

Regimen Monograph

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A - Regimen Name

TMZL Regimen

Temozolomide

Disease Site Sarcoma - Soft Tissue

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.

Supplementary Public Funding [temozolomide](#)
ODB - General Benefit (temozolomide)

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B - Drug Regimen**Standard schedule:**

[temozolomide](#)* 200 mg /m² PO Loading dose

then

[temozolomide](#)* 90 mg /m² PO q12h for 9 doses (Days 1 to 5)

Alternative Schedule:

[temozolomide](#)* 75 mg /m² PO Days 1 to 42

*Outpatient prescription in multiples of 5mg, 20mg, 100mg, 140mg and 250mg capsules

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C - Cycle Frequency

Standard schedule: REPEAT EVERY 28 DAYS

Alternative schedule: REPEAT EVERY 63 DAYS

Until disease progression or unacceptable toxicity

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D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate – Consider prophylaxis daily (>75mg/m² OR ≤75mg/m²/day + RT)
Low – No routine prophylaxis; PRN recommended (≤75mg/m²/day)

Other Supportive Care:

- Antiemetic therapy is recommended prior to or following administration of temozolomide, especially for patients with emesis.
- Consider PCP prophylaxis, especially for patients on concurrent corticosteroids.

Also refer to [CCO Antiemetic Recommendations](#).

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J - Administrative Information

Oral: Outpatient prescription for home administration

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K - References

Garcia del Muro X, Lopez-Pousa A, Martin J, et al. A phase II trial of temozolomide as a 6-week, continuous, oral schedule in patients with advanced soft tissue sarcoma: a study by the Spanish Group for Research on Sarcomas. *Cancer* 2005;104(8):1706-12.

Talbot SM, Keohan ML, Hesdorffer M, et al. A phase II trial of temozolomide in patients with unresectable or metastatic soft tissue sarcoma. *Cancer* 2003;98(9):1942-6.

June 2021 temozolomide is ODB General Benefit

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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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