**Intralesional low-dose Aldesleukin (Interleukin-2) in skin and soft-tissue Metastatic Melanoma**

**Exceptional Treatment Arrangement ONLY**

**Indication:** Palliative therapy in a select group of patients with skin and soft-tissue Melanoma metastases who have a good performance status (ECOG: 0-2) AND have less than 3 organs involved or have cutaneous and/or subcutaneous metastases ONLY and no evidence of central nervous system metastases

**Regimen details:** Interleukin-2 (IL-2) 0.3 MIU/lesion* SC Up to 3 times weekly

*Maximum IL-2 total dose 3.0 MIU

**Administration:** Subcutaneous bolus injection into the lesion area. IL-2 is diluted to 3MIU/ml

**Premedication:** Antipyretics such as Paracetamol or NSAID’s

**Frequency:** Up to 3 times weekly for up to 12 weeks

**Extravasation:** N/A

**Anti-emetics:** None required

**Regular investigations:**
- FBC Every 4 weeks
- LFTs Every 4 weeks
- U&Es Every 4 weeks
- LDH Every 4 weeks
- Clinical toxicity assessment Every 4 weeks

**Haematological Toxicity:** N/A

**Renal Impairment:** N/A

**Hepatic Impairment:** N/A

**Toxicities:** Pain and inflammation at the injection site; flu-like symptoms

**Drug interactions:** Interleukin-2

- Antihypertensives (e.g., β-blockers): may potentiate hypotension. Monitor Blood Pressure
- Cardiotoxic agents: may potentiate cardiotoxicity
- Glucocorticoids: reduce anti-tumour effect of IL-2. Avoid, but maybe needed to manage side effects
- Hepatotoxic agents: may potentiate hepatotoxicity
- Myelotoxic agents: may potentiate myelosuppression
- Nephrotoxic agents (e.g., indomethacin, aminoglycoside): may potentiate renal toxicity
- Psychotropics (e.g. narcotics, sedatives, tranquilizers) : may enhance CNS toxicity
- Radiographic iodinated contrast media: may cause non-anaphylactic hypersensitivity. Do not use contrast media within 2 weeks after treatment with IL-2

References:

www.medicines.org.uk
Personal communication with Dr. Mark Harries. January 2010