CABOZANTINIB (Cometriq)

INDICATION (ICD10) C73

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

The treatment of medullary thyroid cancer where all the following criteria are met:

2. A confirmed histological diagnosis of medullary thyroid carcinoma
3. Either metastatic disease or inoperable locally advanced disease
4. The disease is progressive and is either symptomatic or imminently likely to become symptomatic
5. Is treatment naïve to both cabozantinib and vandetanib unless the patient has had to discontinue vandetanib within 3 months of starting vandetanib because of toxicity (i.e. there is vandetanib toxicity which cannot be managed by dose delay or dose modification) and there has been no disease progression whilst on vandetanib.
6. ECOG performance status of 0 or 1 or 2.
7. Cabozantinib is to be continued as long as clinical benefit is observed or until there is unacceptable toxicity or patient choice to stop treatment
8. A formal medical review as to whether treatment with cabozantinib should continue or not will be scheduled to occur at least by the end of the first 8 weeks of treatment
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. Cabozantinib is to be otherwise used as set out in its Summary of Product Characteristics

REGIMEN

CABOZANTINIB 140mg orally daily

CYCLE FREQUENCY AND NUMBER OF CYCLES

Daily continuously as long as clinical benefit or toxicity.
A formal medical review as to whether treatment with cabozantinib should continue or not will be scheduled to occur at least by the end of the first 8 weeks of treatment.

ADMINISTRATION

Available as 20mg and 80mg capsules
Swallow whole. Not to eat anything for at least 2 hours before until 1 hour after taking cabozantinib
Grapefruit and grapefruit juice should be avoided while on cabozantinib.

ANTI-EMETICS

Minimal risk all days

CONCURRENT MEDICATION REQUIRED

EXTRAVASATION AND TYPE OF LINE / FILTERS

Not applicable

INVESTIGATIONS

Blood results required before SACT administration
FBC, U&E and LFTs minimum monthly
Neutrophils x 10^9/L ≥1.5
Platelets x 10^9/L ≥100
Thyroid function tests baseline, then every 3 months
Blood pressure weekly for cycle 1 then every month

MAIN TOXICITES AND ADVERSE REACTIONS

Cabozantinib	Diarrhoea Hand-foot syndrome Haemorrhage Hypertension Hypothyroidism Proteinurea Wound healing delayed

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

Cabozantinib	Lots of interactions, causing bleeding, QT prolongation and hypokalaemia etc. Check interactions carefully.

DOSE MODIFICATIONS

Cabozantinib dose

Recommended dose	140mg daily
First dose adjustment	100mg daily
Second dose adjustment	60mg daily

Dose interruptions are recommended for management of CTCAE grade 3 or greater toxicities or intolerable grade 2 toxicities.
Dose reductions are recommended for events that, if persistent, could become serious or intolerable.

Non-haematogical
Cabozantinib

Hepatic impairment
Cabozantinib

Mild or moderate hepatic impairment	Recommended dose 60mg
Severe hepatic impairment	Not recommended

Renal impairment
Cabozantinib
Cabozantinib should be used with caution in patients with mild or moderate renal impairmentCabozantinib is not recommended for use in patients with severe renal impairment.

REFERENCES
1. SPC