### TRIFLURIDINE/TIPIRICIL (LONSURF®) FOR COLORECTAL CANCER

**Cumbria, Northumberland, Tyne & Wear Area Team**

### DRUG ADMINISTRATION SCHEDULE

<table>
<thead>
<tr>
<th>Drug</th>
<th>Days</th>
<th>Daily Dose</th>
<th>Route</th>
<th>Diluent</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trifluridine/Tipiricil</td>
<td>1 to 5 and 8 to 12</td>
<td>35 mg/m² Twice Daily *</td>
<td>Oral</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### DOSE FORM

Lonsurf is supplied as tablets containing either 15 mg /6.14 mg film or 20 mg/8.19 mg of trifluridine and tipiracil (as hydrochloride) respectively.

### DOSING CALCULATIONS

Table dose is calculated based on the trifluridine dose and must be rounded to the nearest 5 mg dose band and supplied as a mix of 15 and 20mg tablets The dosage must not exceed 80 mg/dose.

### CYCLE LENGTH AND NUMBER OF DAYS

Given every 28 days until disease progression

### APPROVED INDICATIONS

As a third or subsequent Line therapy for treating metastatic colorectal cancer

- in adults who have had previous treatment with available therapies including fluoropyrimidine-, oxaliplatin- or irinotecan-based chemotherapies, anti-vascular endothelial growth factor (VEGF) agents and anti-epidermal growth factor receptor (EGFR) agents, or when these therapies are not suitable
- only when the company provides trifluridine–tipiracil hydrochloride with the discount agreed in the patient access scheme.

### ELIGIBILITY CRITERIA

18 years of age or older
Adequate renal function (CrCl >30ml/min) and Liver function
Performance status of 0 or 1

### EXCLUSION CRITERIA

Patients incapable of managing oral chemotherapy themselves or with the assistance of a carer, e.g. patients with swallowing difficulties

### PREMEDICATION

None recommended, Metoclopramide if needed after cycle 1.
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RECOMMENDED TAKE HOME MEDICATION

Metoclopramide 10mg three times daily as required
Loperamide 2mg as required

CRITICAL TESTS / MONITORING REQUIRED

Pre treatment: Assessment of renal function, FBC, Cardiac history, FBC, U&E’s, LFT’s and tumour markers as appropriate
FBC, U&E’s and LFT’s prior to each cycle

ASSESSMENT OF RESPONSE

CT scan after 2 cycles then every 2-3 cycles or in response to symptoms

REVIEW BY CLINICIAN

Reviewed by either a Nurse, Pharmacist or Clinician during treatment.

ADMINISTRATION NOTES

- Advise patients to take twice a day within one hour of eating your morning and evening meal take with a glass of water.
- The dosing schedule is easiest to remember if patients take it Monday to Friday with weekend off, though it does not have to follow this pattern.
- It is recommend that patients are reviewed (telephone or face to face after day 5 of first cycle)

TOXICITIES

- neutropenia
- nausea
- Diarrhoea
- fatigue
- anaemia
- leukopenia.

EXTRAVASATION NOT APPLICABLE ORAL THERAPY

DOSE MODIFICATION / TREATMENT DELAYS:

A maximum of 3 dose reductions are permitted to a minimum dose of 20 mg/m² twice daily, i.e. dose reduce firstly to 30 mg/m² then to 25mg/m² then to 20mg/m². Dose escalation is not permitted after it has been reduced.

Non-Haematological Toxicity

Grade 3 or Grade 4 adverse reaction; except for Grade 3 nausea and/or vomiting controlled by antiemetic therapy or diarrhoea responsive to antidiarrhoeal medicines. Dose reduce to next dosing level, do not increase dose. If toxicity not resolved dose reduce further.
Haematological Toxicity

<table>
<thead>
<tr>
<th>Adverse reaction</th>
<th>Recommended dose modifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Febrile neutropenia</td>
<td>Interrupt dosing until toxicity resolves to Grade 1 or baseline.</td>
</tr>
<tr>
<td>Grade 4 neutropenia (&lt; 0.5 x 10^9/L) or thrombocytopenia (&lt; 25 x 10^9/L) that results in more than 1 week's delay in start of next cycle</td>
<td>Resume dosing when neutrophils ≥ 1.5 x 10^9/L and dose reduce by 5 mg/m^2 from the previous dose level</td>
</tr>
<tr>
<td>Platelets&lt; 50 x 10^9/L dose interrupt</td>
<td>Resuming dosing when Platelets≥ 75 x 10^9/L and dose reduce by 5 mg/m^2 from the previous dose level</td>
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</tbody>
</table>

Renal Impairment
No adjustment of the starting dose is recommended in patients with mild or moderate renal impairment but not recommended in patients with severe renal impairment or end stage renal disease.

Hepatic impairment
No adjustment of the starting dose is recommended in patients with mild hepatic impairment, but not recommended in patients with moderate or severe hepatic impairment.

TREATMENT LOCATION
Cancer Centre or Cancer Unit

REFERENCES:

Document Control

<table>
<thead>
<tr>
<th>Document Title:</th>
<th>Trifluridine+Tipiracil -Lonsurf CNTW-protocol-CRP16-CR019 V1.1</th>
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<tbody>
<tr>
<td>Document No:</td>
<td>CRP16-CR019</td>
</tr>
<tr>
<td>Author:</td>
<td>Steve Williamson/ Consultant pharmacist, NHS England</td>
</tr>
<tr>
<td>Date Approved:</td>
<td>12/08/16</td>
</tr>
<tr>
<td>Approved by:</td>
<td>Denise Blake, Pharmacist NUTH</td>
</tr>
<tr>
<td>Due for Review</td>
<td>(3 year review)</td>
</tr>
<tr>
<td>Due:</td>
<td>12/08/19</td>
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<tr>
<td>Summary of Changes</td>
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