BCCA Protocol Summary for Dexamethasone as Treatment for Cerebral Edema or CNS Swelling

Protocol Code *SCDEXA*

Tumour Group *Supportive Care*

Eligibility:
- Patients with primary or metastatic disease exhibiting cerebral edema or CNS swelling.
- Management of malignant brain tumours
- Management of CNS lymphoma
- Dexamethasone for these indications is a BCCA Benefit Drug

Exclusion:
Dexamethasone will **not** be provided or reimbursed for:
- anti-emetic treatment.
- steroid replacement therapy.
- pre-taxane use.
- appetite stimulation.

Tests:
- None

Premedications:
- None

Treatment:

DRUG	DOSE	BCCA ADMINISTRATION GUIDELINE
Dexamethasone (oral)	Usual dose range is 2-16 mg/day	• Give in divided doses • Dose is dependent on severity of symptoms • If no response, may increase to 100 mg per day, but be cautious of increased side effects

Dexamethasone is available as 0.5mg, 0.75 mg and 4 mg tablets.

- During radiation therapy, a tapering dose of dexamethasone, as clinically tolerated (to alleviate symptoms of cerebral edema), is prescribed, and the lowest effective dose is used.
- After completion of radiation therapy, dexamethasone is tapered over 2-4 weeks, and then discontinued.
- Sample tapering schedule:
  For lymphoma patients: maintain at same dose for 1 week, then reduce by 4 mg every 5 to 7 days, depending on severity of symptoms. (eg: 16mg/day x 1 week, 12 mg/day x 1 week, 8 mg/day x 1 week, 4 mg/day x 1 week, 2mg/day x 1 week, then stop. If patient has been on dexamethasone for a very long period of time, in addition to following the above schedule, taper for a further week at 2 mg every other day before stopping.)
  For non-lymphoma patients: reduce by 4 mg every 5 days.
- There can be periods of brain edema in the few weeks following radiation and in a delayed window of time from 8-16 weeks following the completion of radiation therapy that may require dexamethasone to be re-instituted.

Warning: The information contained in these documents are a statement of consensus of BC Cancer Agency professionals regarding their views of currently accepted approaches to treatment. Any clinician seeking to apply or consult these documents is expected to use independent medical judgement in the context of individual clinical circumstances to determine any patient's care or treatment. Use of these documents is at your own risk and is subject to BC Cancer Agency's terms of use available at www.bccancer.bc.ca/legal.htm

- Occasionally, adrenal dependence is seen and prolonged tapering or continued use of low dose steroid replacement is needed.

Dose Modifications:
- As noted above

Precautions:
- If the patient is also on chemotherapy, immunity may be further suppressed and the patient may be at increased risk for opportunistic infections.
- Do not stop dexamethasone therapy abruptly. Sudden withdrawal may precipitate an acute adrenocortical insufficiency episode, which may result in death.

Call the patient's oncologist with any problems or questions regarding this treatment program.

Date activated: 1 Feb 2006

Dated revised: 1 May 2009 (disclaimer added)

References:

1. BC Cancer Agency Cancer Management Guidelines/Neuro-Oncology-Management. Revised February 2004.
2. Koehler PJ. Use of corticosteroids in neuro-oncology, a review paper. Anti-Cancer Drugs 1995; 6:19-33.
3. Parfitt K, ed. Martindale: The complete drug reference. 32nd ed. The Pharmaceutical Press: Massachusetts, 1999.
4. Dr. N. Voss, personal communication, Radiation Oncologist, BC Cancer Agency (email January 31, 2005) October 2005.

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