

# BCCA Protocol Summary for Palliative Therapy for Metastatic Melanoma Using Lomustine (CCNU)

**Protocol Code** SMCCNU  
**Tumour Group** Melanoma  
**Contact Physician** Dr. Richard Klasa

## ELIGIBILITY:

- second-line treatment of metastatic melanoma
- ECOG 0-2

## EXCLUSIONS:

- Hematologic, hepatic or renal dysfunction

## TESTS:

- Baseline: CBC and differential, platelets, creatinine, alkaline phosphatase, AST, GGT, bilirubin
- Before each treatment: CBC and differential, platelets, creatinine, alkaline phosphatase, AST, GGT, bilirubin, tumour measurements
- Every other treatment: diagnostic imaging at the discretion of treating physician
- **After 6 cycles: Consider pulmonary function test**

## PREMEDICATIONS:

- Antiemetic protocol for LOW-MODERATE emetogenic chemotherapy (see protocol SCNAUSEA)

## TREATMENT:

<b>Drug</b>	<b>Dose</b>	<b>BCCA Administration Guideline</b>
Lomustine (CCNU)	130 mg/m <sup>2</sup> (round to closest 10 mg)	PO at bedtime on empty stomach, on day1 every 6 weeks

- Repeat every 6 weeks until disease progression or intolerable side effects (usually 1 year). The time interval may be modified with repeated courses.
- Assess after 6 cycles. Further treatment associated with increased risk of pulmonary toxicity. Consider pulmonary function tests if further treatment considered.

## DOSE MODIFICATIONS:

### 1. Hematological

On treatment day:

ANC (x10 <sup>9</sup> /L)	Platelets (x10 <sup>9</sup> /L)	Dose
greater than 1.5	greater than 100	100%
1-1.5	80-99	80%
less than 1	less than 80	delay 1 week and resume at 60% of the original dose(Note: this will be the new 100% dose thereafter)

\*If more than 2 delays, please consult contact physician.

### 2. Hepatic dysfunction:

- It is unknown whether dosage adjustment is necessary in hepatic dysfunction. Lomustine is hydroxylated in the liver to active metabolites, which are excreted in the urine. Closely monitor patients with hepatic dysfunction and adjust lomustine dose based on hematologic toxicity.
- Hold lomustine if AST/GGT >5 x ULN or bilirubin >25 µmol/L until liver function returns to normal.

### 3. Renal dysfunction

Creatinine clearance(mL/min)	Dose
greater than 50	100%
10-50	75%
less than 10	50%

- If serum creatinine greater than 150 micromol/L, reconsider the use of lomustine.
- Hemodialysis: supplemental dose for dialysis is not required
- Peritoneal dialysis is ineffective (0% to 24%) in removing lomustine

## PRECAUTIONS:

1. **Neutropenia:** Myelosuppression is cumulative. Fever or other evidence of infection must be assessed promptly and treated aggressively.
2. A **vomited dose** should not be repeated if it occurs more than 30-45 minutes after the dose.
3. **Pulmonary toxicity** has been reported at cumulative doses usually greater than 1,100 mg/m<sup>2</sup>.

**Call Dr. Richard Klasa or tumour group delegate at (604) 877-6000 or 1-800-663-3333 with any problems or questions regarding this treatment program.**

Date activated: N/A

Date revised: 01 Jul 2011 (lab tests and dose modifications clarified)