Indication	First line treatment for small cell lung cancer
Treatment Intent	Radical
Frequency and number of cycles	Repeat every 21 days for a maximum of 5 cycles which may be given, before, during or after radiotherapy. If a 3-week radiotherapy schedule is used, delete cycles 4 and 5.
Monitoring parameters pre-treatment	• **Virology screening**: All new patients referred for systemic anti-cancer treatment should be screened for hepatitis B and C and the result reviewed prior to the start of treatment. Patients not previously tested who are starting a new line of treatment, should also be screened for hepatitis B and C. Further virology screening will be performed following individual risk assessment and clinician discretion. • DPTA / EDTA or estimated CrCl (C&G) prior to cycle 1 must be >/= 30ml/min. • Monitor FBC, LFTs and U&E's at each cycle. • If neuts >/=1.5 and PLT >/=100 continue with treatment. • If neuts 1.0-1.4 and PLT >/=100 d/w consultant. • If neuts <1.0 and/or PLT <100 delay treatment. • If blood parameters not met defer chemo 1 week. • Delay of 2 weeks or 2 separate delays warrants DR of 25%. • **Renal impairment:** o **Etoposide:** If CrCl </= 50ml/min consider dose reduction. o **Carboplatin:** If CrCl falls by >25% repeat / do EDTA to dose carboplatin. • **Hepatic impairment**: o **Etoposide:** clinical decision. As a guide, if bilirubin 26-51 or AST 60-180 consider reducing dose by 50%. o **Carboplatin:** no dose adjustment required. • **Infusion related reactions:** o **Carboplatin:** Mild/moderate reactions (grade 1-2): If symptoms resolve after treatment with hydrocortisone and chlorphenamine, the infusion may be restarted at 50% rate for 30 mins, then, if no further reaction, increase to 100% rate. o If symptoms do not resolve after treatment with hydrocortisone and chlorphenamine, do not restart the infusion. At consultant's discretion, patients may be rechallenged at a later date with additional prophylaxis. In the event of further reaction (grade 1-3), stop infusion and consider alternative treatment. o Severe (grade 3): Do not restart infusion. Consider alternative treatment. o Anaphylaxis (grade 4): Follow anaphylaxis protocol. Discontinue permanently and consider alternative treatment. • **Dose modification:** Dose reduction should be considered if grade 3 or 4 non-haematological toxicity or repeat appearance of grade 2 (except N&V and alopecia). Delay until resolution of toxicity to </= grade 1. • **Tumour lysis syndrome (TLS):** Cases of TLS have been observed in patients treated with etoposide. Monitor for signs and symptoms of TLS. Patients with a high tumour burden should be considered to be at greater risk for TLS. • **Common drug interactions (for comprehensive list refer to BNF/SPC):** o **Etoposide:** Cyclosporin (high doses) increases etoposide plasma levels/toxicity use with caution. Co-administration of warfarin and etoposide may result in increased international normalized ratio (INR). Close monitoring of INR is recommended. Co-administration of antiepileptic drugs and etoposide can lead to decreased seizure control and increased etoposide clearance, use with caution. o **Carboplatin:** Caution with other nephrotoxic drugs.

	• For oral self-administration: refer to local Trust policy on oral anti-cancer medicines and supply Patient Information Leaflet.
Reference(s)	KMCC protocol MULTI-002 V 1 SPC accessed online 22.11.2024 etoposide 50mg capsule

NB For funding information, refer to CDF and NICE Drugs Funding List

Repeat every 21 days

Day	Drug	Dose	Route	Infusion Duration	Administration Details
1	Dexamethasone	8mg	PO		
	Ondansetron	<75yrs 16mg >/=75yrs 8mg	IV	15 min	Sodium chloride 0.9% 50ml
	CARBOPLATIN	**(AUC 5)** **Dose = AUC X (GFR + 25)** **(max 700mg)**	IV	30 minutes	In Glucose 5% 500ml
	ETOPOSIDE	**100mg/m²**	IV	1 hr	In Sodium Chloride 0.9% 500-1000ml (doses >200mg in 1000ml Sodium chloride 0.9%)
TTO	Drug	Dose	Route	Directions	
Day 1	Dexamethasone	6mg	PO	OM for 3 days	
	Metoclopramide	10mg	PO	3 times a day for 3 days, then 10mg up to 3 times a day prn. Do not take for more than 5 days continuously.	
	Ondansetron	8mg	PO	BD for 3 days	
	ETOPOSIDE	**200mg/m² (max 400mg)** (round to the nearest 50 mg)	PO	OD on day **TWO** and **THREE** only. Take an hour before food or on an empty stomach. Available as 50mg and 100mg capsules.	
	Co-trimoxazole	960mg	PO	Once daily on Mondays, Wednesdays and Fridays, the last dose should be taken on the last day of radiotherapy.	
	Filgrastim	300 micrograms or consider dose of 480 micrograms if patient > 80kg	Sub-cut	Daily from **DAY 3** to **DAY 7**	