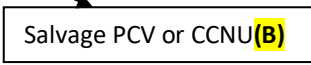
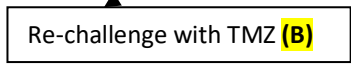
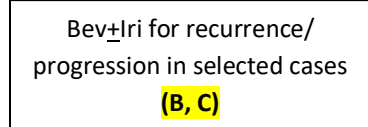
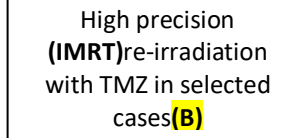
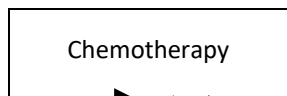
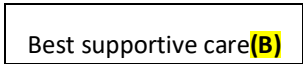
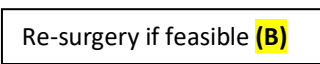
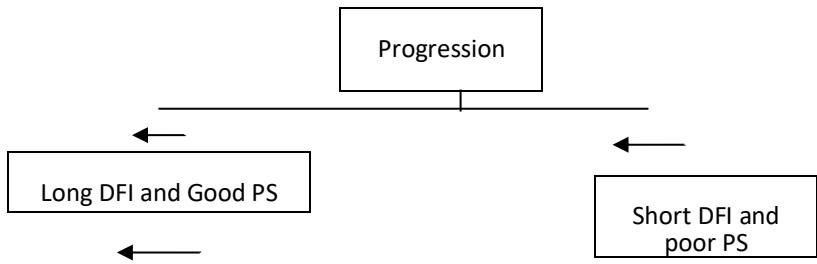
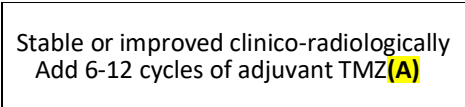
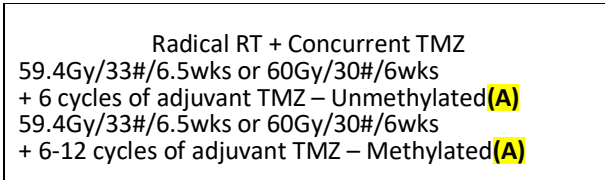
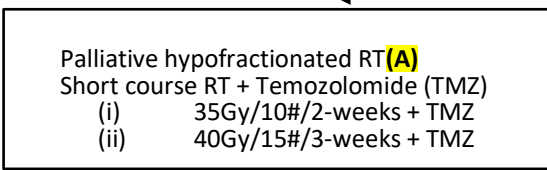
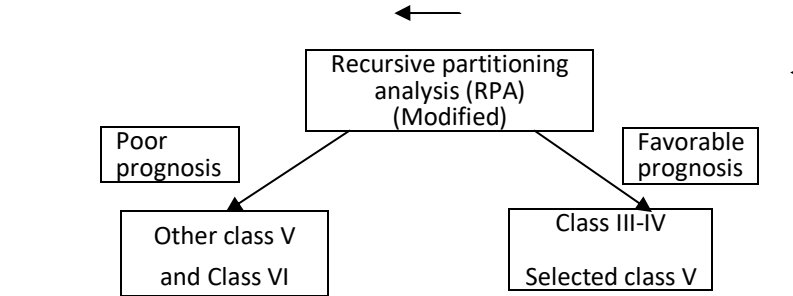
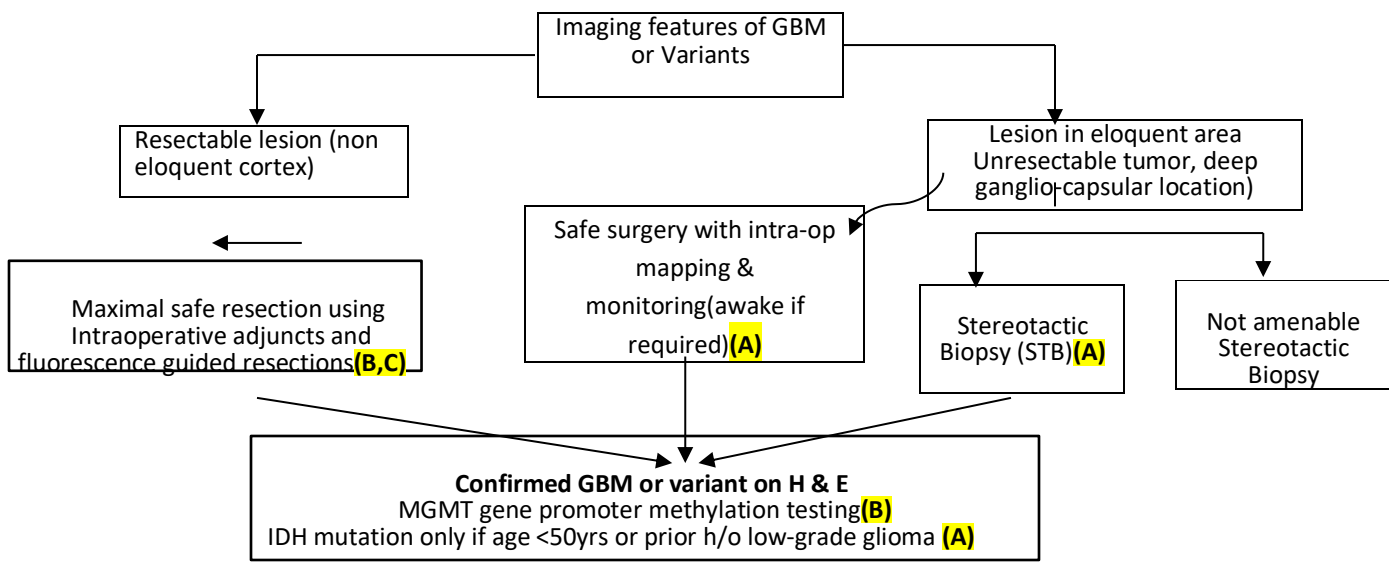


Glioblastoma (GBM)



A= MANDATORY
B= OPTIMAL
C= OPTIONAL



Chemotherapy regimens for GBM

Concurrent chemotherapy during RT

Temozolomide (TMZ): 75mg/m² per orally daily throughout the course of RT with anti-emetic and PCP prophylaxis

Adjuvant chemotherapy following RT

Temozolomide: 150-200mg/m² D1-D5 per orally cycled 4-weekly for 6-12 cycles

Salvage chemotherapy regimens for recurrent/progressive GBM

Drugs	Dose	Days and Route
RTOG-PCV Regimen (6 cycles every 6-weekly)		
Procarbazine	100mg/m ²	Day 8 -21 orally
Vincristine	1.5mg/m ²	Day 8 and 29 IV
Lomustine	100mg/m ²	Day 1 only orally
OR		
MRC PCV Regimen (6 cycles every 6-weekly)		
Procarbazine	100mg/m ²	Days 1-10 orally
Vincristine	1.5mg/m ²	Day 1 only IV
Lomustine	100mg/m ²	Day 1 only orally
OR		
Salvage CCNU (6 cycles every 6-weekly)		
CCNU	100mg/m ²	Day 1 only orally
OR		
Bevacizumab± Irinotecan: (6-12 cycles every 2-weekly)		
Bevacizumab	5-10mg/kg	Day 1 only IV
Irinotecan	125mg/m ²	Day 1 only IV