GEFITINIB

INDICATION (ICD10) C34

1. First-line treatment of people with locally advanced or metastatic non-small-cell lung cancer (NSCLC) positive for the epidermal growth factor receptor tyrosine kinase (EGFR-TK) mutation. PS 0, 1 or 2. (TA192)

REGIMEN

GEFITINIB 250mg orally daily continuously

CYCLE FREQUENCY AND NUMBER OF CYCLES

Until disease progression.

ADMINISTRATION

Available as 250mg tablets
Swallowed whole with water with or without food.
Take at the same time each day. Swallow whole or disperse tablets in half a glass of water (noncarbonated) without crushing it. The glass should be swirled occasionally, until the tablet is dispersed (this may take up to 20 minutes). The dispersion should be drunk immediately after dispersion is complete (ie within 60 minutes). The glass should be rinsed with half a glass of water, which should also be drunk.

ANTI-EMETICS

Minimal risk

CONCURRENT MEDICATION REQUIRED

Gefitinib	Some of the following may be required for treatment of the skin rash: E45 / Diprobase Diarrhoea – Loperamide may be required

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
Creatinine every cycle
Baseline weight and every 3rd cycle

MAIN TOXICITES AND ADVERSE REACTIONS

Gefitinib	Skin rash – initial rash 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. Elevation in ALT

INTERACTIONS WHICH MAY REQUIRE DOSE MODIFICATIONS (not exhaustive list check SPC/BNF/Stockleys)

Gefitinib	H_2 antagonists and proton pump inhibitors may reduce bioavailability

DOSE MODIFICATIONS

Hepatic impairment

Gefitinib

Patients with moderate to severe hepatic impairment due to cirrhosis have increased plasma concentrations of gefitinib. These patients should be closely monitored for adverse events. Plasma concentrations were not increased in patients with elevated aspartate transaminase (AST), alkaline phosphatase or bilirubin due to liver metastases

Renal impairment

Gefitinib

CrCl ≤20ml/min caution is advised

REFERENCES

1. Erlotinib Mok, T et al; NEJM 2009; 361: 947–957
2. Alexandrescu, D et al; Clinical and Experimental Dermatology 2006; 32: 71–74
3. Talsania, T et al; Clinical and Experimental Dermatology 2008; 33 (1): 108
4. Inoue, A et al; JCO 2010; 28 (15s): abstract 7571