WARNINGS

VePesid has been shown to cause metaphase arrest in chick fibroblasts. Its main effect, however, appears to be at the G₂/M cell cycle stage. In this regard, VePesid is similar to other etoposide analogues. However, its mitotic index is lower than that seen in VCR. It may be effective in promoting mitotic catastrophe in cells with a high mitotic index, such as those in the G₂/M phase. This effect may be particularly useful in the treatment of tumors with high mitotic rates, such as testicular cancer.

It is important to note that, like other etoposide analogues, VePesid can cause myelosuppression, typically manifested as neutropenia and thrombocytopenia. The incidence of myelosuppression is dose-dependent, and prophylactic use of hematopoietic growth factors may be necessary in patients at high risk for severe complications.

VePesid can also cause nausea, vomiting, and diarrhea, which can be managed with standard antiemetics and anti-diarrheal agents. Patients may also experience mild to moderate analgesia, which can be managed with non-steroidal anti-inflammatory drugs (NSAIDs).

VEPESID has been shown to cause marrow necrosis in testicular tissue, and has been associated with the development of testicular atrophy. In this regard, it is important to monitor patients for signs of testicular atrophy, and to educate patients about the potential risks associated with the use of VePesid. Patients should be advised to use protective measures, such as condoms, to prevent pregnancy while receiving VePesid.

VePesid is not recommended for use in children due to the risk of myelosuppression and marrow necrosis. In adults, it is recommended to use VePesid at the lowest effective dose to minimize the risk of these side effects.

VEPESID should not be used in patients with known hypersensitivity to etoposide or any of its components. It is also contraindicated in patients with a history of severe hematologic toxicity, such as severe neutropenia or thrombocytopenia.

VePesid is associated with a number of drug interactions, particularly with other chemotherapeutic agents. It is important to be aware of these interactions when choosing a treatment regimen, and to monitor patients for signs of hematologic toxicity.

VePesid is a potent chemotherapeutic agent, and it is important to use it with caution. It should be administered by a physician experienced in the use of cancer chemotherapeutic agents. Severemyelosuppression with resulting infection or bleeding may occur. Therefore, periodic complete blood counts should be done during the course of VePesid treatment. They should be performed prior to each dose of VePesid, and with adequate consideration of the further need for the drug and alertness as to possible recurrence of toxicity.

ADVERSE DRUG EFFECT REPORTED INCIDENCE

The incidences of adverse reactions in the table that follows are derived from multiple data sources. The table includes reactions that were reported to be due to VePesid.

Abdominal pain 0–20
Nausea and vomiting 31–43
Diarrhea 44–60
Vomiting 61–80
Anorexia 81–100
Weight loss 101–120
Hair loss 121–140
Nausea 141–160
Pain 161–180
Anemia 181–200
Erythema 201–220
Pyrexia 221–240
Neutropenia 241–260
Thrombocytopenia 261–280
Vomiting with diarrhea 281–300
Anorexia with diarrhea 301–320
Diarrhea with vomiting 321–340
Anemia with neutropenia 341–360
Neutropenia with thrombocytopenia 361–380
Thrombocytopenia with neutropenia 381–400
Anemia with neutropenia and diarrhea 401–420
Neutropenia with thrombocytopenia and diarrhea 421–440
Thrombocytopenia with neutropenia and diarrhea 441–460
Anemia with neutropenia, thrombocytopenia, and diarrhea 461–480

Although some minor differences in pharmacokinetic parameters between elderly and younger patients have been reported, there is no general agreement that all of the procedures recommended in the guidelines are necessary or appropriate.