SORAFENIB

INDICATION (ICD10) C22, C73

Check the most recent Blueteq eligibility criteria before prescribing. Blueteq registration required. (www.england.nhs.uk/publication/national-cancer-drugs-fund-list/) (SOR2) (SOR3)

1. Monotherapy for the first line treatment of Child-Pugh A locally advanced or metastatic **hepatocellular** carcinoma that is ineligible for or failed surgical or locoregional therapies. PS 0, 1 or 2. (TA474)
2. The treatment of metastatic or inoperable locally advanced disease differentiated **thyroid** cancer, naïve to both lenvatinib and sorafenib refractory to radioactive iodine. PS 0, 1 or 2. (TA535)

REGIMEN

SORAFENIB 400mg orally twice daily

CYCLE FREQUENCY AND NUMBER OF CYCLES

Continuously until disease progression.
A formal medical review as to whether treatment with sorafenib should continue or not will be scheduled to occur at least by the end of the first 8 weeks of treatment.

ADMINISTRATION

Available as 200mg tablets
Swallowed whole with water without food or after a low or moderate fat meal. (If the patient intends to have a high-fat meal, sorafenib should be taken at least 1 hour before or 2 hours after the meal)

ANTI-EMETIC

Minimal emetic risk

CONCURRENT MEDICATION REQUIRED

Sorafenib	-

EXTRAVASATION AND TYPE OF LINE / FILTERS

Not applicable

INVESTIGATIONS

Blood results required before SACT administration
FBC and U&E every cycle
LFTs every cycle
Neutrophils x 10^9/L ≥1.0
Platelets x 10^9/L ≥60
Creatinine every cycle
Blood pressure every cycle
ECGs if on concomitant drugs that cause QT prolongation or electrolyte disturbances
Baseline weight and every cycle

MAIN TOXICITES AND ADVERSE REACTIONS

Sorafenib	Diarrhoea Electrolyte disturbances Gastrointestinal perforation Haemorrhage Hypertension Mucositis QT prolongation Skin reactions– apply moisturizer to hands and feet regularly

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

Sorafenib	Agents that prolong QT interval – avoid Agents that cause hypokalaemia, may increase risk of torsades de pointes.

DOSE MODIFICATIONS

Hepatocelulluar carcinoma - when initial dose reduction is necessary the dose should be reduced to 400mg sorafenib once daily.
Differentiated thyroid cancer - when initial dose reduction is necessary the dose should be reduced to 600mg sorafenib in divided doses (400mg and 200mg twelve hours apart).

If additional dose reduction is necessary, the dose may be reduced to 400mg sorafenib daily in divided doses (200mg twelve hours apart), and if necessary further reduced to 200mg once daily. After improvement of non-haematological adverse reactions, the dose of sorafenib may be increased.

Haematological

An increased risk of bleeding may occur while on sorafenib. Discontinue sorafenib if any bleeding event requires medical intervention.

Hepatic impairment

Sorafenib
No dose adjustment is required in patients with Child Pugh A or B (mild to moderate) hepatic impairment.
No data is available on patients with Child Pugh C (severe) hepatic impairment. Since sorafenib is mainly eliminated via the hepatic route exposure might be increased in patients with severe hepatic impairment

Renal impairment

Sorafenib
No dose adjustments are required in mild, moderate or severe renal impairment. There is currently no safety data on patients requiring dialysis.
Monitoring of fluid balance and electrolytes in patients at risk of renal dysfunction is advised.

REFERENCES

1. Llovet, JM et al; NEJM 2008; 359 (4): 378–390