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Evidence-based Series #12-8 Version 2

A Quality Initiative of the
Program in Evidence-based Care (PEBC), Cancer Care Ontario (CCO)

Liposomal Anthracyclines in the Management of Patients with HIV-positive Kaposi's sarcoma

Members of the Systemic Treatment Disease Site Group

An assessment conducted in October 2014 deferred the review of Evidence-based Series (EBS) 12-8 Version 2, which means that the document remains current until it is assessed again next year. The PEBC has a formal and standardized process to ensure the currency of each document (PEBC Assessment & Review Protocol).

EBS 12-8 Version 2 is comprised of the following 3 sections and is available on the CCO Website on the PEBC Sarcoma page.

Section 1: Clinical Practice Guideline (ENDORSED)
Section 2: Systematic Review
Section 3: Document Review Summary and Review Tool

Release Date: June 12, 2013

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Guideline Report History

GUIDELINE VERSION	SYSTEMATIC REVIEW		PUBLICATIONS	NOTES AND KEY CHANGES
	Search Dates	Data		
Original version June 2004	1966-2002	Full Report	Web publication Peer reviewed publication[1]	NA
Update June 2004	2002-2004	Full Report	Web publication	NA
Version 2 Jun 2013	2004-2012	New data found in section 3: Document Review Tool	Updated Web publication	2004 recommendations is **ENDORSED**

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[1] Iscoe N, Bramwell V, Charette M, Oliver T, Zanke B. Liposomal anthracyclines in the management of patients with HIV-positive Kaposi sarcoma. Curr Oncol. 2003;10(1):27-35.

Evidence-based Series #12-8 Version 2: Section 1

Liposomal Anthracyclines in the Management of Patients with HIV-positive Kaposi's Sarcoma: Guideline Recommendations

N. Iscoe, V. Bramwell, M. Charette, T. Oliver, B. Zanke, and members of the Systemic Treatment Disease Site Group

A Quality Initiative of the
Program in Evidence-Based Care (PEBC), Cancer Care Ontario (CCO)
Developed by the Lung Cancer Disease Site Group

These guideline recommendations have been ENDORSED, which means that the recommendations are still current and relevant for decision making.
Please see Section 3: Document Review Summary and Tool for a summary of updated evidence published between 2004 and 2012, and for details on how this Clinical Practice Guideline was ENDORSED.

Report Date: January 21, 2013

Guideline Question

Does liposomal anthracycline therapy have advantages over standard combination therapy for patients with human immunodeficiency virus (HIV)-positive Kaposi's sarcoma who have aggressive cutaneous or visceral disease? Outcomes of interest are survival, time-to-treatment failure, response rates, adverse effects, and quality of life.

Target Population

These recommendations apply to patients with HIV-positive Kaposi's sarcoma and good performance status (Eastern Cooperative Oncology Group [ECOG] 0-2) who have progressive cutaneous disease despite prior treatment with interferon and/or vinblastine, or who have visceral disease that is symptomatic or progressive.

Recommendations

- The use of conventional combination chemotherapy or single-agent liposomal anthracycline therapy, represent reasonable treatment options in the management of patients with HIV-positive Kaposi's sarcoma.

Qualifying Statements

Many anti-viral regimens used in the treatment of HIV cause peripheral nerve damage. In patients with HIV-positive Kaposi's sarcoma, the risk of neuropathic toxicity appears to be greater with vinca alkaloid-containing conventional treatment regimens than with single-agent liposomal anthracyclines. Therefore, if patients have neuropathy, or are at significant risk for neurotoxicity, liposomal anthracycline therapy may be preferable to conventional combination chemotherapy.

Methods

The literature was searched using the MEDLINE (Ovid) (1966 through August 2002), CANCERLIT (Ovid) (1983 through July 2002), and Cochrane Library (Issue 3, 2002) databases. In addition, the Physician Data Query clinical trials database, and abstracts published in the conference proceedings from the meetings of the American Society of Clinical Oncology (1995-2002), and the European Society for Medical Oncology (1998, 2000) were searched for reports of new or ongoing trials. The Canadian Medical Association Infobase and the National Guideline Clearinghouse databases were searched for relevant clinical practice guidelines. Reference lists from relevant articles and reviews were searched for additional trials.

Evidence was selected and reviewed by one member of the Practice Guidelines Initiative's Systemic Treatment Disease Site Group and methodologists. This practice guideline report has been reviewed and approved by the Systemic Treatment Disease Site Group, which is comprised of medical oncologists, pharmacists, and one community representative.

External review by Ontario practitioners is obtained for all practice guidelines through a mailed survey. Final approval of the practice guideline report is obtained from the Practice Guidelines Coordinating Committee.

The Practice Guidelines Initiative has a formal standardized process to ensure the currency of each guideline report. This process consists of the periodic review and evaluation of the scientific literature and, where appropriate, integration of this literature with the original guideline information.

Update

The original literature search has been updated using MEDLINE (September 2002 through June 2004), EMBASE (September 2002 through June 2004), the Cochrane Library (Issue 2, 2004), the Physician Data Query database, the Canadian Medical Association Infobase, and the National Guideline Clearinghouse, as well as abstracts published in the proceedings of the meetings of the American Society of Clinical Oncology (2004), and the European Society for Medical Oncology (2002). Article bibliographies and personal files were also searched to June 2004 for evidence relevant to this practice guideline report. Please note that CANCERLIT is no longer included in update searches: results from an internal Practice Guidelines Initiative project indicated that the overlap with MEDLINE is 100%, making CANCERLIT database searches redundant.

Key Evidence

- In three published randomized controlled trials, liposomal anthracycline formulations have produced response rates between 25% and 59%, with response rates for the control arm combination chemotherapy regimens ranging from 23% to 28%. In two of these trials, the response rates produced with the liposomal anthracycline formulations were significantly

superior to the control chemotherapy regimens. To date, no statistically significant differences in survival or time-to-treatment failure have been seen.

Future Research

- Patients with HIV-positive Kaposi's sarcoma should be encouraged to enter clinical trials designed to test therapies aimed at improving survival and quality of life, trials designed to assess whether there are clinically important differences between the available liposomal anthracycline formulations and trials comparing single-agent liposomal anthracyclines with single-agent non-liposomal anthracyclines.
- More information is required to provide better estimates of the risk of cardiotoxicity from liposomal anthracyclines.

Funding

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Contact Information

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