NHS
North West Coast
Strategic Clinical Networks

Chemotherapy Protocol

DRUG REGIMEN
Topotecan

Indication for use
Platinum-resistant recurrence of ovarian cancer, primary peritoneal or fallopian tube carcinoma

Regimen

5-day regimen:
1.5mg/m^2/day IV on days 1-5 as a 30 minute infusion in 100ml* of 0.9% sodium chloride
Repeat cycle every 21 days for 6 cycles
In heavily treated patients: start at 1.0 mg/m^2/day

Weekly regimen:
4mg/m^2 IV on days 1,8 & 15 as a 30 minute infusion in 100ml* of 0.9% sodium chloride
Repeat cycle every 28 days for 6 cycles
In heavily treated patients: start at 3mg/m^2

*Infusion volumes may vary depending on dose (see under Specific Information on Administration)

Investigations prior to initiating treatment
- FBC, U&Es, LFT, CA125
- PS ECOG 3 or better
- Creatinine clearance: more than 40 ml/min for treatment or 20 ml/min with dose reduced

Cautions
- Kidney impairment: not recommended if creatinine clearance is less than 20 ml/min
- Moderate to severe hepatic impairment

Investigations and consultations prior to each cycle
- FBC, U&E, LFTs, creatinine clearance on Day 1 at every cycle
- FBC Day 8 and 15 for weekly regimen
- If clinically indicated: creatinine, FBC
- Clinical assessment prior to every cycle
- CA125

Acceptable levels for treatment to proceed (if outside these levels defer one week or contact consultant)
- Neutrophils: > 1.5 Day 1 for 5 days treatment and >1.0 for weekly schedule.
- Platelets: >100
- Hb > 9
- For 5 days IV Topotecan: if Neuts 1.2 to 1.5 discuss with consultant

Side Effects
Leukopenia is universal and dose limiting, infection as a consequence of severe leukopenia is common, anaemia and thrombocytopenia (common and occasionally severe), nausea, vomiting, diarrhoea (40%, could be severe), alopecia, stomatitis, skin rash (rare), fever, headache, fatigue are common (15-25%) but rarely severe, dyspnoea (occasionally), interstitial lung disease, allergic reaction (occasionally)
Extravasation: non-vesicant

Dose Modification Criteria

Haematological toxicity**:**

- Neutrophils less than 1.0 or platelets less than 100: delay treatment for 1 week (or omit treatment if on weekly regimen)

Reducing the dose
Subsequently reduce by 0.25mg/m^2/day if:
-neutrophils <0.5 more than 7 days
-severe neutropenia with fever and/or infection
-treatment delayed for neutropenia
-platelets <25 at any point of treatment
-Grade 3-4 of non-haematological toxicity

Renal Toxicity
Creatinine clearance:
20-39 ml/min, reduce dose to 50%
< 20 ml/min: stop topotecan

Interstitial Lung Disease (ILD)
Discontinue Topotecan if new ILD is diagnosed

Specific Information on Administration

Premedication: Ondansetron 8 mg IV before treatment.
Post medication: Metoclopramide 10 mg PO TID as needed, loperamide PRN

Infusion volume should be adjusted to ensure a final concentration of 25-50mcg/ml

THIS PROTOCOL HAS BEEN DIRECTED BY DR BADEA, CLINICIAN FOR OVARIAN CANCER

RESPONSIBILITY FOR THIS PROTOCOL LIES WITH THE HEAD OF SERVICE

DATE June 2017
REVIEW June 2019
VERSION 2