

## CISPLATIN ETOPOSIDE oral

### INDICATION (ICD10) C56

1. Platinum resistant or relapsed ovarian cancer.  
PS 0, 1, 2

### REGIMEN

Days 1 to 14 ETOPOSIDE 50mg orally once daily

Day 1 Prehydration

CISPLATIN 60mg/m<sup>2</sup>\* in 1000ml sodium chloride 0.9% IV infusion over 2 hours

Post hydration

Day 8 Prehydration

CISPLATIN 60mg/m<sup>2</sup>\* in 1000ml sodium chloride 0.9% IV infusion over 2 hours

Post hydration

Day 15 Prehydration

CISPLATIN 60mg/m<sup>2</sup>\* in 1000ml sodium chloride 0.9% IV infusion over 2 hours

Post hydration

\*Consider using cisplatin 40mg/m<sup>2</sup> in heavily pre-treated patients.

### CYCLE FREQUENCY AND NUMBER OF CYCLES

Every 28 days for 2 cycles only

On completion of 2 cycles if stable or responsive disease, consider oral etoposide (see oral etoposide regimen).

### ADMINISTRATION

Available as 50mg and 100mg capsules

Take on an empty stomach

### ANTI-EMETICS

Moderate emetic risk days 1, 8 and 15

Low emetic risk days 2 to 7 and 9 to 14

### CONCURRENT MEDICATION REQUIRED

Cisplatin	Ensure adequate pre and post hydration. If urine output is <100ml/hour or if patient gains >2kg in weight during IV administration post cisplatin give 20-40mg furosemide PO/IV.
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### EXTRAVASATION AND TYPE OF LINE / FILTERS

Cisplatin – exfoliant

Peripheral line

## INVESTIGATIONS

Blood results required before SACT administration  
 FBC, U&E and LFTs every cycle  
 Neutrophils x 10<sup>9</sup>/L ≥1.5  
 Platelets x 10<sup>9</sup>/L ≥100  
 Ideally EDTA GFR should be used  
 Creatinine clearance (GFR) calculated, at the Consultants discretion  
 Serum creatinine - each cycle  
 CA125 baseline and day 1 every cycle  
 Baseline audiology  
 Baseline weight and every cycle

## MAIN TOXICITIES AND ADVERSE REACTIONS

Cisplatin	Nephrotoxicity – ensure adequate pre and post hydration is prescribed. Ototoxicity – assess patient for tinnitus or hearing abnormalities.
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## INTERACTIONS WHICH MAY REQUIRE DOSE MODIFICATIONS (not exhaustive list check SPC/BNF/Stockleys)

Cisplatin	Aminoglycosides increased risk of nephrotoxicity and ototoxicity. Renal function should be well monitored and audiometric tests as required. Carboplatin can cause a decrease in phenytoin serum levels. This may lead to reappearance of seizures and may require an increase of phenytoin dosages.
Etoposide	Ciclosporin increases exposure to etoposide

## DOSE MODIFICATIONS

### Non-haematological

If patient complains of tinnitus, tingling of fingers and/or toes, discuss with SpR or Consultant before administration.

### Hepatic impairment

#### Etoposide

Bilirubin ≥50micromol/L or decreased albumin	give 50% dose
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### Renal impairment

#### Cisplatin

CrCl >60ml/min	give 100% dose
CrCl 45-60ml/min	give 75% dose
CrCl <45ml/min	not recommended

#### Etoposide

CrCl >50ml/min	give 100% dose
CrCl 15-50ml/min	give 75% dose
CrCl <15ml/min	Further dose reduction

## REFERENCES

1. van der Burg, M.E., R. de Wit, et al., Weekly cisplatin and daily oral etoposide is highly effective in platinum pre-treated ovarian cancer. Br J Cancer, 2002. 86(1): p19-25.
2. Meyer, T., A.E. Nelstrop, et al., Weekly cisplatin and oral etoposide as treatment for relapsed epithelial ovarian cancer. Ann Oncol, 2001. 12(12): p1705-9.