Indication	Glioma
Treatment Intent	Adjuvant Palliative
Frequency and number of cycles	Adjuvant repeat every 42 days 4-6 cycles Palliative repeat every 42 days 6-9 cycles

Monitoring Parameters pre-treatment	• Monitor LFT's, U&E's Glucose and FBC at each cycle.
	• If Plts >/=150 and neuts >/=1.5 proceed at full dose.
	• If neuts >/=1.5 and Plts 100-149 discuss with consultant.
	• If neuts < 1.5 and/or PLT <100 defer chemo1-2 weeks
	• If blood counts have not recovered (neuts < 1.5 and/or PLT <100) after 2 week delay dose reduce.
	• Dose reduction should be considered if grade 3 or 4 non-haematological toxicity or repeat appearance of grade 2 (except N&V and alopecia). Delay until resolution of toxicity to ≤ grade 1.
	• Lung function as clinically indicated. Incidence of pulmonary toxicity is dose related, caution if treatment exceeds 6 cycles.
	• **Neuropathy**
	  ○ Vincristine should be reduced to 1mg/m² in the presence of Grade 2 neuropathy (severe paraesthesia and mild weakness).
	  ○ Vincristine should be discontinued in the presence of Grade 3 -4 neuropathy
	• **Renal Impairment**
	  ○ **Lomustine;**
	  ○ if CrCl >60ml/min give full dose
	  ○ 45-60ml/min give 75%
	  ○ 30-44ml/min give 50%
	  ○ if <30ml/min not recommended
	  ○ **Procarbazine;** if serum creatinine > 177µmol/l, give 50% dose, and not recommended with severe renal failure.
	• **Hepatic Impairment**
	  ○ **Procarbazine;**
	  ○ If bilirubin >50µmol/L, consider a dose reduction
	  ○ If bilirubin >85µmol/L or AST >180 units, then contraindicated
	  ○ **Vincristine;**
	  ○ If bilirubin 26-51µmol/L or ALT/AST 60-80 units give 50%
	  ○ if bilirubin >51µmol/L and ALT/AST normal give 50%
	  ○ if bilirubin >51µmol/L and ALT/AST >180units omit dose
	• Procarbazine is a mild MAOI, please ensure patients are given a copy of the patient information sheet available at http://www.kmcc.nhs.uk/medicines-and-prescribing-incorporating-sact-pathways/network-chemotherapy-prescription-proformas-protocols-nhs-staff-use/

References	KMCC SACT proforma BRA-003 v5, SPC accessed online 06/11/2019, St Luke's Cancer Alliance protocol PCV v5, The North London Cancer Network Dosage Adjustment for Cytotoxics in Hepatic Impairment 2009, The North London Cancer Network Dosage Adjustment for Cytotoxics in Renal Impairment 2009

NB For funding information, refer to CDF and NICE Drugs Funding List

Repeat every 42 days

Day	Drug	Dose	Route	Infusion Duration	Administration
1	Dexamethasone	8mg	PO		
	Ondansetron	8mg	PO		
	VINCRISTINE	**1.4mg/m² (cap at 2mg)**	IV	5-10min	Sodium Chloride 0.9% 50ml
TTO	Drug	Dose	Route	Directions	
	LOMUSTINE (CCNU)	**100mg/m²**	PO	Take as a single dose at night on day 1 of chemotherapy. Available as 40mg capsule.	
	PROCARBAZINE	**100mg/m²**	PO	Take ONCE a day for 10 days starting on day 1 of chemotherapy. Available as 50mg capsule. Do not drink alcohol.	
	Ondansetron	8mg	PO	Take BD for 3 days. Take the first dose 30 minutes before taking the Lomustine capsules.	
	Domperidone	10mg	PO	Up to TDS PRN. Maximum 30mg day. Do not take for more than 7 days continuously.	
	Dexamethasone	6mg	PO	OM for 3/7	
	Movicol sachet	1 sachet	PO	Take the contents of ONE sachet dissolved or mixed with water BD as required. Dispense on cycle 1.	