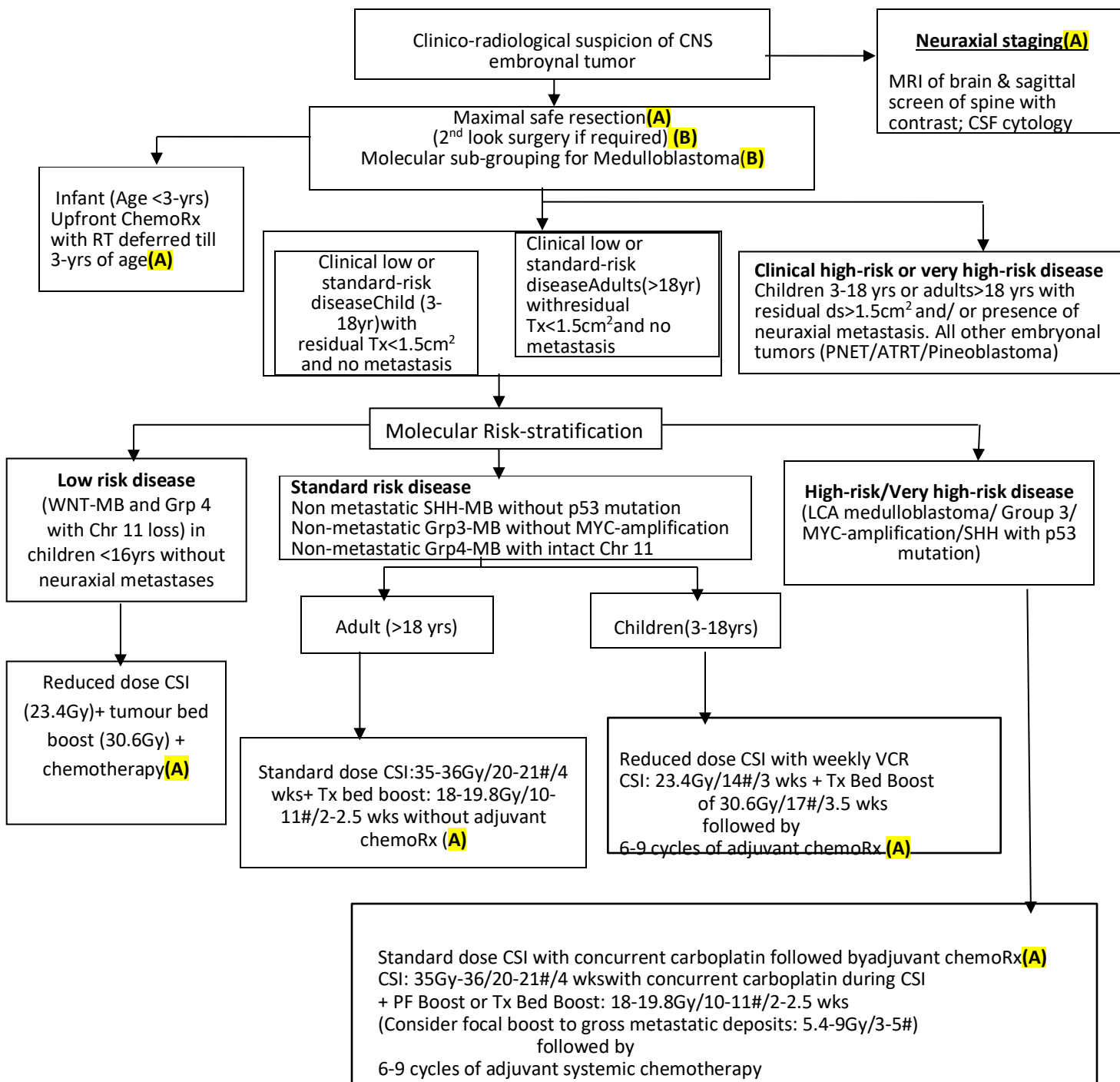


**CNS Embryonal tumours
(Medulloblastoma/PNET/ATRT/Pineoblastoma)**



A= MANDATORY
B= OPTIMAL
C= OPTIONAL

Chemotherapy regimen for CNS Embryonal Tumors

Concurrent chemotherapy during RT

1. Standard-risk disease: Inj Vincristine 1.5mg/m² IV weekly for 6-7 weeks during RT
2. High-risk/very high-risk: Inj Carboplatin 35mg/m² IV daily for 1st 15 days (of CSI) 1-4 hours prior to RT

Adjuvant systemic chemotherapy regimens (any

Drugs	Dose	Days and Route
For children (>3-years) and adults		
Regimen A- Packer's (6-9 cycles every 4-weekly)		
Cisplatin	75mg/m ²	Day 1 only IV
Lomustine	75mg/m ²	Day 1 only orally
Vincristine	1.5mg/m ²	Days 1,8 and 15 IV
OR		
Regimen B- Packer's (6 cycles every 4-weekly)		
Cisplatin	75mg/m ²	Day 1 only IV
Cyclophosphamide	1000mg/m ²	Days 1 and 2 IV
Vincristine	1.5mg/m ²	Days 1,8 and 15 IV
OR		
SJMB96 Protocol (4-cycles every 4-weekly)		
Cisplatin	75mg/m ²	Day 1 only in alternate cycle IV
Cyclophosphamide	2000mg/m ²	Days 2 and 3 IV
Vincristine	1.5mg/m ²	Day 1 only IV
To be followed by stem cell rescue after each cycle		
OR		
CET Protocol (6 cycles every 3-weekly)		
Cisplatin	75mg/m ²	Day 1 only in alternate cycle IV
Cyclophosphamide	1000mg/m ²	Days 1 and 2 IV
Vincristine	1.5mg/m ²	Days 1 and 8 IV
For infants (<3 years): every 4-weekly for 12 cycles		
Baby Brain Protocol		
Cyclophosphamide	1000mg/m ²	Day 1 only IV
Carboplatin	565mg/m ²	Day 1 only IV
Etoposide	150mg/m ²	Days 1-3 IV