MELANOMA TREATMENT REGIMENS (Part 1 of 2)

The selection, dosing, and administration of anticancer agents and the management of associated toxicities are complex. Drug dose modifications and schedule and initiation of supportive care interventions are often necessary because of expected toxicities and because of individual patient variability, prior treatment, and comorbidities. Thus, the optimal delivery of anticancer agents requires a healthcare delivery team experienced in the use of such agents and the management of associated toxicities in patients with cancer. The cancer treatment regimens below may include both FDA-approved and unapproved uses/regimens and are provided as references only to the latest treatment strategies. Clinicians must choose and verify treatment options based on the individual patient.

NOTE: GREY SHADED BOXES CONTAIN UPDATED REGIMENS.

General treatment note: Due to poor prognosis associated with this disease, entry into a clinical trial is the preferred first line of treatment.[1]

REGIMEN	DOSING
Systemic Therapy for Advanced or Metastatic Melanoma	
Ipilimumab (Yervoy)[1–6] NOTE: Category 1	**Day 1**: Ipilimumab 3mg/kg IV once. Repeat cycle every 3 weeks for 4 cycles.
Dacarbazine (DTIC)[1,7] NOTE: Category 2A	**Day 1:** Dacarbazine 2–4.5mg/kg/day IV for 10 days. Repeat cycle every 4 weeks. **OR** **Days 1–5:** Dacarbazine 250mg/m²/day IV. Repeat cycle every 3 weeks.
Temozolomide (Temodar; TMZ)[1,8] NOTE: Category 2A	**Days 1–5:** Temozolomide 200mg/m²/day orally for 5 days. Repeat cycle every 4 weeks. NOTE: Typically reserved for melanoma patients who have brain metastases.
High-dose interleukin-2 (aldesleukin; Proleukin; IL-2;)[1,9,10] NOTE: Category 2A	Monotherapy **Days 1–5:** IL-2 22mcg/kg (360,000 IU/kg), 33mcg/kg (540,000 IU/kg), 36mcg/kg (600,000 IU/kg), or 44mcg/kg (720,000mcg/kg) IV every 8 hours for up to 14 consecutive doses as clinically tolerated. (In the clinical trial setting, a second identical treatment cycle was scheduled after 6 to 9 days of rest, and courses could be repeated every 6 to 12 weeks in stable or responding patients for up to five courses [two cycles/course]). NOTE: High dose IL-2 should not be used in patients with inadequate organ reserve, poor performance status, or untreated or active brain metastases. For patients with small brain metastases and without significant peritumoral edema, IL-2 therapy can be considered.
Vemurafenib (Zelboraf) [1,11–13]	V600 mutated BRAF gene only: Vemurafenib 960mg orally twice daily.
Dacarbazine + cisplatin (Platinol; CDDP) **+ vinblastine** (Velban; VLB)[1,14,15] NOTE: Category 2B	**Days 1 and 22:** Dacarbazine 800mg/m² IV, plus **Days 1–4 and 22–25:** Cisplatin 20mg/m² IV + vinblastine 2mg/m² IV. Repeat cycle every 3 weeks for 2 cycles. **OR** **Day 1:** Dacarbazine 800mg/m² IV, plus **Days 1–4:** Cisplatin 20mg/m² IV + vinblastine 1.2mg/m² IV. Repeat cycle every 3 weeks for max 4 cycles.
Dacarbazine + paclitaxel (Taxol) **+ cisplatin**[1,16] NOTE: Category 2B	**Day 1:** Dacarbazine 800mg/m² IV, plus **Days 1–4:** Cisplatin 20mg/m² IV, plus **Days 1 and 8:** Paclitaxel 100mg/m² IV.
Low-dose IL-2 + granulocyte macrophage-stimulating factor (sargramostim; GM-CSF; Leukine)[1,17] NOTE: Category 2B	**Days 1–5:** IL-2 1 million IU/m²/day SC, plus **Days 1–14:** GM-CSF 125mcg/m²/day SC. Repeat cycle every 4 weeks for 12 cycles.
Paclitaxel + carboplatin (Paraplatin)[1,18] NOTE: Category 2B	**Days 1, 8, and 15:** Paclitaxel 100mg/m² IV + carboplatin AUC=2mg/mL/min IV. Repeat cycle every 4 weeks until disease progression.
Paclitaxel + carboplatin ± sorafenib (Nexavar)[1,19,20] NOTE: Category 2B	**Day 1:** Carboplatin AUC=6mg/mL/min IV + paclitaxel 225mg/m² IV, followed by **Days 2–19:** Sorafenib 400mg orally twice daily. Repeat cycle every 3 weeks.
Imatinib (Gleevec)[1,21] NOTE: For C-KIT mutated tumors.	400mg orally twice daily until disease progression or unacceptable toxicity.

continued

MELANOMA TREATMENT REGIMENS (Part 2 of 2)

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