

## ERLOTINIB

### INDICATION (ICD10) C34

1. First-line treatment of locally advanced or metastatic NSCLC, in patients with a positive EGFR mutation (TA258)
  2. An option for treating locally advanced or metastatic NSCLC after non-targeted chemotherapy when delayed confirmation that the tumour is EGFR positive or in patients with unknown EGFR status, only if the diagnostic test is unobtainable due to inadequate tissue sample or poor quality DNA and the clinician considers that it is very likely to be EGFR positive (but NOT for patients who are known to be EGFR mutation negative). (TA374)
- Factors associated with prolonged survival should be taken into account when prescribing erlotinib

### REGIMEN

ERLOTINIB 150mg orally daily continuously

### CYCLE FREQUENCY AND NUMBER OF CYCLES

Until disease progression. Initial review after 1 or 2 weeks of treatment then review every month until stable then review every 2 months.

### ADMINISTRATION

Available as 25mg, 100mg and 150mg tablets

Swallowed whole with water once daily at least one hour before, and at least two hours after any food.

### ANTI-EMETICS

Minimal risk

### CONCURRENT MEDICATION REQUIRED

Erlotinib	Some of the following may be required for treatment of the skin rash: E45 / Diprobase, Hydrocortisone 1%/2.5%, Clindamycin gel 1%, Oxytetracycline 500mg po bd (for 2 weeks) Prednisolone 25mg po od for 7 days then reducing by 5mg per day to stop. Diarrhoea – Loperamide may be required
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### 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<sup>9</sup>/L ≥1.5

Platelets x 10<sup>9</sup>/L ≥100

Creatinine every cycle

Baseline weight and every 3<sup>rd</sup> cycle

## MAIN TOXICITIES AND ADVERSE REACTIONS

Erlotinib	<p>Skin rash – initial rash may be severe. If infected may require oral antibiotics</p> <p>Diarrhoea –Proactive management of diarrhoea including adequate hydration combined with anti-diarrhoeal medicinal products especially within the first 6 weeks of the treatment is important and should start at first signs of diarrhoea.</p>
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## INTERACTIONS WHICH MAY REQUIRE DOSE MODIFICATIONS (not exhaustive list check SPC/BNF/Stockleys)

Erlotinib	-
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## DOSE MODIFICATIONS

If dose reduction required reduce dose to 100mg daily

### Hepatic impairment

Erlotinib

Mild – moderate hepatic impairment – dose reduction or interruption of erlotinib should be considered if severe adverse reactions occur.

Severe hepatic impairment – erlotinib not recommended.

### Renal impairment

Erlotinib

Severe renal impairment - erlotinib not recommended.

## REFERENCES

1. Erlotinib in previously treated non-small cell lung cancer. Shepherd FA, Pereira JR, Ciuleanu, T et al. N Engl J Med 2005;353; 123-132