Indication	Glioma *Malignant glioma, in patients who have recurrence or progression after standard therapy only if the person has a Karnofsky performance status score ≥ 70 and a life expectancy of 12 weeks or more (NICE approved 2001; NICE update 2016*)
Treatment Intent	Palliative
Frequency and number of cycles	Repeat every 28 days continue until progressive disease, unacceptable toxicity or patient's choice. A formal assessment must occur every **3 months** to determine whether treatment should continue.
Monitoring Parameters pre-treatment	• Monitor LFT's, U&E's Glucose and FBC before treatment and at each cycle. • Abnormal LFTs should be d/w consultant. • If neuts >/= to 1.5 and Plts >/=150 and patient well, proceed with full dose. • If neuts >/= to 1.5 and Plts 100-149 discuss with consultant. • If neuts 1-1.4 and/or Plts 50-99 delay for 1 week, repeat FBC and if recovered continue at same dose. If not recovered discuss with consultant. • If neuts <1 and/or Plts <50 delay for 1 week, repeat FBC, once recovered continue temozolomide at a 50mg/m² dose reduction from previous cycle. • 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 **Renal Impairment:** • No dose reduction is routinely required in patients with renal impairment but, if severe impairment, confirm dosage requirements with Consultant. **Hepatic Impairment:** • No dose reduction is routinely required in patients with hepatic impairment but discuss with Consultant and consider the following: • Hepatic injury, including fatal hepatic failure, has been reported in patients treated with temozolomide. If abnormal LFTs at baseline, the benefit/risk should be considered prior to initiating temozolomide, including the potential for fatal hepatic failure. • For patients who develop significant liver function abnormalities after treatment has started, discuss the benefit/risk of continuing treatment with the Consultant. Liver toxicity may occur several weeks or more after the last treatment with temozolomide.
References	KMCC proforma BRE-002 v5, SPC accessed online 05/11/2019, LCA protocol Temozolomide v7

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

Repeat every 28 cycles

Day	Drug	Dose	Route	Directions
1	**TEMOZOLOMIDE**	**150mg/m²** **(Cycle 2 consider increasing dose to 200mg/m2)**	PO	Swallow whole ONCE a day for 5 days. Take this medicine when your stomach is empty. This means an hour before food or 2 hours after food. Swallow this medicine whole. Do not chew or crush. Available as 5mg, 20mg, 100mg,140mg and 250mg capsules
	Domperidone	10mg	PO	Up to TDS PRN. Maximum 30mg day. Do not take for more than 7 days continuously. Take half an hour before taking temozolomide
	Ondansetron	8mg	PO	BD for 5 days