

Regimen Monograph

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A - Regimen Name

TOPO(W) Regimen

Topotecan (weekly)

Disease Site Gynecologic - Ovary

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 Treatment of recurrent ovarian cancer

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Dosage with toxicity

Dose levels: 4 mg/m², 3 mg/m², 2.3 mg/m²

Worst Toxicity (on treatment day or any stage of cycle)	Action¹
Grade 4 neutropenia ≥7 days OR Febrile neutropenia OR Recurrent grade 4 neutropenia	Hold ¹ , Reduce dose by 1 dose level
Cycle delay for hematologic toxicity	
Platelets <50 x 10 ⁹ /L OR recurrent grade 2 thrombocytopenia OR thrombocytopenic bleeding	
Grade 2 neurotoxicity	
Grade 3 GI, neuro- or organ toxicity	
Symptoms suggestive of pneumonitis	Hold and manage patient appropriately. Discontinue if confirmed.
Grade 4 GI or organ toxicity	Discontinue
1. Do not retreat until neutrophils ≥ 1.2 x 10 ⁹ /L, platelets ≥ 100 x 10 ⁹ /L, hemoglobin ≥90 g/L (after transfusion if necessary) and other toxicity ≤ grade 2 (grade 1 for neurotoxicity).	

Hepatic Impairment

No dosage adjustment is required for treating patients with bilirubin < 1.5 x ULN. Total topotecan clearance in patients with hepatic impairment only decreased by about 10%, as compared to the control group of patients.

Renal Impairment

Creatinine Clearance (mL/min)	Topotecan (% of usual dose)
40-60	No Change
20-39	50%
<20	CONTRAINDICATED

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F - Adverse Effects

Refer to [topotecan](#) drug monograph(s) for additional details of adverse effects

Most Common Side Effects	Less Common Side Effects, but may be Severe or Life-Threatening
<ul style="list-style-type: none"> • Myelosuppression ± infection and bleeding (may be severe) • Alopecia • Diarrhea (may be severe) • Constipation, abdominal pain • Mucositis • Nausea and vomiting • Dyspnea/cough (may be severe) • Anorexia • Headache, pain • Rash (may be severe) • Fatigue 	<ul style="list-style-type: none"> • Hypersensitivity • GI obstruction • Pneumonitis • ↑ LFTs

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G - Interactions

Refer to [topotecan](#) drug monograph(s) for additional details

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H - Drug Administration and Special Precautions

Refer to [topotecan](#) 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 regular
- Liver and kidney function tests; baseline and regular
- Clinical toxicity assessment of GI, skin, infection, bleeding and pulmonary effects; at each visit
- Grade toxicity using the current [NCI-CTCAE \(Common Terminology Criteria for Adverse Events\) version](#)

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J - Administrative Information

Approximate Patient Visit	0.5 hour
Pharmacy Workload (average time per visit)	17.692 minutes
Nursing Workload (average time per visit)	36.667 minutes

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K - References

McGonigle KF, Muntz HG, Vuky J, et al. Combined weekly topotecan and biweekly bevacizumab in women with platinum-resistant ovarian, peritoneal, or fallopian tube cancer: results of a phase 2 study. *Cancer* 2011;117:3731–40.

Sehouli J, Stengel D, Harter P, et al. Topotecan Weekly Versus Conventional 5-Day Schedule in Patients With Platinum-Resistant Ovarian Cancer: a randomized multicenter phase II trial of the

North-Eastern German Society of Gynecological Oncology Ovarian Cancer Study Group. J Clin Oncol 2011;29(2):242-8.

Topotecan drug monograph, Cancer Care Ontario.

PEBC Advice Documents or Guidelines

- [Systemic Therapy for Recurrent Epithelial Ovarian Cancer](#)

August 2021 Modified Rationale and Uses section

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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.

The format and content of the drug monographs, regimen monographs, appendices and symptom management information contained in the Formulary will change as they are reviewed and revised on a periodic basis. The date of last revision will be visible on each page of the monograph and regimen. Since standards of usage are constantly evolving, it is advised that the Formulary not be used as the sole source of information. It is strongly recommended that original references or product monograph be consulted prior to using a chemotherapy regimen for the first time.

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