TEMOZOLOMIDE monotherapy

INDICATION: CNS lymphoma unfit for high doses Methotrexate.

TREATMENT INTENT: Palliative.

Prior to a course of treatment

- Check renal and liver function – *if abnormal discuss with consultant & see dose modification*
- Check FBC. Patient should have adequate bone marrow reserve, i.e neutrophils > 1.0, platelets >100 unless cytopaenia is due to disease, e.g marrow infiltration, splenomegaly - *if not discuss with consultant*
- If appropriate discuss possibility of pregnancy with female patients and need for contraception with both male and female patients for 6 months after treatment. Discuss risk of infertility - offer semen cryopreservation to male patients.
- TMZ has minor influence on the ability to drive and use machines due to fatigue and somnolence.
- Written consent for course.

Day 1 - 5	Temozolomide	150mg/m2	Oral once daily for 5 days

Every 28 days for 1 year or until relapse/progression

Available as 5mg, 20mg, 100mg and 200mg hard capsules.

Temozolomide should be administered on an empty stomach.

The capsules must be swallowed whole with a glass of water and must not be opened or chewed.

If vomiting occurs after the dose is administered, a second dose should not be administered that day.

Prophylaxis for emesis Ondansentron 8mg BD for 5 days.

Dose modification for haematological toxicity

• Neuts > 1.5 and plats > 100	Proceed with TMZ 100% dose
• Neuts <1.5 and/or platelets<100 when cycle due	Delay for up to 2 weeks and proceed if parameters met
• Neuts <1.5 and/or platelets<100 after 2 weeks	Reduce the TMZ to 100 mg/m2
• Neuts <1.5 and/or platelets<100 after doses reduction	Reconsider suitability for TMZ
• Common Toxicity Criteria- non-haematological toxicity 3 grade (except for alopecia, nausea and vomiting)	Interrupt until resolved up to 2 weeks then reduce 150mg/m2 to 100mg/m2 or discontinue if 100mg/m2

Dose modification for renal dysfunction or liver dysfunction

No data is available on the administration of temozolomide in patients with severe hepatic dysfunction or with renal dysfunction. Based on the pharmacokinetic properties of temozolomide, it is unlikely that dose reductions are required in patients with severe hepatic or renal dysfunction. However caution should be exercised when Temozolomide is administered in these patients.

Hepatic injury, including fatal hepatic failure, has been reported in patients treated with temozolomide. If hepatic function tests are abnormal, physicians should assess the benefit/risk prior to initiating temozolomide including the potential for fatal hepatic failure. For patients with significant liver function abnormalities during treatment, physicians should assess the benefit/risk of continuing treatment. Liver toxicity may occur several weeks or more after the last treatment with temozolomide.

Cautions

Contra-indicated in patients who have history of hypersensitivity to dacarbazine.

This medicinal product contains lactose. Patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicine.

PCP prophylaxis in patients receiving concomitant TMZ and RT or steroids regardless of lymphocyte count. If lymphopenia occurs, they are to continue the prophylaxis until recovery of lymphopenia to grade ≤ 1.

Toxicities	
Neutropenic sepsis & thrombocytopenia	Nausea & vomiting
Amenorrhoea & infertility (offer semen cryopreservation)	Constipation
Diarrhoea	Fatigue
Convulsion	Rash
Headache	secondary malignancies
Alopecia	

References:

- Temodal ® *Summary of Product Characteristics* accessed on 28/1/15 via www.medicines.org.uk Accessed August 2018.
- Elisa J. Pulczynski et al. ***Immunochemotherapy in PCNSL***. Journal of the European Haematology Association. Haematologica January 2014:doi:10.3324/haematol.2014.108472
- Kurzwelly d et al. J Neurooncol. ***Primary CNS lymphoma in the elderly: temozolomide therapy and MGMT status.*** 30 September 2009.
- Osmani, A. H., I Masood, N. (2012***). Temozolomide for relapsed primary CNS lymphoma***.. *JCPSp: Journal of the College of Physiciansand Surgeons--Pakistan., 22*(9), 594-595.