Protocol: **Carboplatin/Gemcitabine**

Indications: Lung Cancer (non-small cell) - Advanced

Schedule:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>iv/infusion/oral</th>
<th>q</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carboplatin</td>
<td>AUC 5</td>
<td>500mls 5% dex/1hr</td>
<td>Day 1</td>
</tr>
<tr>
<td>Gemcitabine</td>
<td>1200mg/m²</td>
<td>200mls N. Saline/30mins</td>
<td>Days 1 &amp; 8</td>
</tr>
</tbody>
</table>

Cycle frequency: Every three weeks  Total number of cycles: 4

Dose modifications: Discuss with Consultant

Administration and safety:
- Anti-emetic group – Moderately high
- Delay if neutrophils < 1.5 x 10⁹/L or platelets < 100 x 10⁹/L
- Carboplatin dose by EDTA or creatinine clearance. If calculated using formula then AUC 6

Toxicities: Myelosuppression and risk of neutropenic sepsis or haemorrhage, nausea & vomiting, mucositis, alopecia (uncommon), amenorrhoea, peripheral neuropathy, diarrhoea, carcinogenesis, infertility

Symptomatic treatment of side effects: Mouth care

Investigations

Pre-treatment:
- History and Examination
- Performance score, weight, CXR
- FBC
- U & E’s, LFTs, creatinine, urate, creatinine clearance
- LDH
- ECG
- Staging investigations as per protocol

Prior to each cycle:
- Performance score, weight
- FBC
- U & E’s, LFTs, creatinine
- LDH
- CXR

Mid Treatment: After two cycles

Post Treatment: Review in Medical Oncology Clinic 4 weeks after last cycle

Protocol:  **Cisplatin/Gemcitabine**

**Indications:** Lung Cancer (non-small cell) – Adjuvant, Neoadjuvant

**Schedule:**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>iv/infusion/oral</th>
<th>q</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cisplatin</td>
<td>50mg/m²</td>
<td>1L N. Saline/2hrs</td>
<td>Day 1, 2</td>
</tr>
<tr>
<td>Gemcitabine</td>
<td>1250mg/m²</td>
<td>200mls N. Saline/30mins</td>
<td>Days 1 &amp; 8</td>
</tr>
</tbody>
</table>

Cycle frequency: Every three weeks  Total number of cycles: 4

**Dose modifications:** Discuss with Consultant

**Administration and safety:**
- Anti-emetic group – High
- Delay if neutrophils < 1.5 x 10⁹/L or platelets < 100 x 10⁹/L
- Ensure adequate renal function
- Pre & post hydration, mannitol, potassium & magnesium

**Toxicities:** Myelosuppression and risk of neutropenic sepsis or haemorrhage, nausea & vomiting, mucositis, alopecia, amenorrhoea, peripheral neuropathy, nephrotoxicity, ototoxicity, diarrhoea, carcinogenesis, infertility

**Symptomatic treatment of side effects:** Mouth care, encourage oral fluids

**Investigations**

**Pre-treatment:**
- History and Examination
- Performance score, weight, CXR
- FBC
- U & E’s, LFTs, Mg²⁺, Ca²⁺, creatinine, urate, creatinine clearance
- LDH
- ECG
- Staging investigations as per protocol

**Prior to each cycle:**
- Performance score, weight
- FBC
- U & E’s, LFTs, Mg²⁺, Ca²⁺, creatinine
- LDH
- CXR

**Mid Treatment:** After two cycles

**Post Treatment:** Review in Medical Oncology Clinic 4 weeks after last cycle

Protocol: **Carboplatin/Vinorelbine**

**Indications:** Advanced – Lung, Breast and Ovarian cancer

**Schedule:**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>iv/infusion/oral</th>
<th>q</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vinorelbine</td>
<td>25mg/m²</td>
<td>20mls N. Saline/10mins</td>
<td>Days 1 &amp; 8</td>
</tr>
<tr>
<td>Carboplatin</td>
<td>AUC 5</td>
<td>500mls 5% dex/1hr</td>
<td>Day 1</td>
</tr>
</tbody>
</table>

Cycle frequency: Every three weeks  
Total number of cycles: 4-6

**Dose modifications:** Discuss with Consultant

**Administration and safety:**
- Anti-emetic group – Moderately high
- Delay if neutrophils < 1.5 x $10^9$/L or platelets < 100 x $10^9$/L
- Carboplatin dose by EDTA or creatinine clearance. If calculated using formula then AUC 6

**Toxicities:** Myelosuppression and risk of neutropenic sepsis or haemorrhage, nausea & vomiting, mucositis, alopecia, amenorrhoea, peripheral neuropathy, fluid retention, hypersensitivity reaction, abdominal discomfort, infertility

**Symptomatic treatment of side effects:** Mouth care, diuretics

**Investigations**

**Pre-treatment:**
- History and Examination
- Performance score, weight
- FBC
- U & E’s, LFTs, creatinine, urate, creatinine clearance
- LDH
- ECG
- Staging investigations as per protocol

**Prior to each cycle:**
- Performance score, weight
- FBC
- U & E’s, LFTs, creatinine
- LDH

**Mid Treatment:** Abdominal CT scan prior to fourth cycle if measurable disease present (ovarian)

**Post Treatment:** Review in Medical Oncology Clinic 4 weeks after last cycle

**Reference:** Cremonesi et al, 2003. Oncology, 64; pages 97-101
Protocol: MVP

Indications: Lung Cancer (non-small cell) - Advanced, Palliative

Schedule:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>Route</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mitomycin C</td>
<td>8mg/m²</td>
<td>iv/infusion</td>
<td>Day 1</td>
</tr>
<tr>
<td>Vinblastine</td>
<td>6mg/m² (max 10mg)</td>
<td>iv</td>
<td>Day 1</td>
</tr>
<tr>
<td>Cisplatin</td>
<td>50mg/m²</td>
<td>1L N. Saline/2hrs</td>
<td>Day 1</td>
</tr>
</tbody>
</table>

Cycle frequency: Every three weeks  Total number of cycles: 3

Dose modifications: Discuss with Consultant

Administration and safety:
- Anti-emetic group – High
- Delay if neutrophils < 1.5 x 10⁹/L or platelets < 100 x 10⁹/L
- Ensure adequate renal function
- Ensure serum creatinine is within normal levels
- Pre & post hydration, mannitol, potassium & magnesium
- Blood film is normal i.e. no red cell fragmentation

Toxicities: Myelosuppression and risk of neutropenic sepsis or haemorrhage, nausea & vomiting, mucositis, alopecia, cardiotoxicity, peripheral neuropathy, nephrotoxicity, ototoxicity, infertility

Symptomatic treatment of side effects: Mouth care, encourage oral fluids

Investigations
Pre-treatment:
- History and Examination
- Performance score, weight, CXR
- FBC
- U & E’s, LFTs, Mg²⁺, Ca²⁺, creatinine, urate, creatinine clearance
- LDH
- ECG
- Staging investigations as per protocol

Prior to each cycle:
- Performance score, weight
- FBC
- U & E’s, LFTs, Mg²⁺, Ca²⁺, creatinine
- LDH
- CXR

Post Treatment: Review in Medical Oncology Clinic 4 weeks after last cycle

Protocol: **MIC**

**Indications:** Lung Cancer (non-small cell) - Advanced, Palliative

**Schedule:**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mitomycin C</td>
<td>6mg/m²</td>
<td>iv/Day 1</td>
</tr>
<tr>
<td>Ifosfamide</td>
<td>3000mg/m²</td>
<td>1L N. Saline/Day 1</td>
</tr>
<tr>
<td>Cisplatin</td>
<td>50mg/m²</td>
<td>1L N. Saline/Day 1</td>
</tr>
</tbody>
</table>

**Cycle frequency:** Every three weeks  **Total number of cycles:** 4

**Dose modifications:** Discuss with Consultant

**Administration and safety:**
- Anti-emetic group – High
- Delay if neutrophils < 1.5 x 10⁹/L or platelets < 100 x 10⁹/L
- Ensure adequate renal function
- Pre & post hydration, mannitol, potassium & magnesium
- Mesna dose guidelines

**Toxicities:** Myelosuppression and risk of neutropenic sepsis or haemorrhage, nausea & vomiting, mucositis, alopecia, peripheral neuropathy, diarrhoea, constipation, nephrotoxicity, ototoxicity, encephalopathy, carcinogenesis, infertility

**Symptomatic treatment of side effects:** Mouth care, encourage oral fluids

**Investigations**

**Pre-treatment:**
- History and Examination
- Performance score, weight, CXR
- FBC
- U & E’s, LFTs, Mg²⁺, Ca²⁺, creatinine, urate, creatinine clearance
- LDH
- ECG
- Staging investigations as per protocol

**Prior to each cycle:**
- Performance score, weight
- FBC
- U & E’s, LFTs, Mg²⁺, Ca²⁺, creatinine
- LDH
- CXR

**Mid Treatment:** Re-assess after 2 cycles

**Post Treatment:** Review in Medical Oncology Clinic 4 weeks after last cycle

Protocol: **NP (Vinorelbine/Cisplatin)**

Indications: Lung Cancer (non-small cell) – Adjuvant

Schedule:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>iv/infusion/oral</th>
<th>q</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vinorelbine</td>
<td>30mg/m²</td>
<td>20mls N. Saline/10mins</td>
<td>Days 1, 8, 15 &amp; 22</td>
</tr>
<tr>
<td>Cisplatin</td>
<td>50mg/m²</td>
<td>1L N. Saline/4hrs</td>
<td>Days 1 &amp; 2</td>
</tr>
</tbody>
</table>

Cycle frequency: Every four weeks  Total number of cycles: 4

Dose modifications: Discuss with Consultant

Administration and safety:
- Anti-emetic group – High
- Delay if neutrophils < 1.5 x 10⁹/L or platelets < 100 x 10⁹/L
- Ensure adequate renal function
- Pre & post hydration, mannitol, potassium & magnesium

Toxicities: Myelosuppression and risk of neutropenic sepsis or haemorrhage, nausea & vomiting, mucositis, alopecia, amenorrhoea, peripheral neuropathy, nephrotoxicity, ototoxicity, diarrhoea, carcinogenesis, infertility

Symptomatic treatment of side effects: Mouth care, encourage oral fluids

Investigations

Pre-treatment:
- History and Examination
- Performance score, weight, CXR
- FBC
- U & E’s, LFTs, Mg²⁺, Ca²⁺, creatinine, urate, creatinine clearance
- LDH
- ECG
- Staging investigations as per protocol

Prior to each cycle:
- Performance score, weight
- FBC
- U & E’s, LFTs, Mg²⁺, Ca²⁺, creatinine
- LDH
- CXR

Mid Treatment: Re-assess after 2 cycles

Post Treatment: Review in Medical Oncology Clinic 4 weeks after last cycle

**Protocol: Docetaxel**

**Indications:** Lung Cancer (non-small cell) - Recurrent

**Schedule:**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>iv/infusion/oral</th>
<th>q</th>
</tr>
</thead>
<tbody>
<tr>
<td>Docetaxel</td>
<td>75mg/m²</td>
<td>250mls N. Saline/1hr</td>
<td>Day 1</td>
</tr>
</tbody>
</table>

**Cycle frequency:** Every three weeks  
**Total number of cycles:** 6

**Dose modifications:** Discuss with Consultant

**Administration and safety:**
- Anti-emetic group – Low
- Delay if neutrophils < 1.5 x 10⁹/L or platelets < 100 x 10⁹/L
- Pre-medication dexamethasone 8 mg bd oral, for three days, starting one day prior

**Toxicities:** Myelosuppression and risk of neutropenic sepsis or haemorrhage, nausea & vomiting, mucositis, alopecia, amenorrhoea, peripheral neuropathy, fluid retention, hypersensitivity reaction, skin rash, infertility

**Symptomatic treatment of side effects:** Mouth care

**Investigations**

**Pre-treatment:**
- History and Examination
- Performance score, weight, CXR
- FBC
- U & E’s, LFTs, creatinine, urate
- LDH
- ECG
- Staging investigations as per protocol

**Prior to each cycle:**
- Performance score, weight
- FBC
- U & E’s, LFTs, creatinine
- LDH
- CXR

**Mid Treatment:** Re-assess after 2 cycles

**Post Treatment:** Review in Medical Oncology Clinic 4 weeks after last cycle

Protocol: **Docetaxel/Cisplatin**

Indications: Lung Cancer (non-small cell) – Advanced, Palliative

Schedule:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>iv/infusion/oral</th>
<th>q</th>
</tr>
</thead>
<tbody>
<tr>
<td>Docetaxel</td>
<td>75mg/m²</td>
<td>250ml N. Saline/1hr</td>
<td>Day 1</td>
</tr>
<tr>
<td>Cisplatin</td>
<td>75mg/m²</td>
<td>1L N. Saline/4hrs</td>
<td>Day 1</td>
</tr>
</tbody>
</table>

Cycle frequency: Every three weeks  
Total number of cycles: 4

Dose modifications: Discuss with Consultant

Administration and safety:
- Anti-emetic group – High
- Delay if neutrophils < 1.5 x 10⁹/L or platelets < 100 x 10⁹/L
- Pre-medication dexamethasone 8mg bd oral, for three days, starting one day prior
- Ensure adequate renal function
- Pre & post hydration, mannitol, potassium & magnesium

Toxicities: Myelosuppression and risk of neutropenic sepsis or haemorrhage, nausea & vomiting, mucositis, alopecia, amenorrhea, peripheral neuropathy, nephrotoxicity, ototoxicity, diarrhoea, carcinogenesis, infertility, fluid retention, hypersensitivity reaction

Symptomatic treatment of side effects: Mouth care, encourage oral fluids

Investigations

Pre-treatment:
- History and examination
- Performance score, weight, CXR
- FBC
- U & E’s, LFTs, Mg²⁺, Ca²⁺, creatinine, urate, creatinine clearance
- LDH
- ECG
- Staging investigations as per protocol

Prior to each cycle:
- Performance score, weight
- FBC
- U & E’s, LFTs, Mg²⁺, Ca²⁺, creatinine
- LDH
- CXR

Mid-treatment: Re-assess after 2 cycles

Post-treatment: Review in Medical Oncology Clinic 4 weeks after last cycle

Protocol: **PE (Cisplatin/Etoposide) - long**

Indications: Lung Cancer (small cell) - Limited

Schedule:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>iv/infusion/oral</th>
<th>q</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cisplatin</td>
<td>60mg/m²</td>
<td>1L N. Saline/2hrs</td>
<td>Day 1</td>
</tr>
<tr>
<td>Etoposide</td>
<td>120mg/m²</td>
<td>1L N. Saline/2hrs</td>
<td>Days 1-3</td>
</tr>
</tbody>
</table>

Cycle frequency: Every three weeks  Total number of cycles: 4

Dose modifications: Discuss with Consultant

Administration and safety:
- Anti-emetic group – High
- Delay if neutrophils < 1.5 x 10⁹/L or platelets < 100 x 10⁹/L
- Ensure adequate renal function
- Pre & post hydration, mannitol, potassium & magnesium

Toxicities: Myelosuppression and risk of neutropenic sepsis or haemorrhage, nausea & vomiting, mucositis, alopecia, amenorrhoea, peripheral neuropathy, nephrotoxicity, ototoxicity, diarrhoea, carcinogenesis, infertility

Symptomatic treatment of side effects: Mouth care, encourage oral fluids

Investigations

Pre-treatment:
- History and Examination
- Performance score, weight
- FBC
- U & E’s, LFTs, Mg²⁺, Ca²⁺, creatinine, urate, creatinine clearance
- LDH
- ECG
- Staging investigations as per protocol

Prior to each cycle:
- Performance score, weight
- FBC
- U & E’s, LFTs, Mg²⁺, Ca²⁺, creatinine
- LDH
- CXR

Mid Treatment: Re-assess prior to third cycle

Post Treatment: Review in Medical Oncology Clinic 4 weeks after last cycle

Protocol: PE (Cisplatin/Etoposide) - short

Indications: Lung Cancer (small cell) - Limited

Schedule:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>iv/infusion/oral</th>
<th>q</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cisplatin</td>
<td>60mg/m²</td>
<td>1L N. Saline/2hrs</td>
<td>Day 1</td>
</tr>
<tr>
<td>Etoposide</td>
<td>120mg/m²</td>
<td>1L N. Saline/2hrs</td>
<td>Day 1</td>
</tr>
<tr>
<td>Etoposide</td>
<td>100mg bd</td>
<td>oral</td>
<td>Days 2 &amp; 3</td>
</tr>
</tbody>
</table>

Cycle frequency: Every three weeks
Total number of cycles: 4

Dose modifications: Discuss with Consultant

Administration and safety:
- Anti-emetic group – High
- Delay if neutrophils < 1.5 x 10⁹/L or platelets < 100 x 10⁹/L
- Ensure adequate renal function
- Pre & post hydration, mannitol, potassium & magnesium

Toxicities: Myelosuppression and risk of neutropenic sepsis or haemorrhage, nausea & vomiting, mucositis, alopecia, amenorrhoea, peripheral neuropathy, nephrotoxicity, ototoxicity, diarrhoea, carcinogenesis, infertility

Symptomatic treatment of side effects: Mouth care, encourage oral fluids

Investigations
Pre-treatment:
- History and Examination
- Performance score, weight
- FBC
- U & E’s, LFTs, Mg²⁺, Ca²⁺, creatinine, urate, creatinine clearance
- LDH
- ECG
- Staging investigations as per protocol

Prior to each cycle:
- Performance score, weight
- FBC
- U & E’s, LFTs, Mg²⁺, Ca²⁺, creatinine
- LDH
- CXR

Mid Treatment: Re-assess prior to third cycle

Post Treatment: Review in Medical Oncology Clinic 4 weeks after last cycle

Protocol: **Carboplatin/Etoposide - long**

Indications: Lung Cancer - Advanced

Schedule:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>iv/infusion/oral</th>
<th>q</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carboplatin</td>
<td>AUC 5</td>
<td>500mls 5% dex/1hr</td>
<td>Day 1</td>
</tr>
<tr>
<td>Etoposide</td>
<td>100mg/m²</td>
<td>500mls N. Saline/2hrs</td>
<td>Days 1-3</td>
</tr>
</tbody>
</table>

Cycle frequency: Every three weeks  Total number of cycles: 4-6

Dose modifications: Discuss with Consultant

Administration and safety:
- Anti-emetic group – Moderately high
- Delay if neutrophils < 1.5 x 10⁹/L or platelets < 100 x 10⁹/L
- Ensure adequate renal function
- Etoposide 100mg bd oral may be substituted on days 2 & 3
- Carboplatin dose by EDTA or creatinine clearance. If calculated using formula then AUC 6

Toxicities: Myelosuppression and risk of neutropenic sepsis or haemorrhage, nausea & vomiting, mucositis, alopecia, amenorrhoea, peripheral neuropathy, nephrotoxicity, diarrhoea, carcinogenesis, infertility

Symptomatic treatment of side effects: Mouth care, encourage oral fluids

Investigations

Pre-treatment:
- History and Examination
- Performance score, weight
- FBC
- U & E’s, LFTs, Mg²⁺, Ca²⁺, creatinine, urate, creatinine clearance
- LDH
- ECG
- Staging investigations as per protocol

Prior to each cycle:
- Performance score, weight
- FBC
- U & E’s, LFTs, Mg²⁺, Ca²⁺, creatinine
- LDH
- CXR

Mid Treatment: Re-assess prior to third cycle

Post Treatment: Review in Medical Oncology Clinic 4 weeks after last cycle

Protocol: **Carboplatin/Etoposide - short**

Indications: Lung Cancer - Advanced

Schedule:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>iv/infusion/oral</th>
<th>q</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carboplatin</td>
<td>AUC 5</td>
<td>500mls 5% dex/1hr</td>
<td>Day 1</td>
</tr>
<tr>
<td>Etoposide</td>
<td>100mg/m²</td>
<td>500mls N. Saline/2hrs</td>
<td>Day 1</td>
</tr>
<tr>
<td>Etoposide</td>
<td>100mg bd oral</td>
<td></td>
<td>Days 2 &amp; 3</td>
</tr>
</tbody>
</table>

Cycle frequency: Every three weeks  
Total number of cycles: 4-6

Dose modifications: Discuss with Consultant

Administration and safety:

- Anti-emetic group – Moderately high
- Delay if neutrophils $< 1.5 \times 10^9/L$ or platelets $< 100 \times 10^9/L$
- Ensure adequate renal function
- Carboplatin dose by EDTA or creatinine clearance. If calculated using formula then AUC 6

Toxicities: Myelosuppression and risk of neutropenic sepsis or haemorrhage, nausea & vomiting, mucositis, alopecia, amenorrhoea, peripheral neuropathy, nephrotoxicity, diarrhoea, carcinogenesis, infertility

Symptomatic treatment of side effects: Mouth care, encourage oral fluids

Investigations

Pre-treatment:

- History and Examination
- Performance score, weight
- FBC
- U & E’s, LFTs, Mg$^{2+}$, Ca$^{2+}$, creatinine, urate, creatinine clearance
- LDH
- ECG
- Staging investigations as per protocol

Prior to each cycle:

- Performance score, weight
- FBC
- U & E’s, LFTs, Mg$^{2+}$, Ca$^{2+}$, creatinine
- LDH
- CXR

Mid Treatment: Re-assess prior to third cycle

Post Treatment: Review in Medical Oncology Clinic 4 weeks after last cycle

Protocol:  **CAV (Cyclophosphamide/Doxorubicin/Vincristine)**

Indications:  Lung Cancer (small cell) – Palliative

Schedule:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>iv/infusion/oral</th>
<th>q</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cyclophosphamide</td>
<td>1,000mg/m²</td>
<td>iv</td>
<td>Day 1</td>
</tr>
<tr>
<td>Doxorubicin</td>
<td>50mg/m²</td>
<td>iv</td>
<td>Day 1</td>
</tr>
<tr>
<td>Vincristine</td>
<td>1.4mg/m² (max 2mg)</td>
<td>iv</td>
<td>Day 1</td>
</tr>
</tbody>
</table>

Cycle frequency:  Every three weeks  Total number of cycles:  6

Dose modifications:  Discuss with Consultant

Administration and safety:

- Anti-emetic group – Moderately high
- Delay if neutrophils < 1.5 x 10⁹/L or platelets < 100 x 10⁹/L

Toxicities:  Myelosuppression and risk of neutropenic sepsis or haemorrhage, nausea & vomiting, mucositis, alopecia, cardiotoxicity, amenorrhoea, peripheral neuropathy, haemorrhagic cystitis, constipation, carcinogenesis, infertility

Symptomatic treatment of side effects:  Mouth care, encourage oral fluids

Investigations

Pre-treatment:
- History and Examination
- Performance score, weight, CXR
- FBC
- U & E’s, LFTs, creatinine, urate
- LDH
- ECG
- Staging investigations as per protocol

Prior to each cycle:
- Performance score, weight
- FBC
- U & E’s, LFTs, creatinine
- LDH
- CXR

Mid Treatment:  Re-assess prior to fourth cycle

Post Treatment:  Review in Medical Oncology Clinic 4 weeks after last cycle

Protocol: **Oral Etoposide**

Indications: Lung Cancer (small cell) - Palliative

Schedule:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>iv/infusion/oral</th>
<th>q</th>
</tr>
</thead>
<tbody>
<tr>
<td>Etoposide</td>
<td>100mg od</td>
<td>oral</td>
<td>Days 1-10 (14)</td>
</tr>
</tbody>
</table>

Cycle frequency: Every three weeks  Total number of cycles: 6

Dose modifications: Discuss with Consultant

Administration and safety:
- Anti-emetic group – Mild
- Delay if neutrophils < 1.5 x 10^9/L or platelets < 100 x 10^9/L
- Start with 10 day course (total dose 1000 mg)

Toxicities: Myelosuppression and risk of neutropenic sepsis or haemorrhage, nausea, mucositis, alopecia, carcinogenesis, infertility

Symptomatic treatment of side effects: Mouth care

Investigations
Pre-treatment:
- History and Examination
- Performance score, weight, CXR
- FBC
- U & E’s, LFTs, creatinine, urate
- LDH
- ECG
- Staging investigations as per protocol

Prior to each cycle:
- Performance score, weight
- FBC
- U & E’s, LFTs, creatinine
- LDH
- CXR

Mid Treatment: Re-assess after every two cycles

Post Treatment: Review in Medical Oncology Clinic 4 weeks after last cycle