SUNITINIB

INDICATION (ICD10) C25, M-8246/3

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 unresectable or metastatic neuroendocrine tumours of pancreatic origin with disease progression where all the following criteria are met:

2. Histopathologically proven well differentiated neuroendocrine tumour of pancreatic origin
3. Unresectable or metastatic disease
4. Has exhibited disease progression in past 12 months
5. Performance status of 0-1
6. No previous treatment with a tyrosine kinase inhibitor.
7. No planned 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).**Requests for continuation of treatment after unplanned treatment breaks over this duration should be made via the treatment break approval process
8. Sunitinib will otherwise be used as set out in its Summary of Product Characteristics (SPC).

REGIMEN

SUNITINIB 37.5mg* orally once daily continuously
*dose can be increased after 8 weeks up to maximum 50mg daily

CYCLE FREQUENCY AND NUMBER OF CYCLES

Every 28 days

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 ≥1.5
Platelets x 10^9/L ≥100
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. Raymond E et al,Sunitinib malate for the treatment of pancreatic neuroendocrine tumours, N Engl J Med 2011; 364:501-513 February 10, 2011DOI:10.1056/NEJMoa1003825