

## FULVESTRANT – local funding required

### INDICATION (ICD10) C50

1. ER+ve metastatic breast cancer, following two lines of endocrine therapy

### REGIMEN

Day 1 FULVESTRANT 500mg IM (2 x 250mg injections)

Day 15 FULVESTRANT 500mg IM (2 x 250mg injections) cycle 1 only

Fulvestrant should be administered as two consecutive 5 ml injections by slow intramuscular injection (1-2 minutes/injection), one in each buttock

### CYCLE FREQUENCY AND NUMBER OF CYCLES

Every 28 days

### ANTI-EMETICS

Minimal risk

### CONCURRENT MEDICATION REQUIRED

None

### EXTRAVASATION AND TYPE OF LINE / FILTERS

Not applicable

### INVESTIGATIONS

FBC, U&Es and LFTs as clinically indicated.

### MAIN TOXICITIES AND ADVERSE REACTIONS

FULVESTRANT	The most frequently reported adverse reactions are injection site reactions, asthenia, nausea, and increased hepatic enzymes (ALT, AST, ALP).
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### DOSE MODIFICATIONS

#### Haematological

Consider delaying the fulvestrant if platelets < 50 x 10<sup>9</sup>/l.

#### Hepatic impairment

Mild to moderate hepatic impairment	No dose adjustments are recommended. However, as fulvestrant exposure may be increased, Fulvestrant should be used with caution in these patients.
Severe hepatic impairment	There are no data in patients

#### Renal impairment

Mild to moderate renal impairment (creatinine clearance >30 ml/min)	No dose adjustments are recommended
Severe renal impairment (creatinine clearance < 30 ml/min)	Safety and efficacy have not been evaluated and therefore, caution is recommended in these patients.



## REFERENCES

1. Angelo Di Leo, Guy Jerusalem, Lubos Petruzelka, Roberto Torres, Igor N. Bondarenko, Rustem Khasanov, Didier Verhoeven, José L. Pedrini, Iya Smirnova, Mikhail R. Lichinitser, Kelly Pendergrass, Luca Malorni, Sally Garnett, Yuri Rukazenzov, and Miguel Martin J Natl Cancer Inst. 2014 Jan; 106(1): djt337.
2. Published online 2013 Dec 7. doi: 10.1093/jnci/djt337 Final Overall Survival: Fulvestrant 500mg vs 250mg in the Randomized CONFIRM Trial