Etoposide, Doxorubicin, Cisplatin, and Mitotane (EDP-M)

Patient Education Sheets
Understanding Your Cancer Treatment

Care Team Contact Information: _____

Pharmacy Contact Information: _____

Diagnosis: _____

- This treatment is often used for cancer of the adrenal glands (adrenocortical carcinoma).
- It may also be used for other reasons.

Goal of Treatment: _____

- Treatment may continue for a certain time period, until it no longer works, or until side effects are no longer controlled.

Treatment Regimen

Your treatment is often called “EDP-M”:

- **E**: Etoposide
- **D**: Doxorubicin
- **P**: Cisplatin
- **M**: Mitotane

Treatment Name	How the Treatment Works	How the Treatment is Given
Etoposide (ee-toh-POH-side): VePesid (Vah-PEH-sid)	Slows down or stops the growth of cancer cells by blocking the process that allows cancer cells to grow.	Infusion into a vein (intravenous (IV) infusion).
Doxorubicin (DOK-soh-ROO-bih-sin): Adriamycin (AY-dree-uh-MY-sin)	Slows down or stops the growth of cancer cells by damaging the genetic material that cancer cells need to grow.	Infusion into a vein (intravenous (IV) infusion).
Cisplatin (sis-PLA-tin): Platinol (PLA-tih-nol)	Slows down or stops the growth of cancer cells by damaging the genetic material that cancer cells need to multiply.	Infusion into a vein (intravenous (IV) infusion).
Mitotane (MY-toh-tane): Lysodren (LY-so-dren)	Slows the production of hormones that feed adrenal cancer to slow cancer growth.	Tablets taken by mouth.

Treatment Administration and Schedule

Treatment is typically repeated every 28 days. This length of time is called a “cycle.” You may receive 6 cycles with etoposide, doxorubicin, cisplatin, and mitotane, followed by treatment with mitotane alone. Your care team will tell you how many treatment cycles you will receive and how long you will continue taking mitotane.

Brought to you by: ACCC Association of Cancer Care Centers, HOPA Hematology/Oncology Pharmacy Association, NCODA Network for Collaborative Oncology Development & Advancement, ONS Oncology Nursing Society

Treatment Administration and Schedule (Continued)

- Etoposide is given on Days 2, 3, and 4.
- Doxorubicin is given on Day 1.
- Cisplatin is given on Days 3 and 4.
- Mitotane is given every day.

Treatment Name	Cycle 1												Next Cycle	
	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	…	Day 28	Day 1	Day 2
Etoposide		✓	✓	✓										✓
Doxorubicin	✓												✓	
Cisplatin			✓	✓										
Mitotane	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Note: Your care team may change the treatment schedule based on your treatment needs, your lab values, and how you are feeling.

Your mitotane dosing instructions:

- Mitotane comes in 1 tablet strength: 500 mg.
- Your dose is based on many factors, including your overall health and diagnosis.
- Swallow mitotane tablets whole. Do not crush, chew or split the tablets.
- Do not take any mitotane tablets that are broken or crushed.
- Take mitotane with food, preferably a high-fat meal or snack. Talk to your care team about examples of foods you should eat.
- Do not change your dose or stop taking mitotane unless your care team tells you to.
- Your care team may tell you to change your dose, temporarily stop, or completely stop taking mitotane if you develop certain side effects.
- If you miss a dose of mitotane, skip the missed dose and take the next dose at your regularly scheduled time. Do not take 2 doses at the same time to make up for a missed dose.
- If you vomit after taking mitotane, take the next dose at your regularly scheduled time.
- If you take too much mitotane, call your care team or go to the nearest hospital emergency room right away.

Storage and Handling of Mitotane

- Store mitotane at 77°F (25°C). You can store it for short periods of time between 59°F and 86°F (15°C and 30°C).
- Whenever possible, give mitotane to yourself and follow the steps below. If someone else gives it to you, they must also follow these steps:
  1. Wash hands with soap and water.
  2. Put on gloves to avoid touching the medication. Note: Gloves are not needed if you give the drug to yourself.
  3. Transfer the mitotane from its package to a small medicine or other disposable cup.
  4. Administer the medicine immediately by mouth with water.
  5. Remove gloves, if used, and throw them and medicine cup in household trash.
  6. Wash hands with soap and water.
- If you plan to use a daily pill box or pill reminder, contact your care team before using it.
  - When the box or reminder is empty, wash it with soap and water before refilling.
  - The person refilling the box or reminder should:
    - Wear gloves. Note: Gloves are not needed if you are refilling it yourself.
    - Wash their hands with soap and water after completing the task, regardless of whether gloves were worn.
- Keep mitotane and all medicines out of the reach of children and pets.
- Ask your care team how to safely throw away any unused mitotane.

Appointments

Appointments may include regular check-ups with your care team, treatment appointments, lab visits, and imaging tests. It's important to keep your appointments whenever you can. If you miss an appointment, call your care team as soon as possible to reschedule it.

Supportive Care to Prevent and Treat Side Effects

Description	Supportive Care Given at the Clinic or Hospital	Supportive Care Taken at Home
To help your body make white blood cells to fight infections		
To help prevent or treat nausea and vomiting		
Other		

Common Side Effects

Side Effect	Important Information
Low White Blood Cell (WBC) Count (Neutropenia) and Increased Risk of Infection (Boxed Warning)	Description: WBCs help protect your body from infections. A low WBC count increases your risk of infection. Recommendations: • Wash your hands often and bathe regularly. • Avoid crowded places and close contact with people who are sick. • Follow food safety and wound care advice from your care team. • Your care team may prescribe medicine to help your WBCs recover. Talk to your care team if you have: • Fever of 100.4°F (38°C) or higher • Chills • New or worsening cough or sore throat • Painful urination or signs of a urinary infection • Feeling much more tired than usual • Red, swollen, warm, or painful areas on the skin (possible skin infection)
Low Platelet Count (Thrombocytopenia) (Boxed Warning)	Description: Platelets help your blood clot and wounds heal. A low platelet count increases your risk of bruising and bleeding. Recommendations: • Blow your nose gently and avoid picking it. • Brush your teeth gently with a soft toothbrush and keep good oral hygiene. • Use an electric razor for shaving and a nail file instead of nail clippers. • Avoid over-the-counter medicines that can increase bleeding risk (for example, nonsteroidal anti-inflammatory drugs (NSAIDs) like ibuprofen). • Talk with your care team or dentist before medical or dental procedures — you may need to pause treatment. Talk to your care team if you have: • A nosebleed lasting more than 5 minutes despite pressure • A cut that continues to bleed • Heavy gum bleeding when brushing or flossing • Sudden or severe headache • Blood in your urine or stool • Blood in your spit after coughing
Low Red Blood Cell (RBC) Count and Hemoglobin (Hgb) (Anemia) (Boxed Warning)	Description: RBCs and Hgb carry oxygen to your body's tissues and remove carbon dioxide. Low RBC or Hgb (anemia) can make you feel weak or very tired, or may make you look pale. Recommendations: • Aim for 7 to 8 hours of sleep each night. • Do not drive, operate heavy machinery, or do other dangerous activities if you are very tired. • Balance activity and rest — stay as active as you can, but rest when needed. • Eat a balanced diet and follow any nutrition or supplement advice from your care team. Talk to your care team if you have: • Shortness of breath • Dizziness or fainting • Fast or irregular heartbeats • Sudden or severe headache

Nausea and Vomiting (Boxed Warning)	Description: Nausea is an uncomfortable feeling in your stomach or the need to throw up. You may or may not vomit. Recommendations: • Eat smaller, more frequent meals. • Avoid fatty, fried, spicy, or highly sweet foods. • Eat bland foods at room temperature and drink clear liquids. • If you vomit, start with small sips of water, broth, or other clear liquids. If these stay down, try soft foods (such as gelatin, plain cornstarch pudding, yogurt, strained soup, or strained cooked cereal) and gradually return to solid foods. • Your care team may prescribe medicine for these symptoms. Talk to your care team if you have: • Vomiting for more than 24 hours • Nonstop vomiting • Signs of dehydration (very thirsty, dry mouth, dizziness, or dark urine) • Blood in your vomit or vomit that looks like coffee grounds • Severe stomach pain that does not go away after vomiting
Numbness, Tingling, or Burning in Your Hands or Feet (Peripheral Neuropathy) (Boxed Warning)	Description: Nerve pain and tingling are uncomfortable sensations from nerve damage or irritation. Pain may be sharp, burning, or deep. Tingling can feel like pins-and-needles or mild electric shocks, often in the hands, feet, arms, or legs. Recommendations: • Keep a daily log of pain and sensations, noting triggers and what helps or makes it worse. • Check your feet every day for cuts, sores, blisters, or color changes, especially if numbness reduces feeling. • Wear comfortable, well-fitting shoes and avoid walking barefoot if sensation is reduced. • Protect hands and feet from extreme heat or cold. • Your care team may recommend or prescribe medicines, topical treatments, physical therapy, or supplements to help with symptoms. Talk to your care team if you have: • New or worsening “pins and needles”, burning, or numbness in your hands or feet • Trouble moving your arms or legs, or weakness • Problems with balance or frequent falls
Kidney Problems (Boxed Warning)	Description: Treatment can cause kidney problems, including damage to the kidneys and decreased kidney function. Your care team will monitor your kidney function during treatment. Recommendations: • Drink 8 to 10 glasses of water or other fluids each day, unless your care team tells you otherwise. • Your care team may give you fluids and electrolytes with your treatment. Talk to your care team if you have: • Decrease in your amount of urine • Blood in your urine • Swelling of your ankles • Loss of appetite

Adrenal Gland Problems: Adrenal Insufficiency and Adrenal Crisis (Boxed Warning)	Description: **Adrenal Insufficiency**. Mitotane can cause your adrenal glands to stop making enough corticosteroid hormones (adrenal insufficiency) or make this problem worse in people with cancer of the adrenal glands (adrenocortical carcinoma). Your care team may temporarily stop, reduce your dose, or permanently stop treatment if you develop adrenal insufficiency during treatment. **Adrenal Crisis**. Mitotane can cause your adrenal glands to suddenly stop making enough corticosteroid hormones (adrenal crisis). You are at increased risk for developing an adrenal crisis if you experience shock, severe injury, or infection during treatment. Adrenal crisis may lead to death. Tell your care team right away if you get an injury, infection, or other illness during treatment with mitotane. Your care team may temporarily stop mitotane if shock, severe injury, or infections happen during treatment. Tell your care team if you have any planned surgery. Your care team will check your levels of corticosteroid hormones during treatment and may give you corticosteroid medicine if you develop adrenal gland problems. Recommendations: • Your care team may perform blood tests to check for adrenal insufficiency before and during treatment. Talk to your care team if you have: • Severe weakness • Confusion • Pain in the lower back and legs • Stomach (abdominal) pain • Nausea, vomiting, or diarrhea • Feeling lightheaded or dizzy • Passing out • Feeling very tired • Decreased appetite • Weight loss • Areas of darkened skin • Craving salt • Low blood sugar • Feeling irritable or depressed • Hair loss

<table>
<tr>
<td>Fatigue</td>
<td>Description: Fatigue is a constant and sometimes strong feeling of tiredness.

Recommendations:
• Routine exercise can help reduce fatigue. Talk with your care team to find the right type and amount of activity for you.
• Ask family and friends for help with daily tasks and for emotional support.
• Try healthy ways to feel better, such as meditation, journaling, yoga, or guided imagery, to reduce anxiety and improve well-being.
• Aim for 7 to 8 hours of sleep each night. Limit daytime naps to help you sleep better at night.
• Do not drive, operate heavy machinery, or do other potentially dangerous activities if you are very tired.

Talk to your care team if you have:
• Tiredness that affects your daily life or prevents you from doing normal activities
• Tiredness that does not get better with rest
• Dizziness or weakness along with severe tiredness</td>
</tr>
<tr>
<td>High Cholesterol and Triglycerides Levels in Your Blood (Hyperlipidemia)</td>
<td>Description: Treatment can raise cholesterol and triglyceride levels in your blood. While cholesterol is needed by the body, high levels can increase the risk of heart disease. Triglycerides are blood fats, and very high levels may raise the long-term risk of inflammation of your pancreas (pancreatitis) or heart problems.

Recommendations:
• Adopt a diet low in saturated and trans fats, increase fiber intake, and engage in regular physical activity.
• Maintain a healthy weight.
• Get regular cholesterol tests and inform the care team of any significant changes.
• Do not smoke and limit alcohol consumption.

Talk to your care team if you have:
• Symptoms of heart attack or stroke, such as sudden numbness, weakness, or chest pain</td>
</tr>
</table>

Low Appetite	Description: Loss of appetite can lead to weight loss and low energy. Small changes in when and what you eat can help maintain strength and nutrition. Recommendations: • Be as active as you can. Do light physical activity before a meal (check with your care team before starting an exercise program). • Note times of day when your appetite is best and eat your largest meal then. • Eat 5 or 6 small meals or snacks each day. • Choose high-protein foods (beans, chicken, fish, meat, yogurt, tofu, eggs). Eat protein first during meals. • Choose higher-calorie foods (avoid “low-fat"", “fat-free”, or “diet” options when trying to gain/maintain weight). • If you feel full quickly, avoid drinking 30 minutes before a meal and drink liquids between meals; choose calorie-containing drinks rather than diet drinks. • Have a bedtime snack that’s easy to digest (for example, peanut butter and crackers). If you have reflux, wait at least 1 hour before lying down. • Try nutritious beverages (high-protein shakes or smoothies) if solid food is unappealing. • Ask your care team about liquid nutrition supplements and ways to add protein or calories (protein powder, yogurt, ice cream). Talk to your care team if you have: • Unintentional weight loss • Little or no appetite for several days • Excessive tiredness or low energy

<table>
<tr>
<td>Mouth Sores or Irritation (Mucositis or Stomatitis)</td>
<td>Description: Treatment can irritate the lining of the mouth. In some cases, this can cause redness, sores, pain, and swelling.

Recommendations:
• Rinse your mouth after meals and at bedtime; rinse more often if sores develop.
• Brush your teeth gently with a soft toothbrush or use a cotton swab after meals.
• Use a mild, non-alcohol mouth rinse at least 4 times daily (after meals and at bedtime). Example: 1/8 teaspoon salt + 1/4 teaspoon baking soda in 8 oz warm water.
• Avoid acidic, hot, spicy, rough, or crunchy foods and drinks that can irritate your mouth.
• Avoid tobacco, alcohol, and alcohol-based mouthwash.
• Your care team may prescribe medicines or mouth treatments to help with pain and healing.

Talk to your care team if you have:
• Painful mouth sores or throat pain
• Trouble eating or significant weight loss</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>Description: Diarrhea is loose, watery stools or more frequent bowel movements than usual. It can cause dehydration and weakness.

Recommendations:
• Keep track of how often you go to the bathroom each day.
• Drink 8 to 10 glasses of water or other fluids daily, unless your care team tells you otherwise.
• Eat small meals of mild, low-fiber foods (such as bananas, applesauce, potatoes, chicken, rice, and toast).
• If you have diarrhea, avoid high-fiber foods (such as raw vegetables, fruits, and whole grains), gas-producing foods (such as broccoli and beans), dairy (such as milk and yogurt), and spicy, fried, or greasy foods.
• Your care team may recommend an antidiarrheal medicine such as loperamide (Imodium).

Talk to your care team if you have:
• 4 or more bowel movements above your usual number in 24 hours
• Dizziness or lightheadedness while having diarrhea
• Signs of dehydration (very thirsty, dry mouth, dizziness, or dark urine)
• Bloody diarrhea</td>
</tr>
</table>

Constipation	Description: Constipation means hard, dry stools or fewer bowel movements than normal. It can cause discomfort or pain. Recommendations: • Track how often you have bowel movements each day. • Drink 8 to 10 glasses of fluids daily, unless your care team says otherwise. • Stay active and exercise regularly. • Eat more high-fiber foods (such as raw fruits, vegetables, and whole grains) unless advised otherwise. • Your care team may recommend laxatives such as polyethylene glycol (MiraLAX) or senna. Talk to your care team if you have: • Constipation lasting 3 or more days • No bowel movement 48 hours after using a laxative
Change in the Color of Your Urine	Description: You may have red or orange colored urine for 1 to 2 days after your infusion of doxorubicin. This is normal. Talk to your care team if: • Your urine does not return to its normal color in a few days • You see what looks like blood or blood clots in your urine
Hair Loss (Alopecia)	Description: Hair loss or thinning may begin days to weeks after treatment starts and usually grows back later. New growth can be a different color or texture and may not look the same as before. Recommendations: • Consider a short haircut before treatment and use scarves, hats, or wigs for comfort and confidence. • Keep your head covered outdoors to protect it from the sun and cold; apply sunscreen to your exposed scalp. • Use gentle haircare: mild shampoo, soft brush, and avoid heat styling and harsh treatments. • Ask your care team about wig prescriptions or resources for head coverings. Talk to your care team if you have: • No hair regrowth months after treatment ends • Concern about hair changes or need help finding a wig or support resources

<table>
<tr>
<td>Rash or Itchy Skin</td>
<td>Description: Rash or itchy skin can cause redness, swelling, and a variety of bumps or patches (small red spots, welts, blisters, or scaly dry areas).

Recommendations:
• Keep your skin moisturized with creams or lotions to reduce rash and itchiness.
• Wear loose-fitting clothing.
• Avoid perfumes and colognes, as they may worsen rash symptoms.
• Limit time spent in the heat to prevent worsening symptoms.
• Avoid sun exposure, especially between 10 AM and 4 PM, to lower the risk of sunburn.
• Wear long-sleeved clothing with ultraviolet (UV) protection and broad-brimmed hats.
• Apply broad-spectrum sunscreen (UVA/UVB) with sun protective factor (SPF) 30 or higher as directed.
• Use lip balm with SPF 30 or higher.
• Avoid tanning beds.
• Your care team may recommend medicines for symptoms.

Talk to your care team if you have:
• Rash or itching that continues to worsen</td>
</tr>
<tr>
<td>Low Thyroid Function (Hypothyroidism)</td>
<td>Description: Hypothyroidism means your thyroid gland is not making enough thyroid hormone. This can cause tiredness, feeling cold, weight gain, slow thinking, dry skin, hair loss, constipation, and changes in menstrual cycles.

Recommendations:
• Your care team may perform blood tests to check your thyroid function before and during treatment.

Talk to your care team if you have:
• Increasing tiredness, weight gain, constipation, or feeling much colder than usual
• Slow thinking, slurred speech, or worsening depression
• Very heavy or changed menstrual bleeding
• Rapid heart rate, chest pain, or shortness of breath</td>
</tr>
</table>

Low Testosterone	Description: Low testosterone means your body has less of the male sex hormone testosterone than normal. It can cause low energy, low sex drive, erectile problems, mood changes, reduced muscle mass, increased body fat, and fertility changes. Recommendations: • Your care team may perform blood tests to check your testosterone levels before and during treatment. Talk to your care team if you have: • New or worsening erectile problems or loss of sexual function • Sudden mood changes, severe depression, or thoughts of harming yourself • Unexplained swelling, shortness of breath, or chest pain • Breast swelling or lumps, or severe acne
Depression	Description: Depression is more than feeling sad. It can cause long-lasting low mood, loss of interest in activities, changes in sleep or appetite, low energy, trouble concentrating, and feelings of worthlessness. Recommendations: • Tell your care team about mood changes or past depression before and during treatment. • Keep a regular routine: sleep, meals, and gentle activity each day. • Stay connected with friends, family, or support groups. Don't isolate. • Try coping strategies such as short walks, relaxation exercises, journaling, or counseling. • Avoid alcohol and drugs that can make your mood worse. Talk to your care team if you have: • New or worsening depression or anxiety • Thoughts about harming yourself or wanting to die • Extreme mood changes, confusion, or not recognizing people or places • Inability to carry out daily activities (eating, bathing, going to work) • Severe sleep problems, panic attacks, or signs of psychosis (seeing or hearing things that are not there)

Select Rare Side Effects

Side Effect	Talk to Your Care Team if You Have Any of These Signs or Symptoms
Heart Problems (Boxed Warning)	Doxorubicin may cause heart problems that may lead to death. These problems can happen during your treatment or months to years after stopping treatment. In some cases, heart problems are irreversible. There is a cumulative total lifetime dose of doxorubicin. Your care team will track the amount of doxorubicin you receive. Talk with your care team if you have received anti-cancer medicines before. Your care team will perform tests to check your heart before, during, and after your treatment with doxorubicin. • Swelling of your stomach-area (abdomen), legs, hands, feet, or ankles • Shortness of breath • Nausea or vomiting • New or worsening chest discomfort, including pain or pressure • Weight gain • Pain or discomfort in your arms, back, neck, or jaw • Protruding neck veins • Breaking out in a cold sweat • Feeling lightheaded or dizzy
Bone Marrow Problems called Myelodysplastic Syndrome (MDS) or Acute Myeloid Leukemia (AML) (Boxed Warning)	Symptoms of low blood cell counts are common during treatment, but can be a sign of serious bone marrow problems, including MDS or AML. Symptoms may include: • Weakness • Weight loss • Fever • Frequent infections • Blood in urine or stool • Shortness of breath • Feeling very tired • Bruising or bleeding more easily
Extravasation (Boxed Warning)	Extravasation happens when medicine that is supposed to go into a vein leaks out into the tissues around it. This can cause pain, swelling, and damage to the skin and tissues. • Pain, burning, or stinging at the infusion site • Swelling, redness, or blistering around the site • Coolness or numbness in the area • Decreased blood flow or tissue damage, potentially leading to ulcers or tissue death in severe cases
Prolonged Bleeding Time	Mitotane can cause bleeding that lasts longer than usual. If you need to have surgery or dental procedures during treatment, your care team may do blood tests to check for prolonged bleeding risks. Tell your care team right away if you develop signs or symptoms of prolonged bleeding during treatment. • Unusual bleeding or bleeding that will not stop • Bruising • Lightheadedness • Vomiting blood or your vomit looks like coffee grinds • Blood in your stool or black stool that looks like tar • Pink or brown urine • Coughing up blood or blood clots • Menstrual bleeding that is heavier than normal • Nose bleeds that happen often

Liver Problems	• Yellowing of your skin or the white part of your eyes (jaundice) • Severe nausea or vomiting	• Pain on the right side of your stomach area (abdomen) • Dark, tea-colored urine • Bleeding or bruising more easily than normal
Neurologic Problems (Central Nervous System Toxicity)	Mitotane can cause decreased awareness and alertness. • Slow thinking • Slow movement or decreased coordination • Confusion • Difficulty concentrating • Memory loss	• Trouble talking • Sleepiness • Dizziness • Feelings of “pins and needles” in your hands and feet • Feeling very tired
Hearing Loss	• New or worsening hearing loss • Ringing, buzzing, or other noises in your ears (tinnitus)	• Trouble understanding speech or needing higher volume on devices • Dizziness or balance problems
Ovarian Cysts	Mitotane can cause noncancerous large cysts (macrocysts) on the ovaries of people who have not gone through menopause or are just starting menopause (premenopausal). The cysts may cause pain or discomfort in your pelvic area and abnormal periods (menstruation), or they may not cause any symptoms at all. If you are premenopausal, your care team may do an ultrasound of your ovaries before starting mitotane and as needed during treatment. • Vaginal pain	• Pelvic pain
Infusion-Related Reactions	• Chills or shaking • Itching, rash, or flushing • Trouble breathing, wheezing, or tongue swelling • Dizziness or feeling faint	• Feeling of impending doom • Fever of 100.4°F (38°C) or higher • New or severe pain in your back or neck
Tumor Lysis Syndrome (TLS)	Tumor lysis happens when cancer cells break apart and release large amounts of substances into your bloodstream faster than your body can handle. TLS is a group of conditions that affect your heart, kidneys, and muscles. • Severe nausea, vomiting, or diarrhea • Urinating smaller amounts or having dark-colored urine • Muscle cramps or twitching	• Rapid heartbeats or chest pain • Confusion or weakness • Seizures
Risk of New Cancers	There is a risk of developing new cancers during or after treatment. Talk with your care team about this risk, and ask about the signs and symptoms of new cancers.	

Before starting treatment, ask your care team when to call 9-1-1 or seek emergency help.
If you experience any new, worsening, or uncontrolled side effects, contact your care team immediately.

Intimacy, Fertility, Pregnancy, and Breastfeeding

- Treatment may **change how you feel about intimacy and your body.** However, physical closeness—such as holding hands and hugging—remains safe. It is common to have questions about intimacy. If needed, talk to your care team for guidance.
- Treatment can affect your **ability to have children**. It may damage your reproductive organs or stop them from working. If you are worried about fertility, talk to your care team before starting treatment.
- Treatment may **harm an unborn baby**.
    - If you are able to become pregnant:
        - Your care team will verify your pregnancy status before treatment.
        - Use an effective method of birth control during treatment, for 6 months after your last dose of etoposide and doxorubicin, and for 14 months after your last dose of cisplatin.
        - Use effective birth control (contraception) that does not contain hormones (nonhormonal), such as condoms or diaphragms, and spermicide during treatment with mitotane and for as long as your care team tells you to after you stop treatment.
        - Talk to your care team about nonhormonal birth control methods that may be right for you.
        - Birth control methods that contain hormones, such as birth control pills, injections, or patches, may not work as well during and after treatment with mitotane.
        - If you think you might be pregnant or if you become pregnant, tell your care team right away.
        - If you have a partner who is pregnant, you should use condoms during treatment and for at least 10 days after your last dose of doxorubicin.
    - If your partner is able to become pregnant, use an effective method of birth control—such as condoms—during treatment, for 3 to 6 months after your last dose of doxorubicin, for 4 months after your last dose of etoposide, and for 11 months after your last dose of cisplatin.
- **Do not breastfeed** during treatment, for 1 week after your last dose of etoposide, and for 6 weeks after your last dose of doxorubicin. Talk to your care team about the best way to feed your baby during and after treatment with mitotane.

Handling Body Fluids and Waste

Some drugs you receive may stay in your urine, stool, sweat, or vomit for many days after treatment. Because many cancer drugs are toxic, your body waste may also be dangerous to touch. To help protect yourself, your loved ones, and the environment, **follow these instructions** for at least **48 hours** after each dose of **etoposide** and **cisplatin**, at least **7 days** after each dose of **doxorubicin**, and at least **8 months** after each dose of **mitotane**:

- People who are pregnant should avoid touching anything that may be soiled with body fluids from the patient.
- You can use your usual toilet. Always close the lid and flush to discard all waste. If you have a low-flow toilet, flush twice.
- If the toilet or seat is soiled with urine, stool, or vomit, clean the surface after each use before others use it.
- Wash your hands with soap and water for at least 20 seconds after using the toilet.
- If you need a bedpan, inform your caregiver so they can wear gloves and assist with cleanup. Wash the bedpan with soap and water daily.
- If you cannot control your bladder or bowels, use a disposable pad with a plastic back, a diaper, or a sheet to absorb waste.
- Wash any skin exposed to body waste with soap and water.
- Wash soiled linens or clothing separately from other laundry. If you don't have a washer, place them in a plastic bag until they can be washed.
- Wash your hands with soap and water after touching soiled linens or clothing.

Additional Information

- **Tell your care team about all the medicines you take**.
  This includes prescriptions, over-the-counter drugs, vitamins, and herbal products. Before starting any new medicine, supplement, or vaccine, ask your care team first.
  Especially tell your care team if you take:
  - Spironolactone
  - Hormonal birth control
  - Warfarin
  - Midazolam or other CYP3A substrates
- **Mitotane can make you feel dizzy.** Do not drive or operate machinery until you know how mitotane affects you.
- **This Patient Education Sheet may not describe all possible side effects.**
  Call your care team for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088.

Notes

Updated Date: August 10, 2026

Brought to you by: ACCC Association of Cancer Care Centers, HOPA Hematology/Oncology Pharmacy Association, NCODA Network for Collaborative Oncology Development & Advancement, ONS Oncology Nursing Society

Scan the QR code below to access this education sheet.

Important Notice:
The Association of Cancer Care Centers (ACCC), Hematology/Oncology Pharmacy Association (HOPA), Network for Collaborative Oncology Development & Advancement, Inc. (NCODA), and Oncology Nursing Society (ONS) have collaborated to gather information and develop this patient education guide. This guide is a summary of the medication, based on information provided by the drug manufacturer and other sources.

This guide does not cover all information available on the possible uses, directions, doses, precautions, warnings, interactions, adverse effects, or risks associated with this medication. It should not be used as a substitute for the advice of a qualified healthcare professional. The provision of this guide is for informational purposes only. It does not constitute or imply endorsement, recommendation, or favoring of this medication by ACCC, HOPA, NCODA, or ONS, who assume no liability for and cannot ensure the accuracy of the information presented. All decisions regarding this medication should be made with the guidance and direction of a qualified healthcare professional.

Permission:
Patient Education Sheets are provided as a free educational resource for patients with cancer and their caregivers in need of concise, easy-to-understand information about cancer therapy. Healthcare providers may copy and distribute the sheets to patients and direct them to the Patient Education Sheets website. However, commercial reproduction or reuse, as well as rebranding or reposting of any type, are strictly prohibited without permission of the copyright holders. Permission requests, including direct linking from Electronic Health Records, and licensing inquiries should be emailed to patienteducationsheets@ncoda.org.

PES-661

Brought to you by:
ACCC Association of Cancer Care Centers
HOPA Hematology/Oncology Pharmacy Association
NCODA Network for Collaborative Oncology Development & Advancement
ONS Oncology Nursing Society