



**BRAINWORKS**

The International Inflammatory  
Brain Disease Outcome Study

# **Rasmussen's Encephalitis Treatment Protocols**

Last updated July 2022

# BrainWorks IBrainD Protocol

## Rasmussen's encephalitis (non-surgical candidates\*)

### Phase 1: Induction Therapy (0 - 6 months)



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#### IV Methylprednisolone pulses

30 mg/kg (max 1g)

x \_\_\_\_\_ days (3-7)

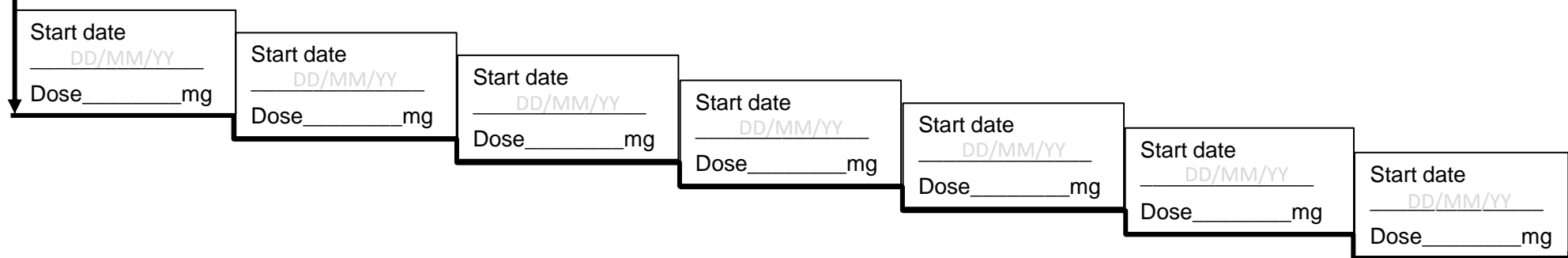
Start date DD/MM/YY

Dose \_\_\_\_\_ mg

#### Prednisone daily

2 mg/kg (max 60 mg) tapering monthly

(e.g. 60 mg/day, 50, 40, 30, 25, 20, 17.5, 15, 12.5, 10, 7.5, 5, 2.5, stop)



#### IVIg (2 g/kg, max 70 g)

Date <u>DD/MM/YY</u>	Date <u>DD/MM/YY</u>	Date <u>DD/MM/YY</u>	Date <u>DD/MM/YY</u>	Date <u>DD/MM/YY</u>	Date <u>DD/MM/YY</u>	Date <u>DD/MM/YY</u>
Dose _____ mg	Dose _____ mg	Dose _____ mg	Dose _____ mg	Dose _____ mg	Dose _____ mg	Dose _____ mg

#### Cyclophosphamide (500-750 mg/m<sup>2</sup> monthly x 7 doses)

Date <u>DD/MM/YY</u>	Date <u>DD/MM/YY</u>	Date <u>DD/MM/YY</u>	Date <u>DD/MM/YY</u>	Date <u>DD/MM/YY</u>	Date <u>DD/MM/YY</u>	Date <u>DD/MM/YY</u>
Dose _____ mg	Dose _____ mg	Dose _____ mg	Dose _____ mg	Dose _____ mg	Dose _____ mg	Dose _____ mg

#### Trimethoprim/sulfamethoxazole (PJP prophylaxis dosing)



#### Calcium (1000 mg/day PO)



#### Vitamin D (1000 IU/day PO)



\* Consider surgical treatment in particular if child is younger than 6 years or has unilateral disease

# BrainWorks IBrainD Protocol

## Rasmussen's encephalitis (non-surgical candidates\*)

### Phase 2: Maintenance Therapy (7 -18 months)

#### Prednisone PO daily

2 mg/kg (max 60 mg) tapering monthly

(e.g. 60 mg/day, 50, 40, 30, 25, 20, 17.5, 15, 12.5, 10, 7.5, 5, 2.5, stop)

Start date <u>DD/MM/YY</u> Dose _____mg	Start date <u>DD/MM/YY</u> Dose _____mg	Start date <u>DD/MM/YY</u> Dose _____mg	Start date <u>DD/MM/YY</u> Dose _____mg	Start date <u>DD/MM/YY</u> Dose _____mg	Start date <u>DD/MM/YY</u> Dose _____mg	Start date <u>DD/MM/YY</u> Dose _____mg	Start date <u>DD/MM/YY</u> Dose _____mg	Start date <u>DD/MM/YY</u> Dose _____mg	Start date <u>DD/MM/YY</u> Dose _____mg
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Choose:

Stop date DD/MM/YY

**Mycophenolate mofetil** (800-1200 mg/m<sup>2</sup> divided BID) Dose: \_\_\_\_\_mg

Stop date DD/MM/YY

or

**Mycophenolic acid** (500-800 mg/m<sup>2</sup> divided BID) Dose: \_\_\_\_\_mg

Stop date DD/MM/YY

or

**Azathioprine** (2-3 mg/kg, max 150 mg, PO daily) Dose: \_\_\_\_\_mg

Stop date DD/MM/YY

**Calcium** (1000 mg/day PO)

**Vitamin D** (1000 IU/day PO)



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