LONDON CANCER ALLIANCE
West and South

# Skin Pathway Group – Chlorambucil +/- Prednisolone for Primary Cutaneous B Cell Lymphoma, Mycosis Fungoides and Sezary Syndrome

Indication: Primary cutaneous B cell lymphoma (multifocal skin disease not treatable with radiotherapy, nodal or systemic spread)
Mycosis Fungoides- stage IIb-Ivb
Sezary Syndrome

Regimen details:

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| St Thomas' Regimen: | Chlorambucil | 10mg | PO | Days 1 to 10 |
| | Prednisolone | 40mg | PO | Days 1 to 10 |
| | Increase duration of Chlorambucil and Prednisolone to days 1 to 14 from 2nd cycle if 1st cycle well tolerated without haematological toxicity.<br>For elderly patients or those with diabetes mellitus, chlorambucil alone may be considered. | | | |
| | Frequency: | Every 28 days, up to 6 cycles<br><br>For elderly / frail patients a shorter duration of treatment may be considered | | |
| The Winkelmann Regimen: | Chlorambucil | 2-4mg | PO | Daily |
| | Prednisolone | 20mg | PO | Daily |
| | Prednisolone is reduced to a maintenance dose of 5 to 10mg/day and discontinued as response allows.<br>Chlorambucil is continued daily for up to 2 years and discontinued when remission achieved or haematological toxicity dictates. | | | |

Administration: Chlorambucil - Orally, on an empty stomach
Prednisolone - Orally, with/ after food

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| Version: 1.0 Supersedes: all other versions | Approved by LCA Skin Pathway Chemotherapy Lead: Mark Harries |
| Reason for Update: LCA Protocol Development | Approved by LCA Joint Delivery Subgroup Co-Chairs: Pauline McCalla & Rebecca Johl |
| Prepared by: Ravi Shaunak | Approved by LCA Medicines & Chemotherapy Steering Group Chair: |
| Second check by: Sanna Eestila | Date prepared: January 2015 Review Date: January 2017 |

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| Pre-medication: | Not applicable |
| Anti- emetics: | Moderate emetogenicity<br>Follow Local Anti-emetic Policy |
| Supportive medication: | Allopurinol 100 - 300mg once a day (dependant on renal function) with 1st cycle<br>PPI e.g. omeprazole 20mg once a day if prednisolone prescribed<br>Antifungal prophylaxis e.g. fluconazole 100mg once a day if prednisolone prescribed<br>In patients with Mycosis Fungoides or Sezary syndrome who have had previous chemotherapy such as Pentostatin or other drugs which cause T cell depletion prescribe the following prophylaxis:<br>Co-trimoxazole as per local policy<br>Aciclovir as per local policy<br>Fluconazole as per local policy |
| Extravasation: | Not applicable |
| Regular investigations: | Prior to Cycle 1:<br>FBC Day 1 (within 14 days)<br>LFTs Day 1 (within 14 days)<br>U&Es Day 1 (within 14 days)<br><br>Prior to Cycle 2 onwards:<br>FBC Day 1 (within 72 hours)<br>LFTs Day 1 (within 72 hours)<br>U&Es Day 1 (within 72 hours) |
| Toxicities: | Neutropenia, thrombocytopenia, nausea, mucositis, rash, pulmonary toxicity, neurotoxicity, infertility<br>Steroid related toxicities including mood changes, restlessness, and withdrawal effects.<br>Chlorambucil is epileptogenic- monitor closely if history of seizures or head trauma.<br>Assess continuing treatment if rash develops, as reports of Stevens-Johnson syndrome have been documented.<br>Adequate contraceptive methods should be used during therapy. |

## DOSE MODIFICATIONS

### Haematological Toxicity

Bone marrow suppression occurs gradually with Chlorambucil. With continuous short courses of therapy, leukopenia and thrombocytopenia typically do not occur until the third week of treatment and persist for 1-2 weeks after chlorambucil is discontinued, though 3-4 weeks have been reported. The neutrophil count may decrease for up to 10 days after the last dose.

| Neutrophils ($x 10^9$/L) | | Platelets ($x 10^9$/L) | Dose |
|---|---|---|---|
| ≥ 1.0 | **&** | ≥ 100 | 100% dose |
| < 1.0 | **& / or** | < 100 | Delay until normalised. Discuss with Consultant to consider reduction in dose or duration |

Non-haematological Toxicities

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| Renal Impairment | No dose modification is necessary.<br>Patients with impaired renal function may be more prone to myelosuppression with chlorambucil |
| Hepatic Impairment | No recommended dose modifications available.<br>Reduce dose in gross hepatic dysfunction, and modify according to response |
| Location of regimen: delivery | To be supplied to the patient for oral self-administration |
| Comments: | Chlorambucil tablets should be stored in a fridge.<br>Chlorambucil should not be used within four weeks of a full course of radiation or chemotherapy. Consider dose- reduction if used with concomitant radiotherapy, in cases where benefits of treatment outweigh the risks. |
| Drug interactions: | Not applicable<br>Avoid live vaccines |
| References: | www.medicines.org.uk,<br>CCO Formulary; CHLORAMB. Revised Oct 05<br>Whittaker S.J. et al.(2003) Br J Dermatol 149(6):1095-1107<br>Winkelmann R.K. et al.(1984) J Am Acad Dermatol 10:1000-4 |


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