

Regimen Monograph

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A - Regimen Name

VActC Regimen

VinCRISTine-Actinomycin (Dactinomycin)-Cyclophosphamide

Disease Site Sarcoma - Soft Tissue
(Rhabdomyosarcoma)

Intent Neoadjuvant
Adjuvant
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 For treatment of rhabdomyosarcoma

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B - Drug Regimen

vinCRISTine	1.5 mg /m ²	IV (max 2 mg)	Day 1
DACTINomycin	1.25 mg /m ²	IV (max 2.5 mg)	Day 1
cyclophosphamide	1200 mg /m ²	IV	Day 1
mesna			

consider use - refer to local protocol

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C - Cycle Frequency

REPEAT EVERY 21 DAYS

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D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate

Other Supportive Care:

Also refer to [CCO Antiemetic Recommendations](#).

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J - Administrative Information

Approximate Patient Visit	2 hours
Pharmacy Workload (average time per visit)	25.33 minutes
Nursing Workload (average time per visit)	41.67 minutes

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K - References

Arndt CA, Stoner JA, Hawkins DS, et al. Vincristine, actinomycin, and cyclophosphamide compared with vincristine, actinomycin, and cyclophosphamide alternating with vincristine, topotecan, and cyclophosphamide for intermediate-risk rhabdomyosarcoma: children's oncology group study D9803. *J Clin Oncol* 2009;27(31):5182-8.

Grier HE, Krailo MD, Tarbell NJ, et al. Addition of ifosfamide and etoposide to standard chemotherapy for Ewing's sarcoma and primitive neuroectodermal tumor of bone. *N Engl J Med*. 2003 Feb 20;348(8):694-701.

Hawkins DS, Anderson JR, Mascarenhas L, et al. Vincristine, dactinomycin, cyclophosphamide (VAC) versus VAC/V plus irinotecan (VI) for intermediate-risk rhabdomyosarcoma (IRRMS): A report from the Children's Oncology Group Soft Tissue Sarcoma Committee. *J Clin Oncol* 2014;32(15 suppl May):10004.

Raney RB, Maurer HM, Anderson JR, et al. The Intergroup Rhabdomyosarcoma Study Group (IRSG): Major Lessons From the IRS-I Through IRS-IV Studies as Background for the Current IRS-V Treatment Protocols. *Sarcoma*. 2001; 5(1): 9–15.

May 2019 Updated emetic risk category

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M - Disclaimer

Regimen Abstracts

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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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