

You will then be monitored by your Neuro-Oncologist on a monthly basis with a blood test to assess effect on bone marrow.

Your first imaging post treatment is likely to be after your 2nd cycle of adjuvant Temozolomide. This will be an MRI scan and will be used to compare subsequent (following) imaging.

Clinical Nurse Specialist (CNS) contact details

Should you have any questions before, during or after your treatment please contact the Clinical Nurse Specialist in Neuro-Oncology:

Julie Coventry: 01522 572313

Emergency contact numbers are through the chemotherapy unit:
Ingham Ward 01522 572260/572261
(Monday to Friday 9am to 5pm)

Out of hours and at weekends/Bank Holidays call:
Waddington Unit 01522 572255/307198

References

If you require a full list of references for this leaflet please email patient.information@ulh.nhs.uk

The Trust endeavours to ensure that the information given here is accurate and impartial.



If you require this information in another language, large print, audio (CD or tape) or braille please email the Patient Information team at patient.information@ulh.nhs.uk

Radiotherapy/Temozolomide Information for Glioblastoma

Neuro-Oncology Department
Lincoln County Hospital

www.ulh.nhs.uk

Aim of the leaflet

This leaflet is aimed at patients who have been given a diagnosis of **Glioblastoma**.

This is a **High Grade Primary Malignant** (Grade IV) brain tumour for which you will require a combination treatment of radiotherapy and chemotherapy.

This leaflet aims to tell you what will happen throughout your treatment.

Radiotherapy

You will be invited to Lincoln County Hospital to have a mesh mask made of your face/head.

You will then have a CT scan with the fitted mask, which will be used to plan your radiotherapy treatment. This takes place in the radiotherapy department. Radiotherapy is likely to start 3 to 4 weeks after your consultation with the Neuro-Oncologist.

Radiotherapy is given over a period of 6 weeks, so you will have a total of 30 visits = 30# (fractions). (1 radiotherapy treatment = 1#/fraction).

You will attend the hospital daily from Monday to Friday but NOT weekends. Each visit you will have a single fraction (#) of radiotherapy. This will take around 10 minutes, the first visit being a little longer.

Chemotherapy

Chemotherapy will also be prescribed over this period of time. This is an oral medication; the dose is prescribed according to your weight and height. You will be asked to take your chemotherapy, called Temozolomide, daily 1 to 2 hours before

your slotted time for radiotherapy. Temozolomide is to be taken on an empty stomach where possible.

Temozolomide is ALSO taken on a Saturday and Sunday, so for a total of 42 days. You may also be advised to take anti-sickness medication 1 hour prior to taking your Temozolomide.

If you have symptoms of nausea you may be prescribed Ondansetron as an anti-sickness medication followed by alternative medications which may include dexamethasone by your Neuro-Oncology team.

Example:

Anti Sickness	12.00 noon
Temozolomide	1.00 pm
Radiotherapy	2.00pm

The day you start radiotherapy is the day you start Temozolomide; the day you complete radiotherapy is the day you complete Temozolomide.

You will be reviewed by the Neuro-Oncology team weekly during radiotherapy and chemotherapy with a weekly blood test to monitor effect on bone marrow.

Adjuvant Chemotherapy

Following completion of 6 weeks of radiotherapy and Temozolomide (Phase 1) you will have a 4-week break. You will then be assessed for Adjuvant (further) cycles of Temozolomide (Phase 2).

Phase 2 - this will be a daily dose of Temozolomide taken for 5 days out of every 28 days for a maximum of 6 months. This dose will be a higher dose than you have previously taken but over a shorter period of time.