



BOLUS TREATMENT as part of low dose metronomic chemotherapy

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The most commonly used drug in low dose metronomic chemotherapy is Sendoxan, and usually the treatment starts with 1 tablet of 50 mg daily. This dose may be doubled or reduced to 50 mg every other day depending on the response of the patient.

It has proved that it is possible to increase the effects of metronomic Sendoxan by giving a bolus dose of 1 / 3 of the maximum tolerated dose (MTD) every 3 weeks or every 6 weeks, depending on the needs of the patient.

The maximum tolerated dose is about 600 mg Sendoxan per m² of skin surface, and most humans have a skin surface of 1.6 to 2.0 m². I.e. one third of this is a dose of about 300 to 400 mg Sendoxan.

This dose is given by intravenous injection, with Sendoxan dissolved in isotonic saline (5 ml saline per 100 mg powder).

This increases the impact of low dose metronomic Sendoxan without causing any significant side effects.