

Topotecan (Oral)

INDICATION: Relapsed small cell lung cancer patients for whom re-treatment with 1st line regimen or CAV regimen is not considered appropriate

Performance status of 0 or 1

Prior to a course of chemotherapy

- FBC, U&Es, LFTs
- Neuts > 1.5
- Plts > 100
- Hb > 9
- Serum Cr < 133 and/or Cl_{Cr} > 60
- · Not recommended in moderate or severe liver failure

Prior to each cycle

• FBC, U&Es (see dose modifications below)

Topotecan* 2.3mg/m² daily for 5 days

Every 21 days for 4-6 cycles

Additional meds:

Metoclopramide 10mg tds prn for nausea

Loperamide 4mg stat then 2mg prn after each loose stool (max 16mg/day)

*1mg and 0.25mg capsules

Neutrophils < 1.0 or platelets < 100 Delay treatment by 7 days

Severe Neutropenia (neutrophils < 0.5 for > 7days), febrile neutropenia or treatment delays due to neutropenia:
 Reduce dose to 1.9 mg/m²/day for subsequent treatments

• If platelets fall below 25 or If at risk of bleeding with low platelets

Transfuse platelets and reduce dose as above for subsequent cycles



Dose modification for diarrhoea

Grade 3 or 4

Reduce dose by 0.4mg/m²/day

If dose reduction required below 1.5mg/m²/day then discontinue

Expected toxicities:

Myelosuppression (severe)

Diarrhoea (severe)

Vomiting

Dyspnoea

Neutropenic colitis

Interstitial lung disease (ILD): Patients should be monitored for new onset cough, fever, SOB and/or hypoxia. Any new symptoms of this nature suggestive of ILD, if confirmed, in patients treated with Topotecan should immediately discontinue therapy and appropriate treatment initiated.

The risk factors for Topotecan induced ILD are:

Previous history of ILD, Pulmonary fibrosis, lung cancer, thoracic exposure to radiation, use of pneumotoxic drugs and/or colony stimulating factors.

This protocol has been reviewed by the Lancashire & South Cumbria Lung Oncology Consultants' Group and responsibility for the protocol lies with the Head of Service.

Date: March 2017 Next review: March 2019