Regimen Monograph

Regimen Name | Drug Regimen | Cycle Frequency | Premedication and Supportive Measures | Dose Modifications | Adverse Effects | Interactions | Drug Administration and Special Precautions | Recommended Clinical Monitoring | Administrative Information | References | Other Notes | Disclaimer

A - Regimen Name

LOMU+BEVA Regimen

Lomustine-Bevacizumab

Disease Site Central Nervous System

Intent Palliative

Regimen Category

Evidence-informed :

Regimen is considered appropriate as part of the standard care of patients; meaningfully improves outcomes (survival, quality of life), tolerability or costs compared to alternatives (recommended by the Disease Site Team and national consensus body e.g. pan-Canadian Oncology Drug Review, pCODR). Recommendation is based on an appropriately conducted phase III clinical trial relevant to the Canadian context OR (where phase III trials are not feasible) an appropriately sized phase II trial. Regimens where one or more drugs are not approved by Health Canada for any indication will be identified under Rationale and Use.

This **Regimen Abstract** is an **abbreviated** version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

Rationale and Uses

Treatment of recurrent glioblastoma in patients with disease progression occurring at least 3 months after the end of chemoradiotherapy

(Refer to NDFP form for details)

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Supplementary Public Funding	**lomustine** ODB - General Benefit (lomustine) (ODB Formulary)
	bevacizumab New Drug Funding Program (Bevacizumab (Biosimilar) - In Combination with Lomustine for Recurrent Glioblastoma) (NDFP Website)

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B - Drug Regimen

lomustine*	90 mg /m²	PO (max 160 mg)	Day 1
bevacizumab	10 mg /kg	IV	Days 1, 15, 29

*In the clinical trial (Wick et al), the lomustine dose was increased to 110 mg/m^2 (max 200 mg) starting in cycle 2, in absence of hematological toxicity > grade 1 .

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C - Cycle Frequency

CYCLES REPEAT EVERY 6 WEEKS
(Bevacizumab repeats every 2 weeks.)

Until disease progression or unacceptable toxicity

Patients who discontinue lomustine may continue bevacizumab (and vice versa).

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D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate - Consider prophylaxis for lomustine
Minimal (Bevacizumab)

Screen for hepatitis B virus in all cancer patients starting systemic treatment. Refer to the hepatitis B virus screening and management guideline.

Other Supportive Care:

- Also refer to CCO Antiemetic Recommendations.

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K - References

CADTH Reimbursement Review: Bevacizumab and lomustine (recurrent glioblastoma multiforme). December 2023.

Taal W, Oosterkamp HM, Walenkamp AME, et al. Single-agent bevacizumab or lomustine versus a combination of bevacizumab plus lomustine in patients with recurrent glioblastoma (BELOB trial): a randomised controlled phase 2 trial. The Lancet Oncology, 2014;15(9):943-953.

Wick W, Gorlia T, Bendszus M, et al. Lomustine and bevacizumab in progressive glioblastoma. N Engl J Med 2017;377:1954-1963.

May 2024 Modified Rationale/Uses, Drug Regimen, Cycle Frequency and Premedications sections; Added bevacizumab NDFP form

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M - Disclaimer

Regimen Abstracts

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Regimen Monographs

Refer to the New Drug Funding Program or Ontario Public Drug Programs websites for the most up-to-date public funding information.

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