

# ORAL ETOPOSIDE

Relapsed ovarian cancer where nausea is not a component in patient symptoms

Drug / Dosage: Etoposide 50mg/m<sup>2</sup> po Days 1 – 21, then 7 days rest.  
(rounded to nearest 50mg)

Administration: capsules, available as 50mg and 100mg, to be swallowed whole with plenty of water.

Frequency: Repeat 4 weekly  
6 cycles  
Review after 3 cycles, using appropriate radiology to assess response

Main Toxicities: myelosuppression; alopecia

Anti-emetics: mildly emetogenic

Regular Investigations: FBC Day 1  
U&Es Day 1  
LFTs Day 1  
CA 125 Day 1

## Dose Modifications

Haematological Toxicity: WBC < 3.0 x 10<sup>9</sup>/l  
or  
Neutrophils < 1.5 x 10<sup>9</sup>/l  
or  
Platelets < 100 x 10<sup>9</sup>/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
> 50	Give 100%
15 – 50	Give 75%
< 15	Give 50%

Hepatic Impairment:

Bilirubin (µmol/l)	AST (units/l)	Etoposide Dose
26 – 51 or	60 – 180	Give 50% dose
> 51 or	> 180	Discontinue treatment

Reference: Rose, P et al; JCO 1998; 16 (2): 405 – 410

Reason for Update: removal of option to take injection orally, if patient cannot swallow capsules	Approved by Consultant: Dr A Michael
Version: 4	Approved by Lead Chemotherapy Nurse: P Deery
Supersedes: Version 3	Date: 7.7.16
Prepared by: S Taylor	Checked by: C Tucker