ORAL ETOPOSIDE
Cumbria, Northumberland, Tyne & Wear Area Team

DRUG ADMINISTRATION SCHEDULE

<table>
<thead>
<tr>
<th>Day</th>
<th>Drug</th>
<th>Daily Dose</th>
<th>Route</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days 1-14</td>
<td>Etoposide</td>
<td>50mg BD</td>
<td>Oral</td>
<td>7 to 14 days</td>
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DOSE FORM
Soft gelatin capsules containing 50 mg or 100 mg etoposide

CYCLE LENGTH AND NUMBER OF DAYS
21 day cycle for up to 6 cycles
Consider 7-10 days therapy for cycle one, then can dose escalate to 14 days cycle length or as directed by Oncology specialist

APPROVED INDICATIONS
Relapsed ovarian cancer

ELIGIABILITY CRITERIA
None Listed

EXCLUSION CRITERIA
In patients who have a history of hypersensitivity reactions to etoposide

RECOMMENDED TAKE HOME MEDICATION
Metoclopramide 10mg three times daily as required* see CINV policy for precautions

INVESTIGATIONS / MONITORING REQUIRED
Pre each cycle - FBC, U&E’s, LFT’s, tumour markers as appropriate
D8 & D15 - FBC, U&E’s, LFT’s

ASSESSMENT OF RESPONSE
Metastatic: Tumour size and patient symptomatic response

REVIEW BY CLINICIAN
Every other cycle

NURSE / PHARMACIST LED REVIEW
On cycles where not seen by clinician.

ADMINISTRATION NOTES
- Administer on an empty stomach
- Ensure the patients know the treatment is not continuous and when they have finished the capsules supplied they should never get a repeat prescription from their own GP.
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- Oral Etoposide is poorly tolerated in this group of patients as most will have either advanced disease or have been heavily pre-treated with chemotherapy.
- There is no liquid form of etoposide, the injection can be given orally but is very unpleasant and not recommended.

TOXICITIES

- Rare - allergic or anaphylactic reactions.
- Nausea & Vomiting
- Mucositis
- Constipation
- Alopecia
- Bone Marrow Depression; anaemia, neutropenia, thrombocytopenia
- Nephrotoxicity, monitor U&E
- Alteration in LFT’s (infrequent and transient)
- Leukaemic transformation

DOSE MODIFICATION / TREATMENT DELAYS

Haematological Toxicity:

- Delay 1 week if WBC<3.0, ANC <1.0 Platelets <100
- No dose modification for CTC grade I/II ANC
- Grade III/IV ANC → delay chemotherapy until recovered. On recovery give 20% to 25% dose reduction

Non-Haematological Toxicity:

Renal Function

No dose reduction needed for mild renal failure. Avoid in moderate to severe renal failure, e.g. CrCl < 20ml/min)

Hepatic Function:

If pre-treatment LFT are abnormal or if bilirubin raised, proceed with caution and discuss etoposide dosage with an Oncology specialist.

Suggested dose modifications

<table>
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<tr>
<th>Serum bilirubin (μmol/L)</th>
<th>Dose</th>
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<tr>
<td>&lt; 25</td>
<td>100%</td>
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<tr>
<td>25 to 50</td>
<td>50%</td>
</tr>
<tr>
<td>50 to 85</td>
<td>25%</td>
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<tr>
<td>&gt; 85</td>
<td>Do not administer</td>
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Impaired hepatic function may be a risk factor for increased toxicities.

TREATMENT LOCATION

Can be given at Cancer Centre or Cancer Unit
REFERENCES:


### Document Control

<table>
<thead>
<tr>
<th>Document Title:</th>
<th>Etoposide oral CNTW protocol CRP09 GY006</th>
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<td>CRP09 GY006</td>
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<tr>
<td>Current Version:</td>
<td>1.3</td>
</tr>
<tr>
<td>Author:</td>
<td>Steve Williamson, Consultant Pharmacist</td>
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<tr>
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<tr>
<td>Approved by:</td>
<td>Calum Polwart Cancer Pharmacist</td>
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<td>Due for Review:</td>
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<tr>
<td>Summary of Changes</td>
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<tr>
<td>1.1</td>
<td>Reformatted from old NCN/CCA versions</td>
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<tr>
<td>1.2</td>
<td>Typing errors corrected. Protocol reviewed.</td>
</tr>
<tr>
<td>1.3</td>
<td>Protocol reviewed and reissued, Antiemetic advice updated</td>
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