SUNITINIB (Sutent)

INDICATION (ICD10) C26, C49

1. Unresectable and/or metastatic malignant gastrointestinal stromal tumours if imatinib treatment has failed because of resistance or intolerance. (TA179)
2. Solitary fibrous tumour (local funding required)
3. Angiosarcoma (local funding required)

REGIMEN

SUNITINIB 25mg orally once daily continuously
Dose may be increased to 37.5mg once daily
Licensed dose for GIST is 50mg once daily for 4 weeks then a 2 week rest period (6 week cycle) but local practice, based on recent evidence base is for continuous daily dosing (unlicensed).

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

Low emetic risk (none usually required)

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, check LFTs every 2 weeks for 1st 6 weeks
Test Hepatitis B exposure before starting treatment, and refer to hepatology for lamivudine therapy.
Neutrophils x 10^9/L ≥1.5
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
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. George S, Blay JY, Casali PG, et al. Continuous daily dosing (CDD) of sunitinib (SU) in pts with advanced GIST: updated efficacy, safety, PK and pharmacodynamic analysis [poster presentation]. J Clin Oncol 2008;26(15S):566s. (Abstr 10554).