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:

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