

Regimen Monograph

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A - Regimen Name

VAD Regimen

VinCRISTine-ADRIAMYCIN® (DOXOrubicin)-Dexamethasone**Disease Site** Hematologic - Multiple Myeloma**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.

This **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). 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.

Rationale and Uses An old regimen for myeloma but may be used if one exhausts other treatment options.[back to top](#)

B - Drug Regimen

DOXOrubicin	9 mg /m ² /day	IV over 24 hours as continuous infusion	Days 1 to 4
vinCRISTine	0.4 mg /day	IV over 24 hours as continuous infusion	Days 1 to 4
dexamethasone	40* mg	PO for 4 days	Days 1 to 4, 9 to 12 and 17 to 20

(*Outpatient prescription in multiples of 4mg tablets)

The dexamethasone dose should be reduced in elderly patients.

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C - Cycle Frequency

REPEAT EVERY 28 DAYS

Up to 4 cycles unless disease progression or unacceptable toxicity occurs

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J - Administrative Information

Approximate Patient Visit	0.5 hour
Pharmacy Workload (average time per visit)	22 minutes
Nursing Workload (average time per visit)	76.667 minutes

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K - References

Dimopoulos MA, Pouli A, Zervas K, et al. Prospective randomized comparison of vincristine, doxorubicin and dexamethasone (VAD) administered as intravenous bolus injection and VAD with liposomal doxorubicin as first-line treatment in multiple myeloma. *Ann Oncol* 2003;14(7):1039-44.

Mineur P, Ménard JF, Le Loët X, et al. VAD or VMBCP in multiple myeloma refractory to or relapsing after cyclophosphamide-prednisone therapy (protocol MY 85). *Br J Haematol* 1998;103(2):512-7.

Segeren CM, Sonneveld P, van der Holt B, et al. Vincristine, doxorubicin and dexamethasone (VAD) administered as rapid intravenous infusion for first-line treatment in untreated multiple myeloma. *Br J Haematol*. 1999;105(1):127-30.

September 2019 Added note on dexamethasone dose in the elderly

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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.

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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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Some Formulary documents, such as the medication information sheets, regimen information sheets and symptom management information (for patients), are intended for patients. Patients should always consult with their healthcare provider if they have questions regarding any information set out in the Formulary documents.

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