

## DABRAFENIB (Tafinlar)

### INDICATION (ICD10) C43

1. The treatment of advanced unresectable or metastatic melanoma (PS 0 or 1) with a BRAF V600 mutation and intolerance to vemurafenib (severe intolerance necessitating discontinuation, without disease progression whilst on full dose, within 2 months of initiating vemurafenib) No other previous systemic treatment other than vemurafenib (TA321).

### REGIMEN

Day 1 DABRAFENIB 150mg orally twice daily (12 hourly) continuously

### CYCLE FREQUENCY AND NUMBER OF CYCLES

Every 28 days until disease progression

### ADMINISTRATION

Available as 50mg and 75mg capsules

Swallow whole with water, at least 1 hour before or at least 2 hours after a meal.

Grapefruit and grapefruit juice should be avoided.

### ANTI-EMETICS

Low emetic risk

### CONCURRENT MEDICATION REQUIRED

Dabrafenib	-
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### INVESTIGATIONS

Blood results required before SACT administration

FBC, U&E, Mg<sup>++</sup> and LFTs every cycle

Neutrophils x 10<sup>9</sup>/L ≥1.5

Platelets x 10<sup>9</sup>/L ≥100

Serum creatinine - GFR each cycle

ECG at baseline, 1 month then every 3 months

Blood pressure every cycle

### MAIN TOXICITIES AND ADVERSE REACTIONS

Dabrafenib	Cutaneous squamous cell carcinoma Hepatic toxicity New primary melanoma Non-cutaneous secondary / recurrent malignancy Renal failure Uveitis Pancreatitis QT prolongation Pyrexia
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### INTERACTIONS WHICH MAY REQUIRE DOSE MODIFICATIONS

(not exhaustive list check SPC/BNF/Stockleys)

Dabrafenib	Effect of anticoagulants may be decreased. Antiviral exposure may be decreased. CYP3A4, CYP2C and CYP2B6 inducers should be avoided. Many interactions check carefully. Grapefruit and grapefruit juice should be avoided
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## DOSE MODIFICATIONS

### Dabrafenib

Dose level	Dose
Full dose	150mg twice daily
First reduction	100mg twice daily
Second reduction	75mg twice daily
Third reduction	50mg twice daily

Grade (CTCAE)	Recommended dabrafenib dose modifications
Grade 1 or grade 2 (tolerable)	Continue treatment and monitor as clinically indicated.
Grade 2 (intolerable) or grade 3	Interrupt therapy until toxicity is grade 0-1 and reduce by one dose level when resuming therapy.
Grade 4	Discontinue permanently, or interrupt therapy until grade 0-1 and reduce by one dose level when resuming therapy.

### Hepatic impairment

#### Dabrafenib

No dose adjustment for patients with mild or moderate renal impairment.

Use in caution with severe impairment.

### Renal impairment

#### Dabrafenib

No dose adjustment for patients with mild hepatic impairment.

Use with caution in moderate or severe impairment.

## REFERENCES

1. SPC