LONDON CANCER ALLIANCE
West and South

Skin Pathway Group – Interferon alpha-2b (Intron A) in Advanced Malignant Melanoma

Indication:	Palliative therapy for Advanced Malignant Melanoma			
Regimen details:	Initiate treatment with	3MIU	SC	3 times weekly (WEEK 1)
	then increase to	6MIU	SC	3 times weekly (WEEK 2)
	If tolerated at above doses, increase to	9MIU	SC	3 times weekly
	Doses may need to be adjusted according to patient tolerability (see Comments)			
Administration:	Subcutaneous bolus injection into the thigh or abdomen. For ease of use, Interferon alpha-2b is available as a multi-dose pen device.			
	Multidose pen device available as: 18MIU / 1.2ml 30MIU / 1.2ml 60MIU / 1.2ml			
	One ml (1ml) contains 15, 25 or 50 million IU of Interferon alpha-2b, respectively.			
Frequency:	Treat until or relapsed/unresponsive to treatment or intolerable side effects			
Pre-medication:	Not routinely required			
Anti- emetics:	Not routinely required			
Supportive medication:	Paracetamol 500mg po QDS may be taken on day of injection to reduce symptoms of myalgia, fever and pain			
Extravasation:	Non-vesicant			

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

Regular investigations:	FBC	Monthly
	LFTs	Monthly
	U&Es	Monthly
	Lipids	Monthly
	Thyroid function tests	3- monthly
	Clinical Toxicity Assessment	Monthly

Toxicities: Dose related: anorexia, nausea, influenza-like symptoms and lethargy; ocular side effects & depression (suicides have also been reported among patients receiving interferons); myelosuppression, particularly of granulocytes; cardiovascular problems (hypotension, hypertension and arrhythmias); hypertriglyceridaemia, occasionally severe. Other side effects: hypersensitivity, thyroid dusfunction, alopecia, psoriasiform rash, confusion, coma & seizures (usually high dose in the elderly). See also Appendix 1

DOSE MODIFICATIONS

Haematological Toxicity

Neutrophils (x 10^9/L)		Platelets (x 10^9/L)	Dose
> 1.5	**&**	> 100	Give 100%
1.0 - 1.5	**or**	50 - 100	Based on clinical assessment : Give 33-66% OR Delay therapy for 1 week and until bloods normalised
<1.0	**or**	< 50	Delay/ omit

Non-haematological Toxicities

Renal Impairment Interferon alpha 2b use is not recommended if CrCl < 10 ml/min

Hepatic Impairment

ALT/AST	**Action**
> 5 x ULN	Temporarily discontinue. Restart at 50% dose, once symptoms abate
>10 x ULN	Discontinue

Lipids

Triglycerides	**Action**
> 1.5 x baseline	Consider dose reduction
> 2.0 x baseline	Discontinue

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Location of regimen delivery:	To be supplied to the patient for self-administration at home via out-patients
Comments:	Dose related side effects may improve over time and patients may gradually be able to tolerate higher dosing regimens

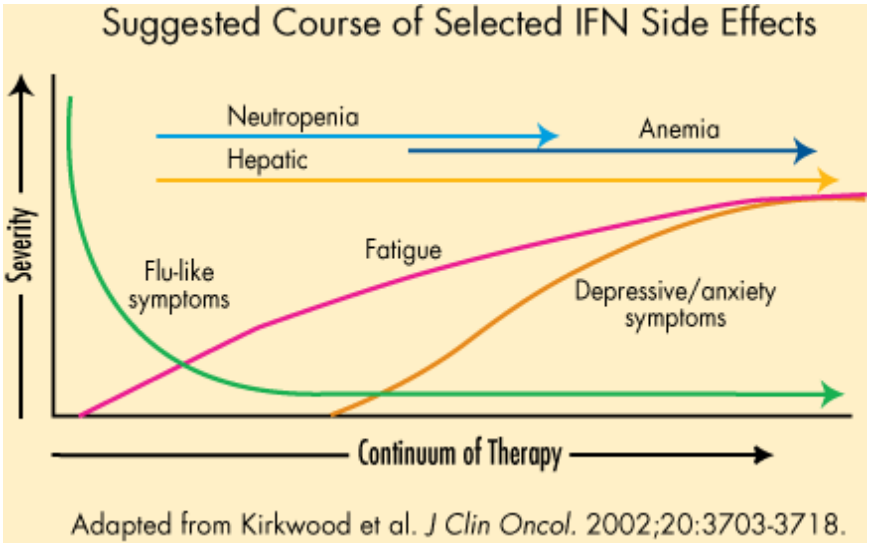
Drug interactions:

- ACE inhibitors : severe granulocytopenia can develop if ACE inhibitors and Interferon are given concurrently
- Alcohol : reduced response to Interferon
- Coumarins : increased effects of acenocoumarol and warfarin
- Theophylline : reduced metabolism of Theophylline. Consider Theophylline dose reduction
- Zidovudine : increased Zidovudine serum levels. Risk of blood and liver toxicity.Monitor renal function and haematological toxicities parameters and if required, reduce dose of one or more agents

References:

Summary of Product Characteristics
Robinson WA et al. Immunobiology (1986) 172 (3-5): 275 - 282

Appendix 1. Interferon side effects



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