

ORAL ETOPOSIDE

Relapsed Ovarian Cancer where nausea is not a component in patient symptoms

Drug / Dosage:	Etoposide 50mg/m ² po Days 1 – 21, then 7 days rest. (rounded to nearest 50mg)
Administration:	Capsules to be swallowed whole with plenty of water As an alternative for patients who cannot swallow capsules, etoposide injection can be taken orally, diluted with orange juice or similar immediately prior to administration, at a dose of 70% of the usual oral capsule dose. ¹ (unlicensed use)
Frequency:	Repeat 4 weekly 6 courses Review after 3 courses and appropriate radiology to assess response
Main Toxicities:	Myelosuppression; Alopecia
Anti-emetics:	Mildly emetogenic
Extravasation:	Non-vesicant
Regular Investigations:	FBC D1 U&Es D1 LFTs D1 CA 125 D1

Dose Modifications

Haematological Toxicity

WBC < 3.0 x 10⁹/l

Or

Neutrophils < 1.5 x 10⁹/l

Or.

Platelets < 100 x 10⁹/l

Delay for 1 week. Repeat FBC and, if within normal parameters, restart treatment.

Renal Impairment

Obviously, there is limited flexibility to adjust the daily dose in this regimen. However, consideration to reducing the number of days treatment per cycle should be made if renal function is impaired.

CrCl (ml/min)	Etoposide Dose
60	Give 85%
45	Give 80%
30	Give 75%

Reason for Update: Complete review of gynaecological protocols	Approved by Matron: I Patterson
Version: 1	Approved by Consultant: Professor Thomas
Supersedes: All other versions	Date: 1-12-04
Prepared by: S Taylor	Checked by: J Turner

Hepatic Impairment

Bilirubin (μmol/l)	AST (units/l)	Etoposide Dose
24 – 51 or	60 – 180	Give 50% dose
> 51 or	> 180	Discontinue treatment

Reference:

Rose, P et al (GOG study); JCO 1998 (16) 405 - 410

Reason for Update: Complete review of gynaecological protocols	Approved by Matron: I Patterson
Version: 1	Approved by Consultant: Professor Thomas
Supersedes: All other versions	Date: 1-12-04
Prepared by: S Taylor	Checked by: J Turner