Regimen Monograph

A - Regimen Name

ETOP(PO) Regimen

Etoposide (oral)

Disease Site	Breast
Intent	Palliative
Regimen Category	**Evidence-Informed :** Regimen is considered appropriate as part of the standard care of patients; meaningfully improves outcomes (survival, quality of life), tolerability or costs compared to alternatives (recommended by the Disease Site Team and national consensus body e.g. pan-Canadian Oncology Drug Review, pCODR). Recommendation is based on an appropriately conducted phase III clinical trial relevant to the Canadian context OR (where phase III trials are not feasible) an appropriately sized phase II trial. Regimens where one or more drugs are not approved by Health Canada for any indication will be identified under Rationale and Use.
Rationale and Uses	Salvage treatment for metastatic breast cancer.
Supplementary Public Funding	**etoposide** ODB - General Benefit (etoposide - oral capsules) (ODB Formulary)

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B - Drug Regimen

etoposide	50 mg	PO	Once daily on days 1 to 14 every 21 days

(Outpatient prescription in multiples of 50mg capsules)

Alternative Dose and Schedule:

etoposide	50-100 mg	PO	Once daily on days 1 to 21 every 28 days

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C - Cycle Frequency

Standard Schedule: **REPEAT EVERY 21 DAYS**

Alternative Dose and Schedule: **REPEAT EVERY 28 DAYS**

Until evidence of non-response or disease progression (usually 6 cycles)

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D - Premedication and Supportive Measures

Antiemetic Regimen: Low – No routine prophylaxis; PRN recommended

Other Supportive Care:

Also refer to CCO Antiemetic Recommendations.

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E - Dose Modifications

Doses should be modified according to the protocol by which the patient is being treated. The following recommendations are in use at some centres.

Dosage with toxicity

Hematologic Toxicities: See Appendix 6 for general recommendations.

Hepatic Impairment

Bilirubin	Dose

1 - 2 x ULN	**REDUCE** Etoposide to **50%** dose
>2 - 4 x ULN	**REDUCE** Etoposide to **25%** dose
> 4 x ULN	**STOP** treatment

Renal Impairment

Creatinine Clearance (mL/min)	Dose
15 - 50	**REDUCE** Etoposide to **75%** dose
< 15	**REDUCE** Etoposide to **50%** dose

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F - Adverse Effects

Refer to etoposide drug monograph(s) for additional details of adverse effects

Most Common Side Effects	Less Common Side Effects, but may be Severe or Life-Threatening
• Nausea and vomiting • Myelosuppression +/- infection, bleeding • Stomatitis • Anorexia • Diarrhea	• Secondary malignancies • Pneumonitis • Hypersensitivity • Eye disorders

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G - Interactions

Refer to etoposide drug monograph(s) for additional details

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H - Drug Administration and Special Precautions

Refer to etoposide drug monograph(s) for additional details

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I - Recommended Clinical Monitoring

Treating physicians may decide to monitor more or less frequently for individual patients but should always consider recommendations from the product monograph.

Recommended Clinical Monitoring

- CBC; Baseline and before each cycle
- Liver function tests; Baseline and periodic
- Renal function tests; Baseline and periodic
- Clinical assessment of stomatitis, other GI effects, bleeding, infection; at each visit

- Grade toxicity using the current NCI-CTCAE (Common Terminology Criteria for Adverse Events) version

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J - Administrative Information

Outpatient prescription for home administration

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K - References

Etoposide drug monograph, Cancer Care Ontario.

Jagodic M, Cufer T, Zakotnik B et al. Selection of candidates for oral etoposide salvage chemotherapy heavily pretreated breast cancer patients. Anticancer Drugs 2001; 12(3): 199-204.

Martin M, Lluch A, Casado A, et al. Clinical activity of chronic oral etoposide in previously treated metastatic breast cancer. J Clin Oncol 1994; 12(5): 986-91.

Saphner T, Weller EA, Tormey DC, et al. 21- day oral etoposide for metastatic breast cancer: a phase II study and review of the literature. Am J Clin Oncol 2000; 23(3): 258-262.

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M - Disclaimer

Regimen Abstracts

A Regimen Abstract is an abbreviated version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). It is intended for healthcare providers and is to be used for informational purposes only. It is not intended to constitute or be a substitute for medical advice, and all uses of the Regimen Abstract are subject to clinical judgment. Such information is provided on an "as-is" basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information's quality, accuracy, currency, completeness, or reliability, and Cancer Care Ontario disclaims all liability for the use of this information, and for any claims, actions, demands or suits that arise from such use.

Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

Regimen Monographs

Refer to the New Drug Funding Program or Ontario Public Drug Programs websites for the most up-to-date public funding information.

The information set out in the drug monographs, regimen monographs, appendices and symptom management information (for health professionals) contained in the Drug Formulary (the "Formulary") is intended for healthcare providers and is to be used for informational purposes only. The information is not intended to cover all possible uses, directions, precautions, drug interactions or adverse effects of a particular drug, nor should it be construed to indicate that use of a particular drug is safe, appropriate or effective for a given condition. The information in the Formulary is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. All uses of the Formulary are subject to clinical judgment and actual prescribing patterns may not follow the information provided in the Formulary.

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Some Formulary documents, such as the medication information sheets, regimen information sheets and symptom management information (for patients), are intended for patients. Patients should always consult with their healthcare provider if they have questions regarding any information set out in the Formulary documents.

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