

<b>Indication</b>	Neuroendocrine or extrapulmonary small cell carcinoma of the head and neck Small cell glioma or small cell cancers of primary origin; including lung, urological, UGI, cutaneous squamous cell carcinoma, ovarian or cervical cancers.
<b>Treatment Intent</b>	Palliative (lung, brain, urology, UGI, ovary, cervix) Neo-adjuvant (H&N)
<b>Frequency and number of cycles</b>	Every 21 days 2-4 cycles (H&N) 4-6 cycles otherwise
<b>Monitoring parameters pre-treatment</b>	EDTA or estimated CrCl(C&G) prior to cycle 1 must be $\geq 30$ ml/min. Monitor FBC, LFTs and U&E's at each cycle. <ul style="list-style-type: none"> <li>• If neuts <math>\geq 1.5</math> and PLT <math>\geq 100</math> continue with treatment.</li> <li>• If neuts 1.0-1.4 and PLT <math>\geq 100</math> d/w consultant.</li> <li>• If neuts <math>&lt; 1.0</math> and/or PLT <math>&lt; 100</math> delay treatment.</li> <li>• If blood parameters not met defer chemo 1 week.</li> <li>• Delay of 2 weeks or 2 separate delays warrants DR of 25%.</li> </ul> <p><u>Renal impairment</u> If CrCl <math>\leq 50</math>ml/min consider dose reduction of etoposide. If CrCl falls by <math>&gt;25\%</math> repeat / do EDTA to dose carboplatin.</p> <p><u>Hepatic impairment</u> d/w consultant dose of etoposide. As a guide, if bilirubin 26-51 or AST 60-180 consider reducing dose by 50%.</p> <p>Dose reduction should be considered if grade 3 or 4 non-haematological toxicity or repeat appearance of grade 2 (except N&amp;V and alopecia). Delay until resolution of toxicity to <math>\leq</math> grade 1</p> <p>NB Head and Neck patients may require liquids, amend prescription on Aria.</p>
<b>Reference(s)</b>	LUN-010 v5, BRA-005 v2, URO-005 v5, UGI-026 v5, GYN-009 v5, HNT-002 v3 KMCC prescribing proformas

NB For funding information, refer to the SACT funding spreadsheet

Protocol No	MULTI-002	Kent and Medway SACT Protocol Disclaimer: No responsibility will be accepted for the accuracy of this information when used elsewhere.	
Version	1	Written by	C Waters
Supersedes version	n/a see ref. for previous individual tumour protocols	Checked by	B Willis
Date	21/08/18	Authorising consultant (usually NOG Chair)	M Cominos (and other relevant NOG Chairs via email)

Repeat every 21 days

Day	Drug	Dose	Route	Infusion Duration	Administration Details
1	Dexamethasone	8mg	po		
	Ondansetron	<75yrs 16mg ≥75yrs 8mg	IV	15 min	Sodium chloride 0.9% 50ml
	<b>CARBOPLATIN</b>	<b>(AUC 5)</b> <b>Dose = AUC X (GFR + 25)</b> <b>(max 1000mg)</b>	IV	30 minutes	In Glucose 5% 500ml
	<b>ETOPOSIDE</b>	<b>100mg/m<sup>2</sup></b>	IV	1 hr	In Sodium Chloride 0.9% 500-1000ml (doses >200mg in 1000ml Sodium chloride 0.9%)
TTO MEDICATION	Drug	Dose	Route	Directions	
	Dexamethasone	6mg	po	om for 3 days	
	Metoclopramide	10mg	po	up to 3 times a day for 3 days, then 10mg up to 3 times a day prn. Do not take for more than 5 days continuously.	
	Ondansetron	8mg	po	bd for 3 days	
	<b>ETOPOSIDE</b>	<b>200mg/m<sup>2</sup> (max 400mg)</b> (round to the nearest 50 mg)	po	od on day <b>TWO</b> and <b>THREE</b> only. Take an hour before food or on an empty stomach.	
	Filgrastim	300 micrograms or consider dose of 480 micrograms if patient > 80kg	Sub-cut	Daily from DAY 3 to DAY 7	

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## ALTERNATIVE SCHEDULE FOR PATIENTS UNABLE TO TAKE ETOPOSIDE ORALLY

Repeat every 21 days

Day	Drug	Dose	Route	Infusion Duration	Administration Details
1	Dexamethasone	8mg	po		
	Ondansetron	<75yrs 16mg ≥75yrs 8mg	IV	15 min	Sodium chloride 0.9% 50ml
	<b>CARBOPLATIN</b>	<b>(AUC 5) Dose = AUC X (GFR + 25)</b>	IV	30 minutes	In Glucose 5% 500ml
	<b>ETOPOSIDE</b>	<b>100mg/m<sup>2</sup></b>	IV	1 hr	In Sodium Chloride 0.9% 500-1000ml (doses >200mg in 1000ml Sodium chloride 0.9%)
2	<b>ETOPOSIDE</b>	<b>100mg/m<sup>2</sup></b>	IV	1 hr	In Sodium Chloride 0.9% 500-1000ml (doses >200mg in 1000ml Sodium chloride 0.9%)
3	<b>ETOPOSIDE</b>	<b>100mg/m<sup>2</sup></b>	IV	1 hr	In Sodium Chloride 0.9% 500-1000ml (doses >200mg in 1000ml Sodium chloride 0.9%)
TTO MEDICATION	Drug		Dose	Route	Directions
	Dexamethasone		6mg	po	om for 3 days
	Metoclopramide		10mg	po	up to 3 times a day for 3 days, then 10mg up to 3 times a day prn. Do not take for more than 5 days continuously.
	Ondansetron		8mg	po	bd for 3 days
	Filgrastim		300 micrograms or consider dose of 480 micrograms if patient > 80kg	Sub-cut	Daily from DAY 3 to DAY 7

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