SUNITINIB

INDICATION (ICD10) C64

1. First-line treatment option for people with advanced and/or metastatic renal cell carcinoma who are suitable for immunotherapy and have an ECOG performance status of 0 or 1. (TA169)

REGIMEN

Days 1 to 28 SUNITINIB 50mg orally once daily

CYCLE FREQUENCY AND NUMBER OF CYCLES

Every 42 days until disease progression

ADMINISTRATION

Available as 12.5mg, 25mg, 37.5mg and 50mg capsules
Swallowed whole with water with or without food

ANTI-EMETICS

Minimal emetic risk

CONCURRENT MEDICATION REQUIRED

Sunitinib	Moisturiser for hands and feet, to be applied regularly

EXTRAVASATION AND TYPE OF LINE / FILTERS

Not applicable

INVESTIGATIONS

Blood results required before SACT administration
FBC, U&E and LFTs every cycle
Neutrophils x 10^9/L ≥1.0
Platelets x 10^9/L ≥75
Baseline weight and every cycle
Blood pressure every cycle
Thyroid function baseline then every 3 cycles

MAIN TOXICITES AND ADVERSE REACTIONS

Sunitinib	Gastrointestinal – serious gastrointestinal complications including gastrointestinal perforation have occurred rarely. Haemorrhage – an increased risk of bleeding may occur. Hypertension – treatment induced hypertension, suspend treatment until controlled. Hypothyroidism Mucositis Neutropenia Palmar / plantar syndrome Skin discolouration and depigmentation of the hair and skin

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

Sunitinib	Many interactions check carefully

DOSE MODIFICATIONS

Dose modifications in 12.5mg steps may be applied based on individual safety and tolerability. Dose should not be decreased below 25mg.

Hepatic impairment

Sunitinib

No starting dose adjustment in patients with mild or moderate (Child-Pugh class A and B) hepatic impairment.

Not studied in subjects with severe (Child-Pugh class C) hepatic impairment and therefore its use in patients with severe hepatic impairment cannot be recommended.

Renal impairment

Sunitinib

No starting dose adjustment is required when administering sunitinib to patients with renal impairment (mild-severe) or with end-stage renal disease (ESRD) on haemodialysis.

Subsequent dose adjustments should be based on individual safety and tolerability.

REFERENCES

1. Motzer, RJ et al; NEJM (2007); 356: 115–124