

BC Cancer Protocol Summary for Palliative Treatment of Patients with Recurrent Malignant Gliomas and Ependymoma Using Low Dose Etoposide

Protocol Code

CNETO

Tumour Group

Neuro-Oncology

Contact Physician

Dr. Rebecca Harrison

ELIGIBILITY

Patients must have:

- Malignant gliomas, or ependymomas which failed nitrosourea and temozolomide-based regimen

Patients should have:

- Adequate bone marrow, hepatic and cardiac function

TESTS:

- **Baseline:** CBC and differential, platelets, creatinine, ALT, bilirubin
- **Prior to each cycle:** CBC and differential, platelets, creatinine
- Neuroimaging every 2-3 cycles

PREMEDICATIONS

- Antiemetic protocol for Low emetogenic chemotherapy (see protocol SCNAUSEA)
- hydrocortisone and diphenhydramine for history of hypersensitivity to etoposide

Treatment:

Drug	Dose	BC Cancer Administration Guideline
etoposide	50 mg once daily x 21 days	PO

- Repeat every 28 days until progression or intolerance.

DOSE MODIFICATIONS:

1. For Hematology:

ANC (x10 ⁹ /L)		Platelets (x10 ⁹ /L)	Etoposide Dose
greater than or equal to 1.5	and	greater than or equal to 100	100%
		less than 100	delay
1.0 to less than 1.5	and	greater than or equal to 100	75%
		less than 100	delay
less than 1.0	and	greater than or equal to 100	delay
		less than 100	delay

- For neutropenic fever, reconsider treatment plan.
2. For serum creatinine 1.5 times upper limit normal, review program.
 3. Hepatic dysfunction: If ALT greater than 5 x ULN or bilirubin greater than 25 micromol/L, review program.

PRECAUTIONS:

1. **Neutropenia:** Fever or other evidence of infection must be assessed promptly and treated aggressively.

Call Dr. Rebecca Harrison or tumour group delegate at (604) 877-6000 or 1-800-663-3333 with any problems or questions regarding this treatment program.

REFERENCES

1. Fulton D; Urtasun R; Forsyth P. Phase II study of prolonged oral therapy with etoposide (VP16) for patients with recurrent malignant glioma. J Neurooncol 1996;27(2):149-55.