CYCLOPOSPHAMIDE oral

INDICATION (ICD10) C56
1. Advanced ovarian cancer progressive on standard chemotherapy

REGIMEN

Days 1 to 28	**CYCLOPHOSPHAMIDE**	100mg	oral	once daily

CYCLE FREQUENCY AND NUMBER OF CYCLES
Every 28 days continuously until progression

ADMINISTRATION
Cyclophosphamide is available as 50mg tablets.

ANTI-EMETICS
Low risk days 1 to 28

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 cycle
Neutrophils x 10^9/L ≥1.0
Platelets x 10^9/L ≥100

MAIN TOXICITES AND ADVERSE REACTIONS

Cyclophosphamide	may irritate bladder, drink copious volumes of water.

INTERACTIONS WHICH MAY REQUIRE DOSE MODIFICATIONS
(not exhaustive list check SPC/BNF/Stockleys)

Cyclophosphamide	Cytochrome P450 enzyme inducers (e.g. rifampicin, carbamazepine, phenytoin, St Johns Wort, corticosteroids): may increase active cyclophosphamide metabolites. Allopurinol, Cimetidine and protease inhibitors: may increase active metabolites. Aprepitant, Ciprofloxacin, Fluconazole, Itraconazole: may reduce activation of cyclophosphamide and alter the effectiveness of treatment. Grapefruit juice: decreased or delayed activation of cyclophosphamide. Patients should be advised to avoid grapefruit juice.

DOSE MODIFICATIONS

Hepatic impairment

Cyclophosphamide

Severe impairment – not recommended

Renal impairment

Cyclophosphamide

CrCl 10-29ml/min	Consider giving 75% dose (may require alternate day dosing due to tablet strength)

REFERENCES

1. Randomised pilot trial of oral cyclophosphamide vs oral cyclophosphamide with celecoxib for recurrent or persistent epithelial ovarian, fallopian tube or primary peritoneal cancer: preliminary data. JCO 2008 ASCO Annual meeting proceedings (post-meeting edition) vol 26, no 15S (May 20 supplement) 2008; 16555 Chung, V.M., Ruel, C., et al
2. Cyclophosphamide 'metronomic' chemotherapy for palliative treatment of a young patient with advanced epithelial ovarian cancer. BMC Cancer 2007, 7;65doi: 10.1186/1471-2407-7-65