopher Lee

**ELIGIBILITY:**

- First-line or salvage treatment of thymoma/thymic carcinoma
- Good performance status (ECOG 0, 1)

**TESTS:**

- Baseline: CBC & differential, platelets, creatinine, [alkaline phosphatase](#), [ALT](#), [total bilirubin](#), [LDH](#)
- If clinically indicated: ECG
- Before each treatment: CBC & differential, platelets, creatinine
- If clinically indicated: bilirubin

**PREMEDICATIONS:**

- Antiemetic protocol for highly emetogenic chemotherapy (see protocol SCNAUSEA)

**TREATMENT:**

Drug	Dose	BC Cancer Administration Guideline
DOXOrubicin	50 mg/m <sup>2</sup>	IV Push
vinCRISTine	1.2 mg/m <sup>2</sup> (Max <sup>m</sup> 2 mg)	in 50 mL NS over 15 min
cyclophosphamide	1000 mg/m <sup>2</sup>	IV in 100 to 250* mL NS over 20 to 60 min (*use 250 mL for doses greater than 1000 mg)

- Repeat every 21 days x 4 to 6 cycles

**DOSE MODIFICATIONS:**

**1. HEMATOLOGY**

For cyclophosphamide and DOXOrubicin:

ANC (x 10 <sup>9</sup> /L)		Platelets (x 10 <sup>9</sup> /L)	Cyclophosphamide and DOXOrubicin Dose
greater than or equal to 1.5	and	greater than or equal to 100	100%
1.0 to <a href="#">less than 1.5</a>	or	75 to <a href="#">less than 100</a>	50%
less than 1.0	or	less than 75	<b>Delay</b>

## 2. HEPATIC DYSFUNCTION

For DOXOrubicin:

Bilirubin (micromol/L)	DOXOrubicin Dose
25 to 50	50%
51 to 85	25%
greater than 85	<b>Delay</b>

## 3. NEUROTOXICITY

For vinCRISine:

Neuropathy	vinCRISine Dose
Areflexia	100%
Abnormal buttoning or writing	67%
Moderate motor neuropathy	50%
Severe motor neuropathy	<b>Omit</b>

## 4. RENAL DYSFUNCTION

For cyclophosphamide: Dosage may be halved or interval may be increased from 50 to 100% for Creatinine Clearance less than 18 mL/min

### PRECAUTIONS:

- Extravasation:** DOXOrubicin and vinCRISine cause pain and tissue necrosis if extravasated. Refer to [BC Cancer Extravasation Guidelines](#).
- Neutropenia:** Fever or other evidence of infection must be assessed promptly and treated aggressively.
- Cardiac Toxicity:** DOXOrubicin is cardiotoxic and must be used with caution, if at all, in patients with severe hypertension or cardiac dysfunction. Cardiac assessment recommended if lifelong dose of 450 mg/m<sup>2</sup> to be exceeded. Refer to the [BC Cancer Drug Manual](#) for more information.

**Contact Dr. Christopher Lee or tumour group delegate at (604) 877-6000 or 1-800-663-3333 with any problems or questions regarding this treatment program.**

### REFERENCES:

- Livingston RB, Moore TN, Heilburn MD, et al. Small-cell carcinoma of the lung: combined chemotherapy and radiation. *Ann Intern Med* 1978;88:194-9.
- Kosmidis PA, Iliopoulos E, Pentea S. Combination chemotherapy with cyclophosphamide, adriamycin, and vincristine in malignant thymoma and myasthenis gravis. *Cancer* 1988;61:1736-40.