

TEMOZOLOMIDE

INDICATION (ICD10) C71, C72

1. Relapsed high grade glioma following failure of first line chemotherapy.
2. Glioblastoma following concomitant Temozolomide and radiotherapy.
3. Temozolomide as adjuvant treatment for people with newly diagnosed anaplastic astrocytoma without 1p/19q codeletion following surgery and radiotherapy.
PS 0, 1, 2 (PS 3 due to a neurological deficit treatment may be appropriate)

REGIMEN

Days 1 to 5 TEMOZOLOMIDE 150mg/m²* orally once daily

*Cycle 2 onwards the dose may be increased to 200mg/m² daily providing neutrophils $\geq 1.5 \times 10^9/l$ and platelets $\geq 100 \times 10^9/l$ on day 24-28

CYCLE FREQUENCY AND NUMBER OF CYCLES

Every 28 days

Glioblastoma adjuvant – up to 6 to 12 cycles

Glioma relapsed high grade – continue until progression (monitor MR imaging every 3 months)

Anaplastic astrocytoma – up to 12 cycles

ADMINISTRATION

Available as various strength capsules

Take on an empty stomach

ANTI-EMETICS

Moderate risk days 1 to 5

CONCURRENT MEDICATION REQUIRED

Temozolomide	-
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EXTRAVASATION AND TYPE OF LINE / FILTERS

Not applicable

INVESTIGATIONS

Blood results required before SACT administration

FBC, U&E and LFTs every cycle

Neutrophils x 10⁹/L ≥ 1.5

Platelets x 10⁹/L ≥ 100

Baseline weight and every cycle

MAIN TOXICITIES AND ADVERSE REACTIONS

Temozolomide	Myelosuppression, rare protracted aplastic picture can occur Hepatic toxicity – may still occur several weeks after end of treatment Renal impairment
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DOSE MODIFICATIONS

Dose level -1	Temozolomide dose 100mg/m ² /day	Reduction for prior toxicity
Dose level 0	Temozolomide dose 150mg/m ² /day	Cycle 1 dose
Dose level 1	Temozolomide dose 200mg/m ² /day	Cycles 2 to 12 dose in absence of toxicity

Haematological

Temozolomide

Neutrophils $<1.5 \times 10^9/l$ and platelets $<100 \times 10^9/l$ on day 28 then treatment should be delayed one week and then reduce by one dose level.

Hepatic impairment

Temozolomide

Stop temozolomide if there is a progressive rise in transaminases eg ALT >200 or rise in bilirubin.

Renal impairment

Temozolomide

Stop temozolomide if there is a significant rise in serum creatinine (more common in patients with pre-existing renal impairment).

REFERENCES

1. CATNON trial
2. Stupp et al; NEJM February 2006