

<b>Indication</b>	Progressive glioma
<b>Treatment Intent</b>	Palliative, 3 <sup>rd</sup> line or beyond.
<b>Frequency and number of cycles</b>	Repeat every 28 days for 6 cycles or, if clinically appropriate, continue beyond until disease progression, unmanageable toxicity, or patient's decision whichever occurs first.
<b>Monitoring Parameters pre-treatment</b>	<ul style="list-style-type: none"> <li>FBC, U&amp;Es and LFTs prior to cycle 1 and on day 14 of cycle 1. If the 1st cycle is well tolerated, check FBC, U&amp;Es and LFTs at the start of each cycle thereafter.</li> <li>If neuts &lt;1.5 and / or PLT &lt;150 delay for 1 week, repeat FBC and consider dose reduction.</li> <li><b>Renal impairment:</b> CrCl 30-50ml/min give 50% etoposide dose, CrCl &lt;30ml/min do not proceed.</li> <li><b>Hepatic impairment:</b></li> <li>Refer to table 1.</li> <li><b>Common drug interactions (for comprehensive list refer to BNF/SPC):</b> Ciclosporin (high doses) - increased plasma concentration of etoposide with risk of increased toxicity. Anti-epileptics (decreased seizure control and phenytoin may decrease efficacy of etoposide), warfarin - monitor INR closely or recommend LMWH.</li> <li>For oral self-administration: refer to local Trust policy on oral anti-cancer medicines and supply Patient Information Leaflet.</li> <li>Etoposide may cause adverse reactions that affect the ability to drive and use machines such as fatigue, somnolence, nausea, vomiting, cortical blindness, hypersensitivity reactions with hypotension. Patients who experience such adverse reactions should be advised to avoid driving or using machines.</li> </ul>
<b>References</b>	ACN protocol: oral etoposide in brain stem glioma

NB For funding information, refer to CDF and NICE Drugs Funding List

**Table 1: Dose modification of etoposide in hepatic impairment**

Bilirubin	ALT	Etoposide Dose
<26 µmol/L	<40 units/L	100%
26-51 µmol/L	40-180 units/L	Delay to allow recovery and consider 50% dose thereafter
>51 µmol/L	>180 units/L	Do not give and consider permanent stop

**Repeat every 28 days**

TTO	Drug	Dose	Route	Directions
Day 1	<b>ETOPOSIDE</b>	<b>25mg/m<sup>2</sup></b> <b>(maximum daily dose 100mg)</b>	PO	<b>BD</b> for 21 days followed by a 7 day rest. Capsules to be swallowed whole on an empty stomach, half an hour before or 2 hours after a meal. Available as 50mg and 100mg capsules.
	Domperidone	10mg	PO	Take 10mg up to THREE times a day when required for nausea. Maximum 30mg per day. Do not take for more than 7 days continuously.

Protocol No	BRA-008	Kent and Medway SACT Protocol Disclaimer: No responsibility will be accepted for the accuracy of this information when used elsewhere.	
Version	V1	Written by	M.Archer
Supersedes version	New protocol	Checked by	C.Waters E.Parry
Date	20.01.2022	Authorising consultant (usually NOG Chair)	J.Glendenning/M.Durve