Systemic Anti Cancer Treatment Protocol

Lomustine (CCNU)

PROTOCOL REF: MPHALOMCNS
(Version No: 1.0)

Approved for use in:

Palliative chemotherapy for recurrent glioma

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.

Available as 40mg capsules.

Supportive treatments:

Domperidone 10mg, three times a day when required.

Administration:

Take on an empty stomach with water at BEDTIME (to reduce nausea) for four nights.

Extravasation risk:

Not applicable

Main Toxicities:

- Nausea and vomiting
- Mucositis
- Myelosuppression
- Fatigue
- Anaemia
- Hair loss/alopecia
- Infertility
- Deranged liver function tests
- Renal impairment
- Pulmonary toxicities (including interstitial pneumonia or pulmonary fibrosis)

Investigations:

	Pre	Cycle 1	Cycle 2	Cycle 3	Ongoing
Medical Assessment	X	X	X	X	Every cycle
Nursing 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	
Toxicities documented	X	X	X	X	
Weight recorded	X	X	X	X	Every cycle

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

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

Hepatic Impairment: 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:

https://www.medicines.org.uk/emc/medicine/6252

BC Cancer Agency Protocol Summary CNCCNU (revised April 2017)