BCCA Protocol Summary for Treatment of Adrenal Cortical Cancer with Mitotane

Protocol Code: GUMITO
Tumour Group: Genitourinary
Contact Physician: Dr. Kim Chi

ELIGIBILITY:
- Adjuvant treatment or treatment for local recurrence or metastases of primary adrenal cortical tumours
- ECOG 0, 1, 2

TESTS:
- Baseline: CBC & diff, lytes, LFT’s, and DHEAS, 24 hour urinary cortisol or serum cortisol
- CBC & diff, lytes, creatinine, AST, alk phos, bilirubin every 4-6 weeks while adjusting doses, then every 1 to 3 months during treatment
- DHEAS or 24 hour urinary cortisol or serum cortisol, if appropriate for patients with functioning tumours, to be measured after on stable tolerated dose for four weeks, then every 3-4 months along with other tumour measures and imaging.

PREMEDICATIONS:
- none

TREATMENT:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>BCCA Administration Guidelines</th>
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<tbody>
<tr>
<td>Mitotane</td>
<td>Starting dose is 2 grams daily in 4 divided doses; then escalate by 1 gram per day once every 1-2 weeks to maximum tolerated dose. Usual dose limiting toxicity is anorexia and nausea.</td>
<td>PO</td>
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<tr>
<td>Cortisone acetate</td>
<td>25 mg every morning and 12.5 mg every evening. Omit if patient has increased levels of serum cortisol</td>
<td>PO</td>
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<tr>
<td>Fludrocortisone acetate</td>
<td>0.1 mg every morning. Omit if patient has increased levels of serum cortisol</td>
<td>PO</td>
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- Continue treatment as long as there is a clinical benefit and no excessive toxicity
- An adequate trial is three months at the maximum tolerated dose
DOSE MODIFICATIONS:
- Contact Genitourinary Tumour Group for more information.

PRECAUTIONS:
Hypoadrenalism: Mitotane will cause potentially permanent hypoadrenalism. Patients must take cortisone acetate and fludrocortisone acetate as above and continue them even after mitotane is discontinued. In the event of physiologic stress, glucocorticoid supplementation should be given. Occasional patients will require lifelong replacement even after mitotane is stopped, so it should not be discontinued without evaluation for adequate adrenal function. Patients with functioning tumours produce excessive cortisol. Replacement with gluco- and mineralocorticoid should not be started until cortisol levels have been documented to fall to normal or below.

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

Date Activated: 1 Apr 2012 (replacing ENMITO)

Date revised:

References: