# Oral Etoposide Therapy

## INDICATIONS FOR USE:

| INDICATION | ICD10 | Regimen Code | Reimbursement Status |
|---|---|---|---|
| Small cell lung cancer (SCLC) extensive disease in patients unsuitable for intravenous or combination chemotherapy | C34 | 00388a | CDS |

## TREATMENT:

*The starting dose of the drugs detailed below may be adjusted downward by the prescribing clinician, using their independent medical judgement, to consider each patients individual clinical circumstances.*

There are a number of different regimens for oral etoposide for this indication as outlined in the treatment table below. Treatment is continued until disease progression or unacceptable toxicity develops.

| Day | Drug | Dose | Route | Cycle |
|---|---|---|---|---|
| 1-7 | Etoposide | 50 mg bd | PO | Every 21 days |
| OR | | | | |
| 1-3 | Etoposide | 100 mg/m$^2$ BD | PO | Every 21 days |
| OR | | | | |
| 1-21 | Etoposide | 50 mg/m$^2$ daily | PO | Every 21 days |
| Etoposide is available in 50mg and 100mg capsules<br>The capsules should be taken on an empty stomach | | | | |

## ELIGIBILITY:

- Indications as above
- ECOG 0-3

## EXCLUSIONS:

- Hypersensitivity to etoposide or any of the excipients
- Pregnancy
- Lactation

## PRESCRIPTIVE AUTHORITY:

The treatment plan must be initiated by a Consultant Medical Oncologist

## TESTS:

**Baseline tests**:

- FBC, liver and renal profile

**Regular tests**:

- FBC, liver and renal profile

**Disease monitoring:**

Disease monitoring should be in line with the patient's treatment plan and any other test/s as directed by the supervising Consultant.

## DOSE MODIFICATIONS:

- Any dose modification should be discussed with a Consultant.

**Haematological:**

**Table 1: Dose modification of etoposide in haematological toxicity**

| ANC ($x10^9$/L) | | Platelets ($x10^9$/L) | Dose |
|---|---|---|---|
| ≥1.5 | and | ≥100 | 100% |
| 1-1.49 | or | 75-99 | 75% |
| <1 | or | <75 | DELAY |

**Renal and Hepatic Impairment:**

**Table 2: Dose modification of etoposide in renal and hepatic impairment**

| Renal Impairment | | Hepatic Impairment | | | |
|---|---|---|---|---|---|
| Cr Cl (ml/min) | Dose | Bilirubin (micromole/L) | | AST (units/L) | Dose |
| >50 | 100% | 26-51 | **Or** | 60-180 | 50% |
| 15-50 | 75% | >51 | **Or** | >180 | Clinical decision |
| Subsequent dosing should be based on patient tolerance and clinical effect. Data are not available in patients with creatinine clearance < 15ml/min and further dose reductions should be considered in these patients. | | | | | |

## SUPPORTIVE CARE:

**EMETOGENIC POTENTIAL:** Low (**Refer to local policy).**

**PREMEDICATIONS:**

None

**OTHER SUPPORTIVE CARE**:

No specific recommendations

## ADVERSE EFFECTS / REGIMEN SPECIFIC COMPLICATIONS

*The adverse effects listed are not exhaustive. Please refer to the relevant Summary of Product Characteristics for full details*.

- **Neutropenia:** Fever or other evidence of infection must be assessed promptly and treated appropriately

## DRUG INTERACTIONS:

- CYP3A4 inducers may increase the clearance of etoposide.
- CYP3A4 inhibitors may decrease the clearance of etoposide
- Current drug interaction databases should be consulted for more information.

## ATC CODE:

Etoposide L01CB01

## REFERENCES:


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2. Johnson DH, Greco FA, Strupp J, et al. Prolonged administration of oral etoposide in patients with relapsed or refractory small-cell lung cancer: a phase II trial. J Clin Oncol 1990; 8:1613-1617.
3. Keane M, Carney DN. Treatment of elderly patients with small cell lung cancer. Lung Cancer, 1993; 9: S91-S98
4. Vepesid 50mg soft capsules Summary of Product Characteristics. HPRA. Accessed Dec 2020. Available at https://www.hpra.ie/img/uploaded/swedocuments/Licence_PA2239-006-001_20012021154243.pdf
5. NCCP Classification Document for Systemic Anti-Cancer Therapy (SACT) Induced Nausea and Vomiting. V2 2019. Available at: https://www.hse.ie/eng/services/list/5/cancer/profinfo/chemoprotocols/nccp-classification-document-for-systemic-anti-cancer-therapy-sact-induced-nausea-and-vomiting.pdf


| Version | Date | Amendment | Approved By |
|---|---|---|---|
| 1 | 20/12/2016 | | Prof Maccon Keane |
| 2 | 16/01/2019 | Updated to new NCCP template | Prof Maccon Keane |
| 3 | 06/01/2021 | Reviewed | Prof. Maccon Keane |

Comments and feedback welcome at oncologydrugs@cancercontrol.ie.