Regimen Monograph

A - Regimen Name

IFOS Regimen

Ifosfamide

Disease Site	Gynecologic - Uterine Sarcoma Sarcoma - Uterine
Intent	Palliative
Regimen Category	**Evidence-Informed :** Regimen is considered appropriate as part of the standard care of patients; meaningfully improves outcomes (survival, quality of life), tolerability or costs compared to alternatives (recommended by the Disease Site Team and national consensus body e.g. pan-Canadian Oncology Drug Review, pCODR). Recommendation is based on an appropriately conducted phase III clinical trial relevant to the Canadian context OR (where phase III trials are not feasible) an appropriately sized phase II trial. Regimens where one or more drugs are not approved by Health Canada for any indication will be identified under Rationale and Use.
Rationale and Uses	For the treatment of gynecological sarcoma.

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B - Drug Regimen

Multiple regimens exist with various dosing schedules, an option would be:

ifosfamide	1500 to 3000 mg /m²	IV	Days 1 to 3

mesna

Evidence-based mesna dosing can be variable, an option would be:

- mesna (20% of ifosfamide dose) IV pre-ifosfamide, and then
- mesna (40% of ifosfamide dose) PO 4 and 8 hours post-ifosfamide

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C - Cycle Frequency

REPEAT EVERY 21 DAYS

For a usual total of 3 to 6 cycles unless disease progression or unacceptable toxicity occurs

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D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate

Other Supportive Care:

Also refer to CCO Antiemetic Summary

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E - Dose Modifications

Doses should be modified according to the protocol by which the patient is being treated. The following recommendations are in use at some centres.

Dosage with toxicity

Hematological Toxicities

See Appendix 6 for general recommendations.

Hepatic Impairment

The dose of ifosfamide should be reduced in the presence of hepatic impairment.

Renal Impairment

Creatinine Clearance	Dose
If Serum creatinine > 200 µmol/L	**REDUCE** Ifosfamide to **75%** dose
If Serum creatinine > 300 µmol/L	**REDUCE** Ifosfamide to **67%** dose

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F - Adverse Effects

Refer to ifosfamide, mesna drug monograph(s) for additional details of adverse effects

Most Common Side Effects	Less Common Side Effects, but may be Severe or Life-Threatening
• Alopecia • Nausea, vomiting • Abdominal pain • Dysgeusia (oral mesna) • Hemorrhagic cystitis (may be severe) • Neurotoxicity (may be severe) • Diarrhea • Flu-like symptoms • Nephrotoxicity (may be severe) • Myelosuppression +/- infection, bleeding (may be severe) • Rash (may be severe)	• Injection site reactions • Hypersensitivity • Vision changes • Arrhythmia • Arterial thromboembolism • Venous thromboembolism • Cardiotoxicity • Hemolysis • Pancreatitis • Pneumonitis • Rhabdomyolysis • SIADH

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G - Interactions

Refer to ifosfamide, mesna drug monograph(s) for additional details

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H - Drug Administration and Special Precautions

Refer to ifosfamide, mesna drug monograph(s) for additional details

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I - Recommended Clinical Monitoring

Treating physicians may decide to monitor more or less frequently for individual patients but should always consider recommendations from the product monograph.

Recommended Clinical Monitoring

- CBC; baseline and before each cycle. Interim counts should be done in first cycle and repeated if dose modifications necessary.
- Baseline and regular renal function (including electrolytes) tests as well as urinalysis.
- Baseline and periodic liver function tests
- Clinical toxicity (including stomatitis, neurotoxicity, cystitis) assessment; at each visit
- Grade toxicity using the current NCI-CTCAE (Common Terminology Criteria for Adverse Events) version

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J - Administrative Information

Approximate Patient Visit	Ifosfamide split into multiple days: 3 to 4 hours
Pharmacy Workload (average time per visit)	24 minutes
Nursing Workload (average time per visit)	51.667 minutes

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K - References

Ifostamide and mesna drug monographs, Cancer Care Ontario.

Sutton GP, Blessing JA, Rosenheim N, et al. Phase II trial of ifosfamide and mesna in mixed mesodermal tumors of the uterus: a Gynecologic Oncology Group study. Am J Obstet Gynecol,

1989; 161: 309-312.

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M - Disclaimer

Regimen Abstracts

A Regimen Abstract is an abbreviated version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). It is intended for healthcare providers and is to be used for informational purposes only. It is not intended to constitute or be a substitute for medical advice, and all uses of the Regimen Abstract are subject to clinical judgment. Such information is provided on an "as-is" basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information's quality, accuracy, currency, completeness, or reliability, and Cancer Care Ontario disclaims all liability for the use of this information, and for any claims, actions, demands or suits that arise from such use.

Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

Regimen Monographs

Refer to the New Drug Funding Program or Ontario Public Drug Programs websites for the most up-to-date public funding information.

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