Metronomic Cyclophosphamide

Indication

Relapsed / refractory ovarian cancers in patients unsuitable for other treatments

Regimen details

PO Cyclophosphamide 50mg OD

Cycle frequency

28 days

Number of cycles

Continue until disease progression or unacceptable toxicity or patient choice to stop treatment

Administration

To be swallowed whole with plenty of water, not chewed

Additional supportive medication

PO Metoclopramide 10mg TDS prn

PO Mesna 400mg OD. Only added if patient has urinary symptoms

Investigations – pre first cycle

Investigation	Validity period
FBC	14 days
U+E (including creatinine)	14 days
LFT (including AST)	14 days
Magnesium	14 days
CA125	14 days

Investigations –pre subsequent cycles

FBC, U+E (including creatinine), LFT (including AST), CA125

Standard limits for administration to go ahead

If blood results not within range, authorisation to administer **must** be given by prescriber/ consultant.

Investigation	Limit
Neutrophil count	≥ 1.0 x 10^9/L
Platelet count	≥ 100 x 10^9/L
Creatinine clearance	≥ 30 mL/min
Bilirubin	≤ 1.5 x ULN
ALT/AST	< 3 x ULN

Dose modifications

Delays for haematological or non-haematological toxicity
Flat dose and no dose modification

Adverse effects –

for full details consult product literature/ reference texts

Lethargy, mucositis, nausea and vomiting, alopecia, myalgia and arthralgia, myelosuppression, bladder irritation (dysuria and rarely haemorrhagic cystitis)

Drug interactions

Substances that delay activation of cyclophosphamide and thus reduce its efficacy include: Aprepitant, antifungals e.g. fluconazole, itraconazole, and sulfonamides.
An increase of the concentration of cytotoxic metabolites may occur with: Allopurinol, protease inhibitors, enzyme inducers e.g. rifampin, phenobarbital, carbamazepine, phenytoin, St. John's wort, and corticosteroids.
Drugs that can enhance the toxic effects of cyclophosphamide include: Haematotoxicity and/or immunosuppression: ACE inhibitors, thiazide diuretics, zidovudine, clozapine. Pulmonary toxicity: Amiodarone.

THIS PROTOCOL HAS BEEN DIRECTED BY DR MOON, DESIGNATED LEAD CLINICIAN FOR GYNAECOLOGICAL CANCER

RESPONSIBILITY FOR THIS PROTOCOL LIES WITH THE HEAD OF SERVICE

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