

# BC Cancer Protocol Summary for Standard Procarbazine for Second-line Treatment of Recurrent Brain Tumour

**Protocol Code**

CNPROC

**Tumour Group**

Neuro-Oncology

**Contact Physician**

Dr. Brian Thiessen

## ELIGIBILITY:

- Palliative therapy for patients with recurrent gliomas, especially those who are intolerant of or failed nitrosurea and temozolomide-based regimens.
- Karnofsky Performance Status greater than 60
- Normal hepatic, renal and bone marrow function

## TESTS:

- **Baseline:** CBC and differential, platelet count, ALT, bilirubin, serum creatinine, serum glucose (patients on dexamethasone)
- **Before each cycle:** CBC and differential, platelet count, ALT, bilirubin
- **Imaging:** CT before treatment starts and repeat every second (ie, odd-numbered) cycle (BEFORE #1, 3, 5, 7, etc.)

## PREMEDICATIONS:

- Antiemetic protocol for Low/Moderate emetogenic chemotherapy (see protocol SCNAUSEA)
- Nausea seems to be minimized by taking the capsules in divided doses. Nausea also seems to diminish as the fourteen days progress.

## TREATMENT:

Drug	Dose*	BCCA Administration Guideline
procarbazine	100 mg/m <sup>2</sup> daily for 14 days	PO

\*round dose to nearest 50 mg

Repeat every 28 days.

- Continue treatment until disease progression - clinical or radiographic.
- Drug should be discontinued for patient intolerance or disease stabilization for two consecutive scans (6 months of stable disease from baseline).

**DOSE MODIFICATIONS:**

**1. Hematological:**

<b>ANC (x10<sup>9</sup>/L)</b>		<b>Platelets (x10<sup>9</sup>/L)</b>	<b>Procarbazine dose</b>
greater than <b>or equal to</b> 1.5	and	greater than <b>or equal to</b> 100	100%
1.0 to <b>less than</b> 1.5	and/or	80 to <b>less than</b> 100	80%
less than 1.0	and/or	less than 80	delay

- 2. Respiratory:** review case.
- 3. Intolerable side effects:** re-evaluate treatment.
- 4. Hepatic dysfunction:** hold chemo if **ALT** greater than 5 x ULN or bilirubin greater than 25 micromol/L until liver function returns to normal.

**PRECAUTIONS:**

1. Drug Precautions: Sedatives, phenothiazines, MAO-inhibitors, tricyclic antidepressants and compounds with high tyramine content
2. \*Hypertensive crisis if taking MAO-like drugs or foods high in tyramine.  
Procarbazine handout to be given to patient
3. Psycho-neurologic complaints - including drowsiness
4. Allergy to procarbazine - usually urticaria
5. Cough
6. Pancytopenia

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