

# LOMUSTINE

Palliative chemotherapy for recurrent glioma

Drugs/Dosage: Lomustine 100 - 130mg/m<sup>2</sup> PO as a single dose on Day 1 only

Administration: Lomustine, available as 40mg capsules, to be swallowed whole with water.

Frequency: 6 weekly cycle  
3 cycles, then re-scan  
Total of 6 cycles, or until tumour progression

Main Toxicities: myelosuppression; ovarian failure/infertility

Anti-emetics: highly emetogenic (but all patients are on long-term dexamethasone, so no anti-emetic dex is required)

Regular Investigations: FBC Day 1  
LFTs Day 1  
U&Es Day 1

Comments: Lomustine may cause permanent haematological damage with prolonged use.

## Dose Modifications

Haematological Toxicity: WBC < 3.0 x 10<sup>9</sup>/l or Platelets < 100 x 10<sup>9</sup>/l

Delay treatment for at least 1 week. Repeat FBC and, if within normal parameters, proceed at full dose.

If FBC still low after the first delay, repeat blood counts until satisfactory and then consider a dose reduction.

If FBC still low at 12 weeks (i.e. after a 6 week delay), discontinue lomustine.

Renal Impairment:

CrCl (ml/min)	Lomustine Dose
> 60	Give 100%
45 - 60	Give 75%
30 - 45	Give 50%
< 30	Not recommended

Hepatic Impairment: Lack of information. Consider a dose reduction.

Reference: Royal Marsden Hospital Neuro-Oncology protocol for lomustine

Reason for Update: anti-emetic section updated	Approved by Consultant: Dr R Shaffer
Version: 3	Approved by Lead Chemotherapy Nurse: V Mumford
Supersedes: Version 2	Date: 25.2.14
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