

THYMOMA AND THYMIC CARCINOMA TREATMENT REGIMENS (Part 1 of 2)

Clinical Trials: The National Comprehensive Cancer Network recommends cancer patient participation in clinical trials as the gold standard for treatment.

Cancer therapy selection, dosing, administration, and the management of related adverse events can be a complex process that should be handled by an experienced healthcare team. Clinicians must choose and verify treatment options based on the individual patient; drug dose modifications and supportive care interventions should be administered accordingly. The cancer treatment regimens below may include both U.S. Food and Drug Administration-approved and unapproved indications/regimens. These regimens are provided only to supplement the latest treatment strategies.

These Guidelines are a work in progress that may be refined as often as new significant data becomes available. The NCCN Guidelines® are a consensus statement of its authors regarding their views of currently accepted approaches to treatment. Any clinician seeking to apply or consult any NCCN Guidelines® is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient's care or treatment. The NCCN makes no warranties of any kind whatsoever regarding their content, use, or application and disclaims any responsibility for their application or use in any way.

Systemic Therapy

Note: All recommendations are Category 2A unless otherwise indicated.

First-Line Combination Chemotherapy Regimens¹

REGIMEN	DOSING
CAP (preferred for thymoma)²	Day 1: Cisplatin 50mg/m ² IV + doxorubicin 50mg/m ² IV + cyclophosphamide 500mg/m ² IV. Repeat every 21 days for a max of 8 cycles.
CAP with prednisone³	Day 1: Cyclophosphamide 500mg/m ² IV Days 1–3: Cisplatin 30mg/m ² IV Days 1–3: Doxorubicin 20mg/m ² via 24-hour continuous IV infusion Days 1–5: Prednisone 100mg. Repeat every 3 weeks for 3 cycles.
ADOC⁴	Day 1: Cisplatin 50mg/m ² IV + doxorubicin 40mg/m ² IV Day 3: Vincristine 0.6mg/m ² IV Day 4: Cyclophosphamide 700mg/m ² IV. Repeat every 3 weeks for 5 cycles.
PE⁵	Day 1: Cisplatin 60mg/m ² IV over 1 hour Days 1–3: Etoposide 120mg/m ² IV over 30 minutes. Repeat every 3 weeks for a max of 8 cycles.
VIP⁶	Days 1–4: Etoposide 75mg/m ² IV + ifosfamide 1.2g/m ² IV + cisplatin 20mg/m ² IV. Repeat every 3 weeks for 4 cycles.
Carboplatin + paclitaxel (preferred for thymic carcinoma)⁷	Day 1: Paclitaxel 200mg/m ² IV over 3 hours followed by carboplatin AUC=6 IV over 30 minutes. Repeat every 3 weeks for a max of 6 cycles.

Second-Line Chemotherapy¹

Etoposide⁵	Days 1–3: Etoposide 120mg/m ² IV over 30 minutes. Repeat every 3 weeks for a max of 8 cycles.
Ifosfamide⁸	Days 1–5: Ifosfamide 1.5g/m ² IV. Repeat every 3 weeks for a max of 9 cycles.
Pemetrexed⁹	Day 1: Pemetrexed 500mg/m ² IV. Repeat every 3 weeks for a max of 6 cycles.
Octreotide (including LAR) ± prednisone¹⁰	Octreotide 0.5 mg SQ TID ± prednisone 0.6 mg/kg/day. Treat for a maximum of 1 year.
5-FU + leucovorin¹¹	Days 1–5: 5-FU 300–370mg/m ² IV + leucovorin 200mg/m ² IV rapid infusion. Repeat every 28 days.
Gemcitabine¹²	Days 1, 8, and 15: Gemcitabine 1000mg/m ² IV over 30 minutes. Repeat every 28 days in patients with acceptable toxicity and no evidence of disease progression.
Paclitaxel¹³	Days 1, 8, 15, 22, 29, and 36: Paclitaxel 80mg/m ² IV. Repeat every 8 weeks until tumor response.
Sunitinib (thymic carcinomas only)¹⁴	Sunitinib 50mg orally once daily for 4 weeks, followed by 2 weeks off. Repeat every 6 weeks until disease progression.
Everolimus¹⁵	Everolimus 10mg orally once daily. Continue treatment until disease progression or unacceptable toxicity.

continued

References

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