Chemotherapy Protocol

GYNAECOLOGICAL CANCER

ETOPOSIDE ORAL

Regimen

- Ovary-Etoposide Oral

Indication

- Second line or subsequent treatment of recurrent platinum resistant ovarian cancer where other treatments are inappropriate.
- Palliative intent
- WHO performance status 0, 1, 2

Toxicity

Drug	Adverse Effect
Etoposide	Alopecia, hyperbilirubinaemia

The adverse effects listed are not exhaustive. Please refer to the relevant Summary of Product Characteristics for full details.

Monitoring

Drugs

- FBC, LFTs and U&Es prior to day one of treatment

Dose Modifications

The dose modifications listed are for haematological, liver and renal function and drug specific toxicities only. Dose adjustments may be necessary for other toxicities as well.

In principle all dose reductions due to adverse drug reactions should not be re-escalated in subsequent cycles without consultant approval. It is also a general rule for chemotherapy that if a third dose reduction is necessary treatment should be stopped.

Please discuss all dose reductions / delays with the relevant consultant before prescribing, if appropriate. The approach may be different depending on the clinical circumstances.

Haematological

Consider blood transfusion if patient symptomatic of anaemia or has a haemoglobin of less than 8g/dL.

Prior to cycle 1 the following criteria must be met;

Criteria	Eligible Level
Neutrophil	equal to or more than $1x10^9$/L
Platelets	equal to or more than 100 $x10^9$/L

Day 1 - Dose modifications

Neutrophils ($x10^9$/L)	Dose Modifications
1 or greater	100%
less than 1	Delay until recovery. Consider reducing course length or discontinuing treatment as appropriate.
Platelets ($x10^9$/L)	**Dose Modifications**
100 or greater	100%
less than 100	Delay until recovery. Consider reducing course length or discontinuing treatment as appropriate.

Hepatic Impairment

Drug	Bilirubin (µmol/L)		AST/ALT units	Dose (% of original dose)
Etoposide	26-51	or	60-180	Consider reducing course length
	51 or greater	or	180 or greater	Clinical decision

Renal Impairment

Drug	Creatinine Clearance (ml/min)	Dose (% of original dose)
Etoposide	50 or greater	100%
	15-50	75%
	less than 15	50%

Other

Dose reductions or interruptions in therapy are not necessary for those toxicities that are considered unlikely to be serious or life threatening. For example, alopecia, altered taste or nail changes.

For all other non-haematological NCI-CTC grade 3 and above toxicities delay treatment until the adverse effect has resolved to NCI-CTC grade 1 or below. Reduce the course length or discontinue as appropriate.

Regimen

28 day cycle for 6 cycles

Drug	Dose	Days	Administration
Etoposide	50mg (flat dose)	1-21	Oral

Administration Information

- Etoposide to be taken an hour before food or on an empty stomach

Additional Therapy

- Antiemetics

  As take home medication

  - metoclopramide 10mg oral three times a day as required

- Gastric protection with a proton pump inhibitor or a H_2 antagonist may be considered in patients considered at high risk of GI ulceration or bleed.

Additional Information

- The National Patient Safety Alert on oral chemotherapy (NPSA/2008/RRR001) must be followed in relation to oral etoposide.

Coding

- Procurement – X70.1
- Delivery – X73.1

References
1.Rose PG, Blessing JA, Mayer AR et al. Prolonged oral etoposide as second-line therapy for platinum-resistant and platinum-sensitive ovarian carcinoma: a gynecologic oncology group study. J Clin Oncol 1998;16: 405-410.
2.Hoskins PJ, Swenerton KD. Oral etoposide is active against platinum-resistant epithelial ovarian cancer. J Clin Oncol 1994; 12: 60-63.
3.Seymour MT, Mansi JL, Gallagher CJ, et al. Protracted oral etoposide in epithelial ovarian cancer: a phase II study in patients with relapsed or platinum-resistant disease. Br J Cancer 1994; 69: 191-195.
4.Markman M, Hakes T, Reichman B et al. Phase 2 trial of chronic low-dose oral etoposide as salvage therapy of platinum-refractory ovarian cancer. J Cancer Res Clin Oncol 1992; 119; 55-57.

REGIMEN SUMMARY

Etoposide PO

Day 1

1. Etoposide 50mg (flat dose) oral once a day for 21 days.
2. Metoclopramide 10mg oral three times a day when required

DOCUMENT CONTROL

Version	Date	Amendment	Written By	Approved By
1.1	April 2014	Metoclopramide dose changed OPCS code updated Disclaimer updated	Dr Deborah Wright Pharmacist	Donna Kimber Pharmacy Technician
1	May 2013	None	Rebecca Wills Pharmacist Dr Deborah Wright Pharmacist	Dr Clare Green Consultant Medical Oncologist Dr Cheng Yeoh Consultant Medical Oncologist

This chemotherapy protocol has been developed as part of the chemotherapy electronic prescribing project. This was and remains a collaborative project that originated from the former CSCCN. These documents have been approved on behalf of the following Trusts;

Hampshire Hospitals NHS Foundation Trust
NHS Isle of Wight
Portsmouth Hospitals NHS Trust
Salisbury Hospital NHS Foundation Trust
University Hospital Southampton NHS Foundation Trust
Western Sussex Hospitals NHS Foundation Trust

All actions have been taken to ensure these protocols are correct. However, no responsibility can be taken for errors which occur as a result of following these guidelines.