

TOPOTECAN (Hycamtin) oral

INDICATION (ICD10) C34

1. Relapsed small-cell lung cancer where re-treatment with the first-line regimen is not considered appropriate and the combination of cyclophosphamide, doxorubicin and vincristine (CAV) is contraindicated. PS 0, 1 or 2. (TA184)

REGIMEN

Days 1 to 5 TOPOTECAN 2.3mg/m² orally daily

CYCLE FREQUENCY AND NUMBER OF CYCLES

Every 21 days until progression

ADMINISTRATION

Available as 0.25 and 1mg capsules

Swallow whole with or without food.

Store capsules in the refrigerator.

ANTI-EMETICS

Low risk days 1 to 5

CONCURRENT MEDICATION REQUIRED

None required

EXTRAVASATION AND TYPE OF LINE / FILTERS

Not applicable

INVESTIGATIONS

Blood results required before SACT administration

FBC, U&E and LFTs every week

Neutrophils x 10⁹/L ≥1.5 first treatment, >1.0 for subsequent treatment

Platelets x 10⁹/L ≥100

Creatinine every cycle

Baseline weight and every cycle

MAIN TOXICITIES AND ADVERSE REACTIONS

Topotecan	<p>Febrile neutropenia</p> <p>Interstitial lung disease</p> <p>Diarrhoea - may be severe and on occasion associated with neutropenic colitis. It should be managed aggressively with anti-diarrhoeals, antibiotics, maintenance of hydration and admission if required. If grade 3 or 4 stop treatment until resolved to grade 0 or 1.</p>
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INTERACTIONS WHICH MAY REQUIRE DOSE MODIFICATIONS

(not exhaustive list check SPC/BNF/Stockleys)

Topotecan	-
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DOSE MODIFICATIONS

Haematological

Neutropenia

Patients who experience severe neutropenia (neutrophil count $<0.5 \times 10^9/l$) or platelets $<25 \times 10^9/l$ for seven days or more, or severe neutropenia associated with fever or infection, or who have had treatment delayed due to neutropenia, the dose should be reduced to $1.9 \text{mg/m}^2/\text{day}$ (or subsequently down to $1.5 \text{mg/m}^2/\text{day}$ if necessary).

Hepatic impairment

Topotecan

In the absence of Gilbert's syndrome:

Bilirubin $<170 \text{micromol/L}$	give 100% dose
Bilirubin $>170 \text{micromol/L}$	not recommended

Renal impairment

Topotecan

CrCl $>40 \text{ml/min}$	give 100% dose
CrCl $20\text{-}39 \text{ml/min}$	give 50% dose
CrCl $<20 \text{ml/min}$	contraindicated

REFERENCES

1. NICE TA 184 November 2009
2. SPC November 2010