Chemotherapy Protocol

BREAST CANCER

ERIBULIN

Regimen

- Breast Cancer – Eribulin

Indication

- Treatment of locally advanced or metastatic breast cancer which has progressed after at least two chemotherapeutic regimens for advanced disease. Prior therapy should have included an anthracycline and a taxane unless patients were not suitable for these.

- WHO Performance status 0, 1, 2

Toxicity

Drug	Adverse Effect
Eribulin	Prolonged QT interval, myalgia, peripheral neuropathy

The adverse effects listed are not exhaustive. Please refer to the relevant Summary of Product Characteristics for full details.

Monitoring

Regimen

- FBC, U&E's and LFT's prior to each cycle

Dose Modifications

The dose modifications listed are for haematological, liver and renal function only. Dose adjustments may be necessary for other toxicities as well.

In principle all dose reductions due to adverse drug reactions should not be re-escalated in subsequent cycles without consultant approval. It is also a general rule for chemotherapy that if a third dose reduction is necessary treatment should be stopped.

Please discuss all dose reductions / delays with the relevant consultant before prescribing if appropriate. The approach may be different depending on the clinical circumstances. The following is a general guide only.

Haematological

Prior to prescribing cycle one the following treatment criteria must be met;

Criteria	Eligible Level
Neutrophils	equal to or more than $1.5x10^9$/L
Platelets	equal to or more than $100x10^9$/L

Consider blood transfusion if patient symptomatic of anaemia or has a haemoglobin of less than 8g/dL

On days 1 and 8 of the cycle, treatment should be delayed if the neutrophil count is $0.5\text{-}1x10^9$/L or the platelet count $50\text{-}75x10^9$/L with no active signs of bleeding. Thereafter the table below applies.

Haematology	Dose
Neutrophil less than $0.5x10^9$/L for more than 7 days	0.97 mg/m^2
Neutrophil less than $1x10^9$/L complicated by fever or infection	
Platelets less than $25x10^9$/L	
Platelets less than $50x10^9$/L complicated by haemorrhage or requiring blood or platelet transfusion	

If the toxicity recurs despite use of a reduced dose of 0.97mg/m^2 then a further reduction to 0.62mg/m^2 may be considered. If the haematological recurs at this dose discontinue treatment.

Kidney Impairment

Drug	Dose (% of original dose)
Eribulin	Consider reducing the dose for a creatinine clearance of less than 40ml/min

Liver Impairment

Drug	Dose (% of original dose)
Eribulin	In moderate hepatic impairment (Child Pugh B) consider reducing the dose to 0.62mg/m²

Other

Dose reductions or interruptions in therapy are not necessary for those toxicities that are considered unlikely to be serious or life threatening. For example, alopecia, altered taste or nail changes.

Regimen

21 day cycle for 6 cycles

Drug	Dose	Days	Administration
Eribulin	1.23mg/m^2	1,8	Intravenous bolus in sodium chloride 0.9% over 5 minutes

Dose Information

- 1.23mg/m^2 of the ready made solution of eribulin is equivalent to 1.4mg/m^2 eribulin mesylate
- Eribulin will be dose banded in accordance with the national dose bands (eribulin)

Administration Information

Extravasation

- Eribulin – neutral

Additional Therapy

- Antiemetics

  15-30 minutes before chemotherapy

  - dexamethasone 8mg oral or equivalent intravenous dose
  - metoclopramide 10mg oral or intravenous

  As take home medication

  - metoclopramide 10mg three times a day when required oral

- Gastric protection with a proton pump inhibitor or a H_2 antagonist may be considered in patients considered at high risk of GI ulceration or bleed.

Coding

- Procurement – X71.5
- Delivery – X72.3, X72.4

References
1. Cartes J, O'Shaughnessy J, Loesch D et al. Eribulin monotherapy versus treatment of physicians choice in patients with metastatic breast cancer (EMBRACE): a phase three open label randomized study. Lancet 2011; 377 (9769): 914-923.

REGIMEN SUMMARY

Eribulin

Day One and Eight

1. Dexamethasone 8mg oral or equivalent intravenous dose

2. Metoclopramide 10mg oral or intravenous

3. Eribulin 1.23mg/m^2 intravenous bolus in 100ml sodium chloride 0.9% over 5 minutes

Take Home Medicines (day one only)

5. Metoclopramide 10mg three times a day when required oral*

Administration Instructions
Please supply an original pack or nearest appropriate quantity. One pack to be supplied on day one for use on both day one and eight

DOCUMENT CONTROL

Version	Date	Amendment	Written By	Approved By
1.2	December 2018	Dose rounding changed to national dose bands Dexamethasone TTO removed	Donna Kimber Pharmacy Technician	Dr Deborah Wright Pharmacist
1.1	November 2014	Header changed Toxicities removed Adverse effects tabulated ≥ removed and written in full Dose modification tabulated Regimen tabulated Metoclopramide dose changed to 10mg Bolus removed from intravenous bolus throughout text OPCS code updated Dexamethasone TTO clarified Disclaimer added	Donna Kimber Pharmacy Technician	Dr Deborah Wright Pharmacist
1	Dec 2011	None	Dr Debbie Wright Pharmacist	Dr Sanjay Raj Consultant Clinical Oncologist

This chemotherapy protocol has been developed as part of the chemotherapy electronic prescribing project. This was and remains a collaborative project that originated from the former CSCCN. These documents have been approved on behalf of the following Trusts;

Hampshire Hospitals NHS Foundation Trust
NHS Isle of Wight
Portsmouth Hospitals NHS Trust
Salisbury Hospital NHS Foundation Trust
University Hospital Southampton NHS Foundation Trust
Western Sussex Hospitals NHS Foundation Trust

All actions have been taken to ensure these protocols are correct. However, no responsibility can be taken for errors which occur as a result of following these guidelines.