

Cancer Care Ontario Practice Guidelines Initiative

Sponsored by: Cancer Care Ontario
Ontario Ministry of Health and Long-term Care



Doxorubicin-based Chemotherapy for the Palliative Treatment of Adult Patients with Locally Advanced or Metastatic Soft Tissue Sarcoma

Practice Guideline Report #11-1

ORIGINAL GUIDELINE: November 1999
MOST RECENT LITERATURE SEARCH: October 2002

Literature searches conducted since completion of the original guideline have found no new evidence relevant to the recommendations made in the guideline report.

SUMMARY

Guideline Questions

1. Is there an advantage, in terms of response rate or survival, in using doxorubicin-based combination chemotherapy compared with single-agent doxorubicin for palliative treatment of incurable locally advanced or metastatic STS?
2. Is the use of combination chemotherapy associated with increased toxic effects compared with the use of single-agent doxorubicin in this setting?

Target Population

This recommendation applies to adult patients with symptomatic unresectable locally advanced or metastatic soft tissue sarcoma who are candidates for palliative chemotherapy.

Recommendation

- Single-agent doxorubicin is an appropriate first-line chemotherapy option for advanced or metastatic soft tissue sarcoma. Some doxorubicin-based combination chemotherapy regimens, given in conventional doses, produce only marginal increases in response rates, at the expense of increased toxic effects, and with no improvements in overall survival.

Methods

Entries to MEDLINE (through to October 2002), CANCERLIT (through to October 2002) and Cochrane Library (through to Issue 4, 2002) databases and abstracts published in the proceedings of the 2000-2002 annual meetings of the American Society of Clinical Oncology have been searched for evidence relevant to this practice guideline. The most recent literature search was performed in October 2002.

Evidence was selected and reviewed by one member of the Cancer Care Ontario Practice Guidelines Initiative's Sarcoma Disease Site Group and methodologists. This practice guideline report has been reviewed and approved by the Sarcoma Disease Site Group, which comprises medical oncologists, radiation oncologists, surgeons, a pathologist, and community representatives.

External Review by Ontario practitioners was obtained through a mailed survey. Final approval of the original guideline report was obtained from the Practice Guidelines Coordinating Committee.

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

Key Evidence

- Eight randomized trials comparing doxorubicin-based combination versus doxorubicin single-agent chemotherapy were reviewed. Response rates and overall survival were evaluated using pooled statistical analysis. The pooled response data in 2281 patients showed a slight trend favouring the combination therapy, although this did not reach statistical significance (OR, 0.79; 95% CI, 0.60 to 1.05; p=0.10). Survival data could only be abstracted from six studies involving 2097 patients, and showed no significant advantage for combination therapy (OR, 0.84; 95% CI, 0.67 to 1.06; p=0.13). Data on adverse effects could not be combined in a meta-analysis; however, nausea, vomiting and myelosuppression were consistently more severe with combination chemotherapy than with single-agent chemotherapy.

Future Research

Future randomized clinical trials should compare new regimens, whose activity has been established in single-arm studies, with single-agent doxorubicin, and include quality of life as an outcome measure.

Prepared by the Sarcoma Disease Site Group

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PREAMBLE: About Our Practice Guideline Reports

The Cancer Care Ontario Practice Guidelines Initiative (CCOPGI) is a project supported by Cancer Care Ontario and the Ontario Ministry of Health and Long-Term Care, as part of the Program in Evidence-based Care. The purpose of the Program is to improve outcomes for cancer patients, to assist practitioners to apply the best available research evidence to clinical decisions, and to promote responsible use of health care resources. The core activity of the Program is the development of practice guidelines by Disease Site Groups of the CCOPGI using the methodology of the Practice Guidelines Development Cycle.¹ The resulting practice guideline reports are a convenient and up-to-date source of the best available evidence on clinical topics, developed through systematic reviews, evidence synthesis and input from a broad community of practitioners. They are intended to promote evidence-based practice.

This practice guideline report has been formally approved by the Practice Guidelines Coordinating Committee, whose membership includes oncologists, other health providers, community representatives and Cancer Care Ontario executives. Formal approval of a practice guideline by the Coordinating Committee does not necessarily mean that the practice guideline has been adopted as a practice policy of CCO. The decision to adopt a practice guideline as a practice policy rests with each regional cancer network that is expected to consult with relevant stakeholders, including CCO.

Reference:

1. Browman GP, Levine MN, Mohide EA, Hayward RSA, Pritchard KI, Gafni A, et al. The practice guidelines development cycle: a conceptual tool for practice guidelines development and implementation. *J Clin Oncol* 1995;13(2):502-12.

For the most current versions of the guideline reports and information about the CCOPGI and the Program, please visit our Internet site at:

<http://www.cancercare.on.ca/ccopgi/>

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