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Acute toxicity of concomitant temozolamide in glioblastoma: experience of introducing a new treatment strategy to the clinic

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Introduction: The EORTC 22981 study demonstrated that the poor survival in glioblastoma (GBM) is significantly improved by the addition of concomitant and adjuvant temozolamide to radical radiotherapy. However significant toxicities have been reported with temozolamide in various regimes. We report the acute toxicity associated with concurrent chemoradiation in our institution.

Methods: All patients with biopsy proven GBM and WHO performance status 0/1 who were considered suitable for this regime were treated as per the EORTC protocol. Patients were reviewed weekly and toxic effects recorded according to the Common Toxicity Criteria version 3.0. Twice weekly monitoring of full blood count and renal function was performed.

Results: 11 patients were treated, average age 46.6. A reduction in performance status during treatment occurred in 5 patients (mean fall 1.4 points). 2 patients had haematological toxicity, 1 of which was grade 4 requiring multiple platelet and blood transfusions and cancellation of concomitant and adjuvant chemotherapy. This required hospitalisation and interruption of radiotherapy. 1 patient experienced grade 2 haematological toxicity necessitating omission of one week of temozolamide. No additional grade 4 toxicities were recorded. 1 patient experienced grade 3 seizure activity, and 1 patient had grade 3 headache, nausea, neuromotor problems and fatigue.

Conclusion: The toxicities reported here are comparable to those in the EORTC trial and demonstrate that this regime is generally well tolerated. However significant haematological side effects may occur requiring prompt response including cessation of chemotherapy. We recommend twice weekly FBC assessment to monitor for this.