ETOP(PO) (etoposide)

Cycle #: _____;
Cycles repeat every _____ (21 or 28) days

Diagnosis: Non-small Cell Lung Cancer

Height = ________ cm Weight = ________ kg
Body Surface Area (BSA) = ________ m²

Clinical Verification

☐ Bloodwork and other clinical parameters have been verified by a regulated health professional

☐ Prescription has been verified by a nurse or pharmacist

Rx (Start Date/Day 1: ___________)

☐ etoposide 50 mg/m² x BSA x _____% dose* = ________ mg PO daily on an empty stomach on Days 1 to 14
(doses >200mg are divided BID)

Mitte: ________ x 50 mg capsules (ODB general benefit)

*Dose modification for: ☐ Age/performance status  ☐ Renal function  ☐ Hepatic function  ☐ Hematologic toxicity
☐ Other: __________________

NO Repeats

Supportive Care Rx

☐ prochlorperazine 10mg q6h PRN nausea

Mitte: ________ Repeat: ________
OPTIONAL INFORMATION

- □ Patient has been counseled by an Oncology Pharmacist
  
  Print name __________________________ Signature __________________________ Date __________

OR

- □ Requires counseling
- □ Drug interaction assessment

**Drug-specific information**

*For the complete information, please refer to the Cancer Care Ontario drug information sheets available at www.cancercare.on.ca/drugformulary*