DOXORUBICIN for urgent use

INDICATION

Patients presenting with a high white count / bulky disease who need to be treated urgently and when other chemotherapy cannot be obtained (e.g. out of hours). Use of doxorubicin in this situation must be discussed with the consultant in charge of patient.

TREATMENT INTENT

Disease control.

PRE-ASSESSMENT

Where appropriate and available the pre-assessment should be according to the disease specific protocol.

DRUG REGIMEN

Stat DOXORUBICIN 50 mg IV bolus.

CYCLE FREQUENCY

Once only.

DOSE MODIFICATIONS

Discuss with consultant before any dose reduction as this protocol is an emergency stat dose only.

Doxorubicin maximum cumulative dose (additive to other anthracyclines):
450-550 mg/m^2 (in normal cardiac function)
400 mg/m^2 (in patients with cardiac dysfunction or exposed to mediastinal irradiation).
Consider dose reduction in the event of cardiac impairment.

INVESTIGATIONS

FBC, renal and liver profiles.

CONCURRENT MEDICATION

Tumour lysis prophylaxis – refer to the tumour lysis protocol.

EMETIC RISK

High.

ADVERSE EFFECTS / REGIMEN SPECIFIC COMPLICATIONS

Cardiotoxicity - monitor cardiac function. Doxorubicin may be stopped in future cycles if signs of cardiotoxicity, e.g. cardiac arrhythmias, pericardial effusion, tachycardia with fatigue.

EXTRAVASATION RISK

Doxorubicin: vesicant

TREATMENT RELATED MORTALITY

Dependent on emergency clinical situation.

REFERENCE

1. The Lancet Oncology. Dose recommendations for anticancer drugs in patients with renal or hepatic impairment. Lancet Oncol 2019; 20:e201-08.

Review

Name	Revision	Date	Version	Review date
Sara Castro (Advanced Haematology Pharmacist)	Annual Protocol review	June 2021	3.8	June 2023