**OCTREOTIDE**

Octreotide  
100 mcg BID  
SQ  
Day 1 onwards*  

*Increase the dose to a maximum of 200 micrograms SQ TID if symptoms persist.


**STREPTOZOCIN – DOXORUBICIN**

Streptozocin  
500 mg/m²/day  
IV  
Days 1 – 5  

Doxorubicin  
50 mg/m²  
IV  
Days 1 and 22  

Repeat cycle every 6 weeks until disease progression. Maximum total dose of doxorubicin 500 mg/m².


**STREPTOZOCIN – 5-FLUOROURACIL**

Streptozocin  
500 mg/m²/day  
IV*  
Days 1 – 5  

5-Fluorouracil  
400 mg/m²/day  
IV*  
Days 1 – 5 and Days 36 – 40  

*Administer by rapid IV push.

Repeat cycle every 10 weeks until toxicity or disease progression.


**STREPTOZOCIN – 5-FLUOROURACIL – DOXORUBICIN**

Streptozocin  
400 mg/m²/day  
IVB*  
Days 1 – 5  

5-Fluorouracil  
400 mg/m²/day  
IVB  
Days 1 – 5  

Doxorubicin  
40 mg/m²  
IVB  
Day 1  

*Reduced to 300 mg/m²/day if the patient has uncontrolled diabetes.

NOTE: Doxorubicin is to be reduced or discontinued if cardiac monitoring demonstrates a 10 – 15% reduction in the ejection fraction from baseline or if below lower limit of normal.

Repeat cycle every 28 days until progression, toxicity, or intolerance.

TEMOZOLOMIDE – THALIDOMIDE

Temozolomide 150 mg/m²/day PO Days 1 – 7 and 15 – 21
Thalidomide 200 mg/day PO Daily

Repeat cycle every 28 days until toxicity or disease progression.

NOTE: Thalidomide dose was increased weekly by 100 mg increments to a maximum dose of 400 mg/day or until toxicity developed. Dose adjustments for thalidomide toxicity are reported in the article.

Temozolomide is available as 5 mg, 20 mg, 100 mg, 140 mg, 180 mg, and 250 mg capsules. Thalidomide is available as 50 mg, 100 mg, and 200 mg capsules.

DOXORUBICIN – CISPLATIN

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>Route</th>
<th>Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doxorubicin</td>
<td>60 mg/m²</td>
<td>IV</td>
<td>1</td>
</tr>
<tr>
<td>Cisplatin</td>
<td>40 mg/m²</td>
<td>IV**</td>
<td>1</td>
</tr>
</tbody>
</table>

* Patients who had received more than 500 mCi of radioiodine or radiation therapy of more than 30 Gy to more than 50% marrow-bearing areas were started at 45 mg/m² doxorubicin. If there was no hematological toxicity at the time of the second cycle, the dose of doxorubicin was increased to 60 mg/m²; **Routine pre- and post-hydration required.

Repeat cycle every 21 days to a total dose of 550 mg/m² of doxorubicin.


NOTES: