AFATINIB (Giotrif)

INDICATION (ICD10) C34

1. Epidermal growth factor receptor tyrosine kinase (EGFR-TK) mutation-positive locally advanced or metastatic non-small cell lung cancer where the person has not previously had an EGFR-TK inhibitor. PS 0, 1 or 2 (TA310)

REGIMEN

AFATINIB 40mg orally daily (may be escalated to 50mg daily) continuously

CYCLE FREQUENCY AND NUMBER OF CYCLES

Until disease progression. Review every 2-3months by CT scan

ADMINISTRATION

Available as 20mg, 30mg, 40mg and 50mg tablets
Swallowed whole with water once daily at least one hour before, and at least three hours after any food.
If swallowing of whole tablets is not possible, disperse in approximately 100ml of non-carbonated drinking water. Drop into the water without crushing, and stir occasionally for up to 15 minutes until it is broken up into very small particles. The dispersion should be consumed immediately. The glass should be rinsed with approximately 100ml of water which should also be consumed.

ANTI-EMETICS

Minimal risk

CONCURRENT MEDICATION REQUIRED

Afatinib	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 required

EXTRAVASATION AND TYPE OF LINE / FILTERS

Not applicable

INVESTIGATIONS

Blood results required before SACT administration
FBC, U&E and LFTs every cycle
Creatinine every cycle
Baseline weight and every 3rd cycle
Cardiac monitoring at baseline and periodically for those at risk

MAIN TOXICITES AND ADVERSE REACTIONS

Afatinib	Skin rash – initial rash may be severe. If infected may require oral antibiotics 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.

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

Afatinib	-

DOSE MODIFICATIONS
Non-haematological
Any patient with a grade 3 or 4 toxicity not controlled by optimum supportive care will require a dose reduction as per the table below.

Level	Afatinib dose
Increased Dose	50mg daily
Starting Dose	40mg daily
1st Reduction	30mg daily
2nd Reduction	20mg daily
3rd reduction	discontinue

Bullous, blistering and exfoliative skin conditions can occur and treatment should be interrupted or discontinued if severe.
Treatment with afatinib must be interrupted and dose reduced in the event of any grade 3 rash, grade 2 rash lasting more than 7 days or intolerable grade 2 rash.

Hepatic impairment
Afatinib
Child-Pugh scores are based on ascites, encephalopathy, INR, albumin, total bilirubin
Use of afatinib in patients with severe (Child Pugh C) hepatic impairment is not recommended due to insufficient data.
Raised transaminases may occur after starting treatment. Generally these elevations are transient and do not require interruption of afatinib.

Renal impairment
Afatinib

CrCl ≥15ml/min	give 100% dose
CrCl <15ml/min	not recommended

REFERENCES
1. Sequist, L et al; JCO 2013; 31 (27): 3327-3334
2. Rash advice adapted from HER1/EGFR Inhibitor Rash Management Forum, 2005
3. Alexandrescu, D et al; Clinical and Experimental Dermatology 2006; 32: 71–74
4. Talsania, T et al; Clinical and Experimental Dermatology 2008; 33 (1): 108