

## ETOPOSIDE IV

### 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	<b>ETOPOSIDE</b>	166mg/m <sup>2</sup>	IV infusion	#ml sodium chloride 0.9% over 60 minutes
Day 2	<b>ETOPOSIDE</b>	166mg/m <sup>2</sup>	IV infusion	#ml sodium chloride 0.9% over 60 minutes
Day 3	<b>ETOPOSIDE</b>	166mg/m <sup>2</sup>	IV infusion	#ml sodium chloride 0.9% over 60 minutes

# diluent volume for dose prescribed as per national standardised product specification

### CYCLE FREQUENCY AND NUMBER OF CYCLES

Every 21 days for up to 6 cycles

If it follows 2 cycles of cisplatin etoposide oral regimen 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 Neutrophils x 10 <sup>9</sup> /L ≥1.0 provided patient is well Platelets ≥100x10 <sup>9</sup> /L	baseline and every cycle
GFR assessed using EDTA result (BMI <19 or >30 or calculated creatinine clearance at the Consultant's discretion)	baseline and every cycle
Serum creatinine	baseline and every cycle
CA125	baseline and day 1 every cycle or as required
Virology	before cycle 1 if not previously checked
Weight	baseline 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 10-50ml/min	give 75% dose
CrCl <10ml/min	Further dose reduction

## REFERENCES

### Assessments

	Pre	Cycle 1	Cycle 2	Cycle 3	Cycle 4	Ongoing
Clinical assessment	X		Pre cycle		Pre cycle	Every cycle
SACT assessment (PS and toxicities)	X	X	X	X	X	Every cycle
FBC	X	X	X	X	X	Every cycle
U&E, calcium & LFT	X	X	X	X	X	Every cycle
CA125	X	X	X	X	X	Every cycle as required
CrCl	X	X	X	X	X	Every cycle
CT scan	X					At cycle 6, Inform consultant team if not booked
Informed consent	X					Verbal each cycle
Height	X					
Weight recorded	X	X	X	X	X	Every cycle