

Understanding NICE guidance

Information for people who use NHS services

Carmustine implants and temozolomide for the treatment of newly diagnosed high-grade glioma

NICE 'technology appraisal guidance' advises on when and how drugs and other treatments should be used in the NHS.

This leaflet is about when **carmustine implants** and **temozolomide** should be used to treat people with newly diagnosed high-grade glioma in the NHS in England and Wales. It explains guidance (advice) from NICE (the National Institute for Health and Clinical Excellence). It covers the use of these treatments separately, not the use of both treatments one after the other, and does not cover glioma that has been treated in the past. It is written for people with newly diagnosed high-grade glioma but it may also be useful for their families or carers or anyone with an interest in the condition.

It does not describe high-grade glioma or the treatments in detail – your specialist should discuss these with you. Some sources of further information and support are on the back page.



This may not be the only possible treatment for high-grade glioma. Your healthcare team should talk to you about whether it is suitable for you and about other treatment options available.

What has NICE said?

Carmustine implants are recommended as a possible treatment for people with newly diagnosed high-grade glioma only if 90% or more of their tumour has been removed. People should have carmustine implants only at specialist treatment centres under the care of a team of experts, as described in 'Improving outcomes for people with brain and other central nervous system tumours' (NICE cancer service guidance 2006; www.nice.org.uk/csgbraincns).

Treatment should be supervised by specialist neurosurgeons who:

- spend at least half of their time working in surgery to treat cancers of the brain and spinal cord
- work with a team of other specialists and have access to magnetic resonance imaging (MRI) to help predict before the operation whether it will be possible to remove 90% of the person's tumour
- have access to technology that helps them precisely locate the tumour during the operation.

Carmustine implants are not recommended for people with newly diagnosed high-grade glioma if less than 90% of their tumour has been removed.

Temozolomide is recommended as a possible treatment for people with newly diagnosed glioblastoma multiforme (a type of high-grade glioma) who have a World Health Organization (WHO) performance status of 0 (they are able to carry out all normal activity without restriction) or 1 (they are restricted in strenuous activity but are able to move around and carry out light work).

High-grade glioma

Gliomas are the most common type of brain tumour. They are classified into types according to how fast they are likely to grow, and high-grade gliomas are the two fastest growing types. Glioma is usually treated with surgery and radiotherapy, and sometimes chemotherapy as well.

Carmustine implants and temozolomide

Carmustine implants (also known as Gliadel wafers) are a new way of giving chemotherapy for brain tumours. During brain surgery to remove most or all of a tumour, up to 8 implants are inserted into the space where the tumour was. They then gradually release carmustine into this area over 2–3 weeks. Temozolomide (also known as Temodal) is given as tablets to treat the tumour, first with radiotherapy and then on its own.

What does this mean for me?

When NICE recommends a treatment, the NHS must ensure it is available to those people it could help, normally within 3 months of the guidance being issued. So, if you have newly diagnosed high-grade glioma, and your doctor thinks that carmustine implants are the right treatment for you (providing that 90% or more of your tumour can be removed and you are being treated in a specialist centre), you should be able to have the treatment on the NHS.

Treatment with temozolomide should be available if you have newly diagnosed glioblastoma multiforme and a WHO performance status of 0 or 1, and your doctor thinks that it is the right treatment for you. Please see www.nice.org.uk/aboutguidance if you appear to be eligible for these treatments but they are not available.

More information about high-grade glioma

The organisations below can provide more information and support for people with high-grade glioma. Please note that NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

- Cancerbackup, helpline 0808 800 1234
www.cancerbackup.org.uk
- Brain Tumour UK, 0845 4500 386
www.braintumouruk.org.uk
- Samantha Dickson Brain Tumour Trust, 0845 130 9733
www.braintumourtrust.co.uk
- Tenovus: the cancer charity, helpline 0808 808 1010
www.tenovus.com

NHS Direct online (www.nhsdirect.nhs.uk) may be a good starting point for finding out more. Your local Patient Advice and Liaison Service (PALS) may also be able to give you further advice and support.

About NICE

NICE produces advice (guidance) for the NHS about preventing, diagnosing and treating different medical conditions. The guidance is written by independent experts including healthcare professionals and people representing patients and carers. They consider all the research on the disease or treatment, talk to people affected by it, and consider the costs involved. Staff working in the NHS are expected to follow this guidance.

To find out more about NICE, its work and how it reaches decisions, see www.nice.org.uk/aboutguidance

This leaflet and other versions of the guidance aimed at healthcare professionals are available at www.nice.org.uk/TA121

You can order printed copies of this leaflet from the NHS Response Line (phone 0870 1555 455 and quote reference N1268).