Oral Etoposide for palliative treatment of haematological malignancies

Indication: Relapsed haematological malignancies for which palliative treatment is required.

Regimen details: Etoposide  50 to 100 mg daily orally D1 to 14

The dose may be adjusted as tolerated.

Administration: Orally

Premedication: None required

Frequency: 21 day cycle.

Extravasation: Not applicable

Anti-emetics: Minimal emetogenic potential (< 10%)

Supportive medication: H₂ antagonist / PPI cover
Allopurinol 100 - 300mg od (depending on renal function)

Regular investigations: FBC D1 of every cycle, minimum. Frequency to be determined by Consultant.
LFTs D1 of every cycle
U&Es D1 of every cycle
Bone profile D1 of every cycle
For MM patients: paraprotein quantitation / serum free light chains at the start of each cycle

Dose Modifications

Haematological Toxicity

Prior to every cycle:

<table>
<thead>
<tr>
<th>Neutrophils (x 10⁹/L)</th>
<th>Platelets (x 10⁹/L)</th>
<th>Etoposide</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥1.0 x 10⁹/L</td>
<td>&amp;</td>
<td>100% dose</td>
</tr>
<tr>
<td>&lt;1.0 x 10⁹/L</td>
<td>or</td>
<td>Discuss with Consultant</td>
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</tbody>
</table>

NB. In the presence of cytopenias due to marrow involvement with disease, it is possible that initial cycles will go ahead even if neutrophils <1.0 x 10⁹/L and platelets < 50 x 10⁹/L. This should be confirmed with a Consultant.

Renal Impairment No dose adjustments required.

Hepatic Impairment No dose adjustments required
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Toxicities: Neutropenia, nausea.

Doses reduced for toxicity should not be re-escalated

Drug interactions: None