Indication	SCLC
Treatment Intent	Radical
Frequency and number of cycles	Repeat every 21 days for a maximum of 6*cycles concurrent with radiotherapy. *aim for 4-6 cycles at clinician's decision, and can be given, before, during or after radiotherapy.
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. • Consider audiology test for hearing impaired patients and monitor all patients for ototoxicity through-out treatment. • DTPA or estimated CrCl using C+G necessary prior to cycle 1. Must be >/= 60ml/min. • Monitor LFTs, FBC and U&E's at each cycle. • If WBC >3 and neuts 1.0-1.5 and PLT >/=100 proceed with chemo OR If neuts >1.5 and PLT >100 proceed with chemo. • During radiotherapy, if Hb <120g/l d/w consultant • If blood parameters not met defer chemo 1 week. • Delay of 2 weeks or 2 separate delays warrants DR of 25%. • **Hepatic impairment:** o **Etoposide:** clinical decision. As a guide, if bilirubin 26-51 or AST 60-180 consider reducing dose by 50%. o **Cisplatin:** no dose adjustment required. • **Renal impairment:** o **Etoposide:** If CrCl </= 50ml/min consider dose reduction of etoposide. o **Cisplatin:** If CrCl 45-59ml/min consider dose reduction of cisplatin. If CrCl <45ml/min consider carboplatin. If CrCl <30ml/min stop platinum • **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. • **Common drug interactions (for comprehensive list refer to BNF/SPC):** o **Etoposide:** Cyclosporin (high doses) increases etoposide plasma levels/toxicity use with caution. o Co-administration of warfarin and etoposide may result in increased international normalized ratio (INR). Close monitoring of INR is recommended. o Co-administration of antiepileptic drugs and etoposide can lead to decreased seizure control and increased etoposide clearance, use with caution. o **Cisplatin:** Caution when used concurrently with other nephrotoxic or ototoxic drugs. o Caution in patients receiving phenytoin, levels may be affected. • For oral self-administration: refer to local Trust policy on oral anti-cancer medicines and supply Patient Information Leaflet.
References	KMCC proforma LUN-011 V6

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

Repeat every 21 days

Day	Drug	Dose	Route	Infusion Duration	Administration
1	Sodium chloride 0.9%	1000ml	IV	2 hrs	+ 20mmol KCL + 10mmol Mg^{2++}
	Sodium chloride 0.9%	1000ml	IV	2 hrs	+ 20mmol KCL
	Aprepitant	125mg	PO		Take one 125mg capsule **one hour prior to chemo** on Day 1
	Mannitol 10%	200ml	IV	15mins	
	Dexamethasone	8mg	PO		
	Ondansetron	<75yrs 16mg >/=75yrs 8mg	IV	15 min	Sodium chloride 0.9% 50ml
	ETOPOSIDE	**100mg/m²**	IV	1hr	In 500ml-1000ml Sodium Chloride 0.9%
	CISPLATIN	**75mg/m²**	IV	2hrs	In 1000ml Sodium Chloride 0.9%
	Furosemide	40mg	IV/PO		If urine output <100ml/hour or weight gain >2kg.
	Sodium Chloride 0.9%	1000ml	IV	2 hrs	+ 20mmol KCL + 10mmol Mg^{2++}
	*(Furosemide)	40mg	IV/PO	*** ONLY IF REQ'D**	If patient remains in a 2L positive balance

TTO	Drug	Dose	Route	Directions
Day 1	**ETOPOSIDE**	**200mg/m² (max 400mg)** (round to the nearest 50 mg)	PO	OD on day **TWO** and **THREE** only.
	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 as required
	Filgrastim	300 micrograms or consider dose of 480 micrograms if patient > 80kg	Sub-Cut	Daily from DAY 3 to DAY 7
	Aprepitant	80mg	PO	Take one 80mg capsule each morning on day 2 and day 3 only.
	Co-trimoxazole	960mg	PO	Once daily on Mondays, Wednesdays and Fridays, the last dose should be taken on the last day of radiotherapy.