LONDON CANCER ALLIANCE
West and South

Skin Pathway Group – Etoposide Oral in Mycosis Fungoides

Indication:	Palliative therapy for Mycosis Fungoides, stage IIb-IVb Patients able to tolerate oral treatment Etoposide in not licensed for this indication, and therefore use should be in line with individual Trust governance process
Regimen details:	Etoposide 50mg Twice daily Orally Days 1 to 7 Increase duration of therapy to 10 then 14 days, depending on toxicity
Administration:	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.
Frequency:	21 day cycle Usually no more than 6 cycles
Pre-medication:	Not applicable
Anti- emetics:	Low emetogenicity Follow Local Anti-emetic Policy
Supportive medication:	Not applicable
Extravasation:	Not applicable
Regular investigation:	Prior to Cycle 1: FBC Day 1 (within 14 days) LFTs Day 1 (within 14 days) U&Es Day 1 (within 14 days)

Version: 1.0 Supersedes: all other versions	Approved by LCA Skin Pathway Chemotherapy Lead: Mark Harries
Reason for Update: LCA Protocol Development	Approved by LCA Joint Delivery Subgroup Co-Chairs: Pauline McCalla & Rebecca Johl
Prepared by: Ravi Shaunak	Approved by LCA Medicines & Chemotherapy Steering Group Chair:
Second check by: Sanna Eestila	Date prepared: January 2015 Review Date: : January 2017

Prior to Cycle 2 onwards:

FBC	Day 1 (within 72 hours)
LFTs	Day 1 (within 72 hours)
U&Es	Day 1 (within 72 hours)

Toxicities: Nausea and vomiting, myelosuppression- risk of sepsis and thrombocytopenia, alopecia, stomatitis
Anaphylactic reactions have been reported following etoposide administration.
Adequate contraceptive methods should be used during therapy.

DOSE MODIFICATIONS

Haematological Toxicity

Neutrophils (x 10^9/L)		Platelets (x 10^9/L)	Etoposide Dose
<1.0	**or**	< 100	Delay for 1 week, then reduce duration of theapy: from 7 days to 5 days or 10 days to 7 days or 14 days to 10 days

Non-haematological Toxicities

Renal Impairment

Creatinine Clearance (ml/min)	Etoposide Dose
> 50	100%
15 - 50	75%
< 15	50%

Hepatic Impairment

Bilirubin (micromol/L)		AST (units/L)	Etoposide Dose
26-51	**or**	60-180	50% dose
>51	**or**	>180	Clinical decision.

Location of regimen delivery: Etoposide to be supplied to the patient for oral self-administration

Drug interactions: Cyclosporin (high doses) increased etoposide plasma levels/ toxicity.
Glucosamine- possible reduced etoposide effectiveness
St John's wort- possible reduced etoposide effectiveness
Monitor INR levels carefully if on concomitant warfarin
Grapefruit juice- reduced etoposide plasma levels

References: www.medicines.org.uk

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Chemotherapy Guidelines: Clinical Oncology (2001) 13: S2-11, RCR
Joint British Association of Dermatologists and U.K.
Cutaneous Lymphoma Group guidelines for the management of primary cutaneous T-cell lymphomas British Journal of Dermatology 2003; 149: 1095–1107.

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