Systemic Anti Cancer Therapy Protocol

Lomustine (CCNU)

PROTOCOL REF: MPHALOMCNS (Version No: 2.1)

The protocol has been temporarily amended – please see the Oral SACT Operational Changes during Covid-19. Amendments may include less frequent blood monitoring, telephone SACT assessments and longer durations of treatment being dispensed.

Approved for use in:

Second-line treatment for recurrent glioma following treatment with temozolomide

ECOG PS 0 – 2

Dosage:

Drug	Dosage	Route	Frequency
Lomustine	40mg	Oral	Once Daily (at night) for FOUR days

Repeat every 4 – 6 weeks until disease progression or unacceptable toxicity.

Supportive treatments:

- Ondansetron 8mg, one hour before chemotherapy for 4 days
- Domperidone 10mg, three times a day when required

Or

- Cyclizine 50mg, three times a day when required

Administration:

Lomustine is available as 40mg capsules.

Lomustine should be taken on an empty stomach with water at BEDTIME (to reduce nausea).

Extravasation risk:

Not applicable

Drug interactions:

Nil

Main Toxicities:

- Nausea and vomiting
- Mucositis
- Alopecia
- Lethargy
- Disorientation
- Pulmonary fibrosis
- Renal injury / failure
- Increased bilirubin
- Increased transaminases
- Anaemia
- Thrombocytopenia
- Neutropenia

Investigations and treatment plan:

	Pre	Cycle 1	Cycle 2	Cycle 3	Ongoing
Clinical Assessment	X	X	X	X	Every cycle
SACT Assessment		X	X	X	Every cycle
FBC	X	X	X	X	Every cycle
U&E & LFTs	X	X	X	X	Every cycle
MRI scan	X				Every 3 cycles
Informed Consent	X				
PS recorded	X	X	X	X	Every cycle
Toxicities documented	X	X	X	X	Every cycle
Weight recorded	X	X	X	X	Every cycle
Height recorded	X				

Dose Modifications and Toxicity Management:

Haematological toxicity

Proceed on day 1 if:-

ANC ≥ 1.5 x 10^9/L	Platelets ≥ 100 x 10^9/L

Delay 1 week on day 1 if:-

ANC ≤ 1.4 x 10^9/L	Platelets ≤ 99 x 10^9/L

Consider reducing course of Lomustine to THREE days if significant haematological toxicity.

Non-haematological toxicities

In the event of non-haematological toxicities, consider reducing course of Lomustine to THREE days.

Renal Impairment:

Consider reducing course length if CrCl < 60 ml/min. Lomustine is not recommended if CrCl < 30 ml/min.

Hepatic Impairment:

No specific recommendations due to lack of information. Consider reducing course length if hepatic impairment. Hold lomustine if bilirubin > 25 µmol/L or AST > 5xULN until liver function returns to normal.

References:

1. The British National Formulary (BNF). Available at https://bnf.nice.org.uk
2. Lomustine 40mg Capsules Summary of Product Characteristics (February 2017)
3. Available at: https://www.medicines.org.uk/emc/product/1401
4. The North London Cancer Network “Dose Adjustments for Cytotoxics in Hepatic Impairment” (January 2009)
5. The North London Cancer Network “Dose Adjustments for Cytotoxics in Renal Impairment” (January 2009)