

# ORAL ETOPOSIDE

Used to control the counts in CMML and other myeloproliferative disorders, and in palliation of AML

**Please note:** This oral agent is being used for the above indications without curative intent, and has historically been used for many years without any proven optimal dosing or scheduling. Consequently, the schedules given below represent those routinely used in the Network but are not exclusive. Doses are routinely modified according to individual response, but doses greater than those listed below should be confirmed with a Consultant.

Drug / Dosage: A usual starting dose is:  
**Etoposide** 50 - 100mg po once daily on Days 1 - 5 (5 doses), repeated every 2 - 4 weeks

or

An alternative schedule that may be seen used in CMML is:  
**Etoposide** 50 – 100mg po once weekly

Monitor response and haematological toxicity and titrate further treatments accordingly.

Note that the bioavailability of oral etoposide varies between patients, as well as being dose-dependent. In view of this, dose adjustments may be required in order to achieve the desired therapeutic effect.

Administration: Capsules (available as 50mg and 100mg) 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.<sup>1</sup> (unlicensed use)

**Other Drugs:** Consider allopurinol if WBC raised – review after 4 weeks

Main Toxicities: myelosuppression; alopecia

Anti-emetics: mildly emetogenic

Regular Investigations: FBC Day 1, or as indicated for the weekly schedule  
U&Es Day 1  
LFTs Day 1

## Dose Modifications

Haematological Toxicity: Therapy should be delayed if the white cell count drops below  $3.0 \times 10^9/L$  or the platelet count below  $100 \times 10^9/L$ .  
If low counts are thought to be due to disease, discuss with Consultant.

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, or reducing the daily dose, should be made if renal function is impaired.

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Version: 4	Date: 18.9.14
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Prepared by: S Taylor	Checked by: C Tucker

<b>CrCl (ml/min)</b>	<b>Etoposide Dose</b>
> 50	Give 100%
15 – 50	Give 75%
< 15	Give 50%

Hepatic Impairment

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

Patient Information: Macmillan leaflet for Etoposide

Reference: <sup>1</sup>Bristol-Myers Squibb Medical Information

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