

BC Cancer Protocol Summary for cycloSPORINE for Cytopenias Associated with Lymphoproliferative Disorder of Large Granular Lymphocytes

Tumor Group: Lymphoma
Protocol Code: LYCSPA
Contact Physician: Dr. Laurie Sehn

ELIGIBILITY:

- Age: any
- Histology: lymphoproliferative disorder of large granular lymphocytes (LDGL), also known as T_γ (gamma) leukemia, natural killer cell leukemia or large granular lymphocytosis
- Stage: any
- Symptomatic or health-threatening fall in the erythrocyte, neutrophil or platelet count

TESTS:

- Weekly: CBC & Diff, creatinine; decrease to monthly once a stable dose and effect are established.
- Serum cycloSPORINE levels are only necessary to be sure a therapeutic level is being achieved in a non-responding patient before abandoning use.
- Baseline: HBsAg, HBsAb, HBcoreAb
- If clinically indicated: HBV viral load, ALT (see protocol [SCHBV](#))

SUPPORTIVE MEDICATIONS

Moderate risk of hepatitis B reactivation. If HBsAg or HBcoreAb positive, follow hepatitis B prophylaxis as per [SCHBV](#).

TREATMENT:

Drug	Dose	BC Cancer Administration Guideline
cycloSPORINE	Starting dose: 100 mg BID	PO

Adjust dose to determine the minimum necessary to keep the target blood cell count in the low normal range or just below normal. The maximum dose of cycloSPORINE should not exceed that which causes symptomatic toxicity or rise in serum creatinine to greater than 125% of normal or 400 mg/day.

If no effect on the target cytopenia has been seen after two months at the maximum tolerated dose, cycloSPORINE should be abandoned.

DOSE MODIFICATIONS:

- Renal Dysfunction:** Do not allow serum creatinine to exceed 125% of normal. Reduce dose as needed to keep below this threshold.

PRECAUTIONS:

1. Numerous chronic renal, hepatic, allergic or neurologic toxicities can be seen with chronic cycloSPORINE administration. Consultation should be sought with a member of the Lymphoma Tumour Group experienced in its chronic use.
2. **Drug Interactions:** Numerous drug interactions have been reported when cycloSPORINE is used in combination with other drugs. Refer to product monograph.
3. **Red Wine Interaction:** Red wine causes a 50% increase in the oral clearance of cycloSPORINE, resulting in reduced serum concentrations of cycloSPORINE. It is recommended that red wine be avoided in patients receiving cycloSPORINE.
4. **Hepatitis B Reactivation:** See [SCHBV protocol](#) for more details.

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

REFERENCES:

Tsunoda SM, et al. Red wine decreases cyclosporine bioavailability. Clin Pharmacol Ther 2001; 70: 462-7.