

Chemotherapy Protocol

LUNG CANCER – NON-SMALL CELL (NSCLC)

ERLOTINIB

Regimen

- NSCLC - Erlotinib

Indication

- Second line therapy of stage IIIB or IV NSCLC
- WHO Performance status 0, 1 and fit for second line cytotoxic chemotherapy
- Palliative intent

Toxicity

Drug	Adverse Effects
Erlotinib	Diarrhoea, rash, interstitial lung disease, GI perforation, eye disorders.

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

Monitoring

Disease

- Current CT scan (ideally within 1 month) before starting erlotinib and repeat within 3 months of starting treatment, or earlier if necessary
- Chest x-ray should be performed before starting treatment and every 4 weeks

Regimen

- FBC, LFTs and U&Es before starting erlotinib and every 60 days thereafter.

Dose Modifications

Dose reductions should occur in multiples of 50mg in response to the development of grade III or IV adverse effects that cannot be managed symptomatically.

Hepatic Impairment

Drug	Dose
Erlotinib	Erlotinib undergoes hepatic metabolism and biliary excretion. Caution should be used in those with hepatic impairment, please refer to the SPC for full details

Renal Impairment

Drug	Dose
Erlotinib	No dose adjustment appears necessary in those with mild to moderate renal impairment. The use in severe renal impairment is not recommended.

Regimen

Continuous (28 day cycle)

Drug	Dose	Days	Administration
Erlotinib	150mg once a day	Continuous	Oral

Additional Therapy

- Loperamide 4mg oral stat after the first loose stool and then 2-4mg when required for the relief of diarrhoea (maximum 16mg/24 hours)
- Metoclopramide 10mg oral three times a day when required for the relief of nausea and vomiting
- Avoid proton pump inhibitors, only H₂ antagonists to be used if necessary
- Consider skin support eg E45 / aqueous cream

Additional Information

- Erlotinib interacts with a number of other medications including those that affect the pH of the stomach and the cytochrome 3Y4 liver enzymes. Always check for drug interactions.
- Cigarette smoking has been shown to reduce erlotinib exposure by approximately 50-60%. Smokers should be strongly advised to stop smoking where possible.
- The National Patient Safety Alert on oral chemotherapy (NPSA/2008/RRR001) must be followed in relation to erlotinib.

Coding

- Procurement – X71.5
- Delivery – X73.1

References

1. National Institute of Clinical Excellence (2008). TA162. Erlotinib for the treatment of non-small cell lung cancer. London: DOH.
2. Spigel DR, Lin M, O'Neill V et al. Final survival and safety results from a multicentre open label phase 3B trial of erlotinib in patients with advanced non-small cell lung cancer. Cancer 2008; 112 (12): 2749-2755.

REGIMEN SUMMARY

Erlotinib

Day One

1. Erlotinib 150mg once daily continuous oral

DOCUMENT CONTROL

Version	Date	Amendment	Written By	Approved By
1.2	Feb 2014	Header and footer changed Toxicity removed and tabulated Renal and hepatic recommendations updated and tabulated Regimen tabulated Metoclopramide dose changed Name added under summary Document control tabulated Hospitals and disclaimer added	Dr Deborah Wright Pharmacist	Donna Kimber Pharmacy Technician
1.1	Sept 2010	Font changed to Arial Header altered to include "Strength through Partnership" Drug names given capitals in regimen Footer changed to include regimen name and review date removed Removed wording (low) after Emesis Added Metoclopramide to Additional Therapy Amended Loperamide to add "4mg oral stat" Coding added Summary page added Document control added	Dr Deborah Wright Pharmacist	Donna Kimber Pharmacy Technician

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 Hospitals NHS Foundation Trust
University Hospital Southampton NHS Foundation Trust
Western Sussex Hospitals NHS 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.