

### INDICATION (ICD10) C56

1. Platinum resistant or relapsed ovarian cancer, used in patients who cannot tolerate oral route.  
PS 0, 1, 2

### REGIMEN

Day 1 ETOPOSIDE 166mg/m<sup>2</sup> in 1000ml\* sodium chloride 0.9% IV infusion over 60 minutes  
Day 2 ETOPOSIDE 166mg/m<sup>2</sup> in 1000ml\* sodium chloride 0.9% IV infusion over 60 minutes  
Day 3 ETOPOSIDE 166mg/m<sup>2</sup> in 1000ml\* sodium chloride 0.9% IV infusion over 60 minutes  
\*doses 48mg to 88mg in 250ml, doses 96mg to 180mg in 500ml sodium chloride 0.9%

### CYCLE FREQUENCY AND NUMBER OF CYCLES

Every 21 days for up to 6 cycles

If it follows 2 cycles of cisplatin etoposide oral then up to 4 cycles

### ANTI-EMETICS

Moderate emetic risk days 1, 2 and 3

### CONCURRENT MEDICATION REQUIRED

Etoposide	None required
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### EXTRAVASATION AND TYPE OF LINE / FILTERS

Etoposide - irritant

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 weight and every cycle

### MAIN TOXICITIES AND ADVERSE REACTIONS

Etoposide	-
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### INTERACTIONS WHICH MAY REQUIRE DOSE MODIFICATIONS

(not exhaustive list check SPC/BNF/Stockleys)

Etoposide	-
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### DOSE MODIFICATIONS

Hepatic impairment

Etoposide

Bilirubin 26-51micromol/L or decreased albumin	give 50% dose
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## Renal impairment

### Etoposide

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

## REFERENCES