

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

Protocol Code

CNPROC

Tumour Group

Neuro-Oncology

Contact Physician

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ELIGIBILITY:

Patients must have:

- Recurrent glioma, especially [patients](#) who are intolerant of or failed nitrosurea and temozolomide-based regimens
 - [Use as palliative therapy](#)

Patients should have:

- Karnofsky Performance Status greater than 60
- Adequate 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*	BC Cancer Administration Guideline
procarbazine	100 mg/m ² 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).

BC Cancer Protocol Summary CNPROC 1 of 2

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DOSE MODIFICATIONS:**1. Hematological:**

ANC (x10⁹/L)		Platelets (x10⁹/L)	Procarbazine dose
greater than or equal to 1.5	and	greater than or equal to 100	100%
1.0 to less than 1.5	and/or	80 to less than 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. [Rebecca Harrison](#) or tumour group delegate at (604) 877-6000 or 1-800-663-3333 with any problems or questions regarding this treatment program.