Outpatient Anti Cancer Treatment Handbook

LCV
Lomustine, Cisplatin, Vincristine
Packer Regimen

Repeated every 6 weeks for a maximum of 6 cycles

Approved for use in:

Medulloblastoma adjuvant therapy

Dosage:

Medicine	Dose	Route	Frequency
Lomustine	**75mg/m^2**	PO	Day 1 only
Cisplatin	**75mg/ m^2**	IV	Day 1 only
Vincristine	**1.5mg/ m^2 (MAX 2mg)**	IV	Day1, Day 8, and Day 15

Supportive Treatments:
Dexamethasone 4mg BD for 3days
Domperidone 10-20mg QDS/PRN
Aprepitant 125mg 60minutes before chemotherapy on day 1 of each cycle and 80mg OD days 2 and 3

Extravasation risk:

Vincristine – Vesicant
Cisplatin - Vesicant

Administration:

Day	Drug	Dose	Route	Diluent and rate
1	**Aprepitant** 60mins before chemotherapy	**125mg**	**PO**	
	Ondansetron 30mins before chemotherapy	**24mg**	**PO**	
	Dexamethasone 30mins before chemotherapy	**12mg**	**PO**	
	Lomustine	**75mg/m^2**	**PO**	
	Sodium chloride 0.9% with Potassium 20mmol		**IV**	1000ml over 90 minutes
	Cisplatin	**75mg/m^2**	**IV**	sodium chloride 0.9% 1000ml Infusion over 90 minutes
	Sodium chloride 0.9% with Potassium 20mmol		**IV**	1000ml over 90 minutes
	Vincristine	**1.5mg/mg (max 2mg)**	**IV**	sodium chloride 0.9% 50ml Infusion over 15 minutes
8	**Vincristine**	**1.5mg/mg (max 2mg)**	**IV**	sodium chloride 0.9% 50ml Infusion over 15 minutes
15	**Vincristine**	**1.5mg/mg (max 2mg)**	**IV**	sodium chloride 0.9% 50ml Infusion over 15 minutes

Repeat every 6 weeks for 6 cycles

Main Toxicities:

Cisplatin
Haematological - leukopenia, thrombocytopenia and anaemia. Gastrointestinal - anorexia, nausea, vomiting and diarrhoea. Ototoxicity – tinnitus, high frequency hearing loss. Renal disorders - renal failure, nephrotoxicity, hyperuricaemia. Hypersensitivity - this may present as anaphylaxis.
Lomustine
Haematological - usually occurs four to six weeks after drug administration in the form of thrombocytopenia, and or leucopenia. Gastrointestinal - Nausea and vomiting, stomatitis and diarrhoea. Renal toxicity, Hepatotoxicity ,Alopecia
Vincristine
Haematological - leucopenia . Neuritic pain and constipation, alopecia, sensory loss, paraesthesia, loss of deep-tendon reflexes and muscle wasting may persist for at least as long as therapy is continued. Rare cases of allergic-type reactions, such as anaphylaxis, rash and oedema. Polyuria, dysuria and urinary retention due to bladder atony have occurred. Jaw pain and or general muscular skeletal pain. Rare occurrences of a syndrome attributable to inappropriate anti-diuretic hormone secretion have been observed.

Investigations:

- FBC prior to each cycle
- U&Es* & LFTs prior to each cycle (*renal function should be closely monitored)

Dose Modifications and Toxicity Management:

Haematolgical Toxicities:

Proceed on day 1 if-

WCC ≥ 3.0	Plt ≥ 100	ANC ≥ 1.0

Delay 1 week on day 1 if-

WCC ≤ 2.9	Plt ≤ 99	ANC ≤ 0.9

These haematological guidelines assume that patients are well with good performance status, that other acute toxicities have resolved and the patient has not had a previous episode of neutropenic sepsis.

Hepatic impairment:

Cisplatin No dose reduction necessary.

Lomustine: Lack of available information. Consider dose reduction

Vincristine:

Bilirubin /µmol/L		AST/ALT /units	Dose
26-51	or	60-180	50%
>51	and	below upper limit of normal	50%
>51	and	>180	Omit

Renal Impairment:

Cisplatin:

GFR (ml/min)	Dose
>60	100%
45--59	75%
<45	Consider carboplatin

Lomustine:

GFR (ml/min)	Dose
>60	100%
45--59	75%
30-45	50%
<30	not recommended

Vincristine:

No dose reduction necessary

References:

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British Neuro-Oncology Society
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