SORAFENIB

INDICATION (ICD10) C22, C73

Check the most recent Blueteq eligibility criteria before prescribing. Blueteq registration required. (www.england.nhs.uk/publication/national-cancer-drugs-fund-list/)

The first line treatment of Child-Pugh A locally advanced or metastatic hepatocellular carcinoma where all of the following criteria are met:

2. ONE of the following applies to the patient: has a confirmed histological diagnosis of hepatocellular carcinoma or a biopsy is deemed to be very high risk or technically not feasible in the patient AND the criteria below are met:
a. The decision not to biopsy has been made and documented by a specialist HCC MDM
b. The tumour meets the non-invasive diagnostic criteria of hepatocellular carcinoma*
c. Data is submitted as part of the ongoing Sorafenib Audit 2.
It is expected that OPTION 2 will only apply in exceptional circumstances and it should be noted that responses will be reviewed regularly to ensure that this is the case.*EASL–EORTC Clinical Practice Guidelines: Management, Journal of Hepatology 2012 vol. 56 p 908–943. Non-invasive criteria can only be applied to cirrhotic patients and are based on imaging techniques obtained by 4-phase multidetector CT scan or dynamic contrast-enhanced MRI. Diagnosis should be based on the identification of the typical hallmark of HCC (hypervascular in the arterial phase with washout in the portal venous or delayed phases). While one imaging technique is required for nodules beyond 1 cm in diameter a more conservative approach with 2 techniques is recommended in suboptimal settings.
3. Have either metastatic disease or locally advanced disease that is ineligible for or failed surgical or locoregional therapies
4. Has either: not received any previous systemic therapy for hepatocellular carcinoma (option 1) or the patient has had to discontinue lenvatinib within 3 months of starting lenvatinib and solely because of toxicity (ie there was lenvatinib toxicity which could not be managed by dose delay or dose modification) and there has been no disease progression whilst on lenvatinib (option 2).
5. Child-Pugh liver function class A
6. Performance status of 0-2
7. Sorafenib is to be used as a single agent
8. Sorafenib is to be continued until disease progression or unacceptable toxicity.
9. No treatment breaks of more than 6 weeks beyond the expected cycle length are allowed (to allow any toxicity of current therapy to settle or intercurrent comorbidities to improve
10. Sorafenib to be otherwise used as set out in its Summary of Product Characteristics

The treatment of differentiated thyroid cancer after radioactive iodine where the following criteria are met:

2. Confirmed histological diagnosis of differentiated thyroid carcinoma (papillary or follicular or Hurtle cell type)
3. Either metastatic disease or inoperable locally advanced disease
4. Refractory to radioactive iodine
5. The disease is progressive and is either symptomatic or imminently likely to become symptomatic
6. Treatment naïve to both lenvatinib and sorafenib unless the patient has had to discontinue lenvatinib within 3 months of starting lenvatinib because of toxicity (ie there is lenvatinib toxicity which cannot be managed by dose delay or dose modification) and there has been no disease progression whilst on lenvatinib
Note: Sequential use of sorafenib and then lenvatinib is only funded if the patient has to discontinue sorafenib because of intolerance within 3 months of its start and if the disease has not progressed whilst the patient is on sorafenib. The use of sorafenib after disease progression on or after lenvatinib is not funded and vice versa.
7. ECOG performance status of 0 or 1 or 2.
8. Sorafenib is to be continued as long as clinical benefit is observed or until there is unacceptable

toxicity or patient choice to stop treatment
9. A formal medical review as to whether treatment with sorafenib should continue or not will be scheduled to occur at least by the end of the first 8 weeks of treatment
10. No treatment breaks of more than 6 weeks beyond the expected cycle length are allowed (to allow any toxicity of current therapy to settle or intercurrent comorbidities to improve)
11. Sorafenib is to be otherwise used as set out in its SPC

REGIMEN
SORAFENIB 400mg orally twice daily

CYCLE FREQUENCY AND NUMBER OF CYCLES
Continuously until disease progression.

ADMINISTRATION
Available as 200mg tablets
Swallowed whole with water without food or after a low or moderate fat meal. (If the patient intends to have a high-fat meal, sorafenib should be taken at least 1 hour before or 2 hours after the meal)

ANTI-EMETIC
Minimal emetic risk

CONCURRENT MEDICATION REQUIRED

Sorafenib	-

EXTRAVASATION AND TYPE OF LINE / FILTERS
Not applicable

INVESTIGATIONS
Blood results required before SACT administration
FBC and U&E every cycle
LFTs every cycle
Neutrophils x 10^9/L ≥1.0
Platelets x 10^9/L ≥60
Creatinine every cycle
Blood pressure every cycle
ECGs if on concomitant drugs that cause QT prolongation or electrolyte disturbances
Baseline weight and every cycle

MAIN TOXICITES AND ADVERSE REACTIONS

Sorafenib	Diarrhoea Electrolyte disturbances Gastrointestinal perforation Haemorrhage Hypertension Mucositis QT prolongation Skin reactions– apply moisturizer to hands and feet regularly

INTERACTIONS WHICH MAY REQUIRE DOSE MODIFICATIONS
(not exhaustive list check SPC/BNF/Stockleys)

Sorafenib	Agents that prolong QT interval – avoid Agents that cause hypokalaemia, may increase risk of torsades de pointes.

DOSE MODIFICATIONS

Hepatocelulluar carcinoma - when initial dose reduction is necessary the dose should be reduced to 400mg sorafenib once daily.
Differentiated thyroid cancer - when initial dose reduction is necessary the dose should be reduced to 600mg sorafenib in divided doses (400mg and 200mg twelve hours apart).

If additional dose reduction is necessary, the dose may be reduced to 400mg sorafenib daily in divided doses (200mg twelve hours apart), and if necessary further reduced to 200mg once daily. After improvement of non-haematological adverse reactions, the dose of sorafenib may be increased.

Haematological

An increased risk of bleeding may occur while on sorafenib. Discontinue sorafenib if any bleeding event requires medical intervention.

Hepatic impairment

Sorafenib
No dose adjustment is required in patients with Child Pugh A or B (mild to moderate) hepatic impairment.
No data is available on patients with Child Pugh C (severe) hepatic impairment. Since sorafenib is mainly eliminated via the hepatic route exposure might be increased in patients with severe hepatic impairment

Renal impairment

Sorafenib
No dose adjustments are required in mild, moderate or severe renal impairment. There is currently no safety data on patients requiring dialysis.

REFERENCES

1. Llovet, JM et al; NEJM 2008; 359 (4): 378–390