

BC Cancer Protocol Summary for Adjuvant Lomustine, CISplatin and vinCRISline in Adult High-Risk Medulloblastoma or other Primitive Neuro-Ectodermal Tumour (PNET)

Protocol Code

CNCCV

Tumour Group

Neuro-Oncology

Contact Physician

Dr. [Rebecca Harrison](#)

ELIGIBILITY:

Patients must have:

- Age greater than 18 years, and
- High risk medulloblastoma or supratentorial PNET (including pinealoblastoma)
 - “High Risk” includes:
 1. residual tumour greater than 1.5 cm
 2. evidence of metastatic spread on neuroimaging and/or CSF analysis
 3. brainstem invasion by tumour

Patients should have:

- Karnofsky Performance Score greater than 60
- Adequate hematologic, renal and hepatic function

EXCLUSIONS:

Patients must not have:

- Age greater than 40 years (consider modified PCV adjuvant chemotherapy, CNMODPCV)

TESTS:

- Baseline: CBC and diff, lytes, calcium, magnesium, creatinine, ALT, bilirubin, random glucose (if indicated for patients on dexamethasone), audiometric evaluation
- Before each cycle: CBC and diff, platelets, lytes, calcium, magnesium, creatinine, ALT, bilirubin, random glucose (if indicated for patients on dexamethasone)
- Before treatment on day 15: CBC and diff, platelets
- Audiometry: After cycles 2, 4, 6,
- Neuroimaging: CT/MRI of head before cycles 3, 5, 7 and at the end of treatment
- MRI spine: At treatment completion
- If clinically indicated: Pulmonary function tests, more frequent audiometry

PREMEDICATIONS:

- Antiemetic protocol for high emetogenicity chemotherapy protocols (see protocol SCNAUSEA).

TREATMENT:

- 8 cycles of lomustine, CISplatin and vinCRISTine administered every 6 weeks, starting 4 to 6 weeks after craniospinal RT:

Drug	Dose	BC Cancer Administration Guidelines
Prehydration	1000 mL D5 ½ NS	IV infusion from Hours 0 to 2
lomustine	75 mg/m ² on Day 1	PO (after prehydration)
CISplatin	75 mg/m ² on Day 1	IV infusion in 1000 mL D5 ½ NS over 6 hours from Hours 2 to 8
mannitol	30 g on Day 1	
Posthydration	D5 ½ NS	IV infusion at 200 mL/h from Hours 8 to 24
vinCRISTine	2 mg on Days 1, 8 and 15	IV in 50 mL NS over 5 mins

Repeat every 6 weeks x 8 cycles.

Discontinue if no response, progression, recurrence or completion of 8 cycles.

DOSE MODIFICATIONS:

1. **Hematological:** For treatment day counts, modify lomustine as follows:

ANC (x10 ⁹ /L)		Platelets (x10 ⁹ /L)	Dose (lomustine)
greater than or equal to 1.5	and	greater than or equal to 100	100%
1.0 to 1.5	and/or	80 to 100	80%*
less than 1.0	and/or	less than 80	Delay until ANC greater than or equal to 1.5 AND Platelets greater than or equal to 100 Resume at 60% of original dose (Note: this will be the new 100% dose thereafter)*

If more than 2 delays, CONSULT contact physician.

2. Renal dysfunction: Dose modification required for CISplatin:

Creatinine clearance (mL/min)	Dose (CISplatin)
greater than or equal to 60	100%
45 to 60	75% (same prehydration as 75 mg/m ² dose)
less than 45	Delay until creatinine clearance greater than 45 mL/min, then give 50% of CISplatin dose**

**may reinstitute full dose CISplatin if renal function stable or improving after 2 more cycles

3. Ototoxicity: Dose modifications required for CISplatin,

Ototoxicity	Dose (CISplatin)
less than Grade 3	100%
Grade 3	50%
Grade 4	Hold unless audiograms show improvement

4. Hepatic dysfunction: Liver toxicity is idiosyncratic and usually reversible. Hold chemotherapy if ALT greater than 5 x ULN or bilirubin greater than 25 micromol/L until liver function returns to normal.

PRECAUTIONS:

- 1. Neutropenia:** Fever or other evidence of infection must be assessed promptly and treated aggressively.
- 2. Extravasation:** vinCRISTine causes pain and tissue necrosis if extravasated. Refer to BC Cancer Extravasation Guidelines.
- 3. Renal Toxicity:** Nephrotoxicity is common with CISplatin. Encourage oral hydration. Avoid nephrotoxic drugs such as aminoglycosides.
- 4. Neurotoxicity:** vinCRISTine commonly causes paresthesias, jaw pain and constipation. Hold for disabling motor neuropathy and reinstitute at 1.5 mg. CISplatin rarely causes sensory neuropathy with this dose schedule. Stop only for disabling sensory neuropathy.
- 5. Nausea/vomiting:** Both CISplatin and lomustine are emetogenic. Antinauseants should be prescribed preemptively (see Premedications above).
- 6. Hypomagnesemia:** Common with CISplatin. Refer to BC Cancer Drug Manual.
- 7. Drug interaction with anticonvulsant:** CISplatin can decrease serum phenytoin levels. Refer to BC Cancer Drug Manual.

Call Dr. [Rebecca Harrison](#) or tumour group delegate at (604) 877-6000 or 1-800-663-3333 with any problems or questions regarding this treatment program.

References:

1. Packer RJ, Sutton LN, et al. Outcome for children with medulloblastoma treated with radiation and cisplatin, CCNU, and vincristine chemotherapy. J Neurosurg 1994;81:690-8.