

## **For the Patient: CNAJ TZRT**

Other Names: Treatment of newly diagnosed malignant gliomas with concurrent Temozolomide and Radiation Therapy, followed by adjuvant Temozolomide

**CN** = Central Nervous System

**AJ** = Adjuvant (means “additional” or “add-on”)

**TZ** = Temozolomide

**RT** = Radiation Therapy

### **ABOUT THIS MEDICATION**

#### **What is this drug used for?**

- Temozolomide is a drug given with radiation therapy to treat certain cancers of the brain or central nervous system. It is a capsule that is taken by mouth.

#### **How does this drug work?**

- Temozolomide kills cancer cells by preventing their normal cell division and growth. When given with radiation, it makes cancer cells more sensitive to the effects of the radiation treatment.

### **INTENDED BENEFITS**

- This therapy is being given to destroy and/or limit the growth of cancer cells in your body. It may improve your current symptoms, and delay or prevent the onset of new ones.
- It may take several treatments before your doctor can determine whether or not this treatment is helping.

### **TREATMENT SUMMARY**

#### **How is this drug given?**

- Temozolomide is a capsule taken by mouth and is usually taken as a single dose, once a day. You may be given capsules of more than one strength to make the right dose. The BCCA Pharmacy may package these capsules in a blister pack to make it easier for you to take.
- Your treatment has two parts. The first part involves taking temozolomide during your radiation treatment (also known as “concurrent” or combined treatment). The second part involves taking temozolomide without radiation, also known as “adjuvant” or “add-on” treatment).
- During your concurrent treatment with radiation, temozolomide is taken every day for 6 weeks, preferably 1 hour prior to your radiation treatment especially during the first week. Radiation appointment times will vary from day to day, so the time that you take your temozolomide will also vary. On the days you do not have a radiation treatment, such as Saturdays, Sunday or holidays, the temozolomide is taken in the morning.
- Your adjuvant treatment with temozolomide starts 4 weeks after completion of your radiation therapy. At this time you will be given a higher dose of temozolomide (about twice the dose you received during your radiation treatment) to be taken every day for five days in a row followed by a 23 day rest period. This 28-day period of time (5 days of temozolomide + 23

days of rest) is called a “cycle”. The cycle is usually repeated up to a maximum of 6 cycles, but may be changed depending on how the chemotherapy affects you.

- The calendar below outlines your treatment plan.

### Concurrent Temozolomide and Radiation Therapy

DATE	TREATMENT PLAN
	▶ Week 1 → Temozolomide 1 hr prior to Radiation Therapy, and in the morning on days without Radiation Therapy
	▶ Week 2 → Temozolomide 1 hr prior to Radiation Therapy, and in the morning on days without Radiation Therapy
	▶ Week 3 → Temozolomide 1 hr prior to Radiation Therapy, and in the morning on days without Radiation Therapy
	▶ Week 4 → Temozolomide 1 hr prior to Radiation Therapy, and in the morning on days without Radiation Therapy
	▶ Week 5 → Temozolomide 1 hr prior to Radiation Therapy, and in the morning on days without Radiation Therapy
	▶ Week 6 → Temozolomide 1 hr prior to Radiation Therapy, and in the morning on days without Radiation Therapy

### Adjuvant Temozolomide

C Y C L E  1	DATE	TREATMENT PLAN
		▶ Week 1 → Temozolomide once daily at bedtime x 5 days (day 1 – 5) No treatment on day 6 or 7
		Week 2 → No Treatment
		Week 3 → No Treatment
		Week 4 → No Treatment

C Y C L E  2	DATE	TREATMENT PLAN
		▶ Week 1 → Temozolomide once daily at bedtime x 5 days (day 1 – 5) No treatment on day 6 or 7
		Week 2 → No Treatment
		Week 3 → No Treatment
		Week 4 → No Treatment

C Y C L E  3	DATE	TREATMENT PLAN
		▶ Week 1 → Temozolomide once daily at bedtime x 5 days (day 1 – 5) No treatment on day 6 or 7
		Week 2 → No Treatment
		Week 3 → No Treatment
		Week 4 → No Treatment

C Y C L E  4	DATE	TREATMENT PLAN
		▶ Week 1 → Temozolomide once daily at bedtime x 5 days (day 1 – 5) No treatment on day 6 or 7
		Week 2 → No Treatment
		Week 3 → No Treatment
		Week 4 → No Treatment

C Y C L E  5	DATE	TREATMENT PLAN
		▶ Week 1 → Temozolomide once daily at bedtime x 5 days (day 1 – 5) No treatment on day 6 or 7
		Week 2 → No Treatment
		Week 3 → No Treatment
		Week 4 → No Treatment

C Y C L E  6	DATE	TREATMENT PLAN
		▶ Week 1 → Temozolomide once daily at bedtime x 5 days (day 1 – 5) No treatment on day 6 or 7
		Week 2 → No Treatment
		Week 3 → No Treatment
		Week 4 → No Treatment

### What will happen when I get my drug?

- During your concurrent treatment with radiation and temozolomide treatment, a blood test is done once a week. During this six week period, the BCCA Pharmacy will provide you with one week's supply of medication at a time.
- During your adjuvant temozolomide treatment (i.e. after the radiation therapy is completed), a blood test is done each cycle, the day before or the first day of each five-day treatment, and again on Day 22. The BCCA Pharmacy will provide you with a 5-day supply of medication for each cycle.

- The dose and timing of your chemotherapy may be changed based on your blood counts and/or other side effects.
- You will be given a prescription for anti-nausea drugs which can be filled at your local community pharmacy. This medication is to be taken 30-45 minutes before the temozolomide to lessen the side effects of treatment. It is easier to prevent nausea than treat it once it has occurred, so follow directions closely.
- If you are on dexamethasone (e.g. DECADRON®) at the same time as temozolomide and radiation therapy, you may be given a prescription for an antibiotic to help prevent infection during this time. This prescription can be filled at your local community pharmacy.

**What are the side effects of Temozolomide, how often do they occur and how do I manage them?**

- Unexpected and unlikely side effects can occur with any drug treatment. Your doctor will review the risks of treatment and possible side effects with you before starting treatment. The pharmacist will review these with you when you first pick up your medication. The most common side effects include:
  - Effects on the blood cells leading to increased risk for infection and bleeding
  - Fatigue
  - Nausea
- Please refer to the patient information handout titled “**For the Patient: temozolomide**” for a complete list of possible side effects and their management. If you have not received a copy, please ask a nurse or pharmacist. It is also located on the BCCA website at <http://www.bccancer.bc.ca/HPI/DrugDatabase/DrugIndexPt/Temozolomide.htm>.

**What are the side effects of radiation therapy?**

- Your radiation oncologist, radiation therapist and nurse will review the risks of treatment and possible side effects with you before starting treatment. Please refer to the patient information handout titled “[Care of Radiation Side Effects: Brain](#)” for a complete list of possible side effects and their management. Side effects can include:
  - Headache
  - Changes in sensation or movement
  - Dry and itchy scalp
  - Hair loss within the treatment area

**Medication interactions**

- Some drugs may interact with temozolomide and you may need extra blood tests or your doses may need to be changed. Please refer to “**For the Patient: temozolomide**”

**If you experience symptoms or changes in your body that have not been described above but worry you, or if any symptoms are severe, contact:**

\_\_\_\_\_ at telephone number \_\_\_\_\_