Regimen Monograph

A - Regimen Name

ETOP(PO) Regimen

Etoposide (oral)

Disease Site	Central Nervous System
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	For the treatment of recurrent or metastatic central nervous system tumours (i.e. recurrent medulloblastoma).
Supplementary Public Funding	**etoposide** ODB - General Benefit (etoposide - oral capsules)

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B - Drug Regimen

etoposide	50 mg /m²	PO	Days 1 - 21

(Outpatient prescription in 50 mg capsules)

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C - Cycle Frequency

REPEAT EVERY 28 DAYS

Until disease progression or unacceptable toxicity

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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 recommendation is in use at some centres

Dosage with toxicity

Hematologic Toxicities: See Appendix 6 for general recommendations.

Hepatic Impairment

Bilirubin	Action
If Bilirubin 1-2 x ULN	**REDUCE** Etoposide to **50%** dose

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If Bilirubin 2-4 x ULN	**REDUCE** Etoposide to **25%** dose
If Bilirubin > 4 x ULN	**OMIT** Etoposide (Suggested action)

Renal Impairment

Creatinine clearance (mL/min)	% usual dose
15-50	75
<15	50, or discontinue

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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.

Ashley D, Meier L, Kerby T et al. Response of recurrent medulloblastoma to low-dose oral etoposide. J Clin Oncol. 1996 Jun;14(6):1922-7.

Kushner BH, Kramer K, Cheung NKV. Oral etoposide for refraftory and relapsed neuroblastoma. J Clin Oncol 1999;17:3221-5.

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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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