

Neutrophils < 1.0 x 10 ⁹ /l or Platelets < 50 x 10 ⁹ /l	Delay treatment for 1 week. Repeat FBC and, once recovered, give temozolomide at dose equivalent to 50mg/m ² less than previous cycle, to a minimum of 100mg/m ²
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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: Mirimanoff, R-O; JCO 2006; 24 (16): 2563 - 2569
Malmstrom, A et al; Lancet Oncology 2012; 13 (9): 916 – 926
ASCO 2016; Abstract LBA2000

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