SUNITINIB (SUTENT®) for NET of pancreatic origin (pNET)

NHS Northern Cancer Alliance

DRUG ADMINISTRATION SCHEDULE

Day	Cycle length	Drug	Daily Dose	Route	Schedule
Days 1 to 28	4 weeks	**Sunitinib***	37.5mg	Oral	ONCE daily

***Note: unlike most other sunitinib protocols this is a continuous treatment at a lower dose.**

Presented as 12.5mg, 25mg and 50mg Hard Capsules

NUMBER OF DAYS PER CYCLE
One 37.5mg dose orally, taken daily continuously (without a treatment free period)

APPROVED INDICATIONS
NICE TA 449
Sunitinib is recommended, within its marketing authorisation, as an option for treating well- or moderately differentiated unresectable or metastatic neuroendocrine tumours (NETs) of pancreatic origin in adults with progressive disease.

MONITORING
Blood Pressure: Weekly or twice weekly during the first 6 weeks of treatment (via GP Surgery), then reduced accordingly.
Thyroid Function: Prior to each cycle of sunitinib
FBC, U&E's, LFT's & tumour markers as appropriate prior to each course of chemotherapy.
Scan after 2 cycles

REVIEW BY CLINICIAN
Day 1, Day 14 of First Cycle; Then Day 1 of all other cycles.

NURSE / PHARMACIST LED REVIEW
Each cycle as applicable according to local protocols

ANTI-EMETICS and SUPPORTIVE MEDICINES
Metoclopramide 10mg three to four times a day as required
Loperamide 2mg prn (max 16mg in 24 hours) for diarrhoea as required
Emollients (for skin rash) as required
Suggested antiemetic regimen - may vary with local practice. See CINV policy for more details

REGIMEN SPECIFIC PRECAUTIONS
- Diarrhoea
- Fatigue
- Nausea & vomiting
- Myelosuppression
- Hypertension
- Left Ventricular Dysfunction
- Hypothyroidism
- Yellow discolouration of urine and skin
- Risk of treatment-related tumour haemorrhage

Use with caution in patients with pre-existing uncontrolled hypertension, left ventricular dysfunction or arrhythmias or in patients taking concomitant drugs with arrhythmic potential.

NOTES

Drugs that are CYP3A4 inhibitors such as ketoconazole, and to a lesser extent itraconazole, erythromycin, clarithromycin and grapefruit juice may decrease metabolism and increase sunitinib plasma concentrations and should be avoided if possible. The dose of sunitinib may be decreased to 37.5 mg in the presence of strong CYP3A4 inhibitors.
Drugs that are CYP3A4 inducers such as rifampicin and to a lesser extent dexamethasone, phenytoin, carbamazepine, phenobarbital or *Hypericum perforatum* (St John's Wort) may increase metabolism and decrease sunitinib plasma concentrations and should be avoided if possible. The dose of sunitinib may be titrated up to 87.5 mg in the presence of strong enzyme inducers in mRCC and GIST.
Sunitinib may be taken with or without food.

DOSE MODIFICATION

All dose modifications must be made by an oncology specialist.

No adjustment for renal function is required – adjustments should be made based on toxicity.
No adjustment for mild – moderate hepatic impairment is required.

Haematological toxicity

Dose delay: If ANC < 1.0 or Platelets < 75 until counts recovered

Non-Haematological Toxicity, e.g. Diarrhoea, Skin Rash

CTC grade 0 - 1	No change.
CTC grade 2	Therapy withheld until toxicity resolves to grade 1. No change in subsequent dose.
CTC grade 3 - 4	Therapy withheld until toxicity resolves to grade 1. Decrease subsequent dose to 37.5mg. Dose reduction maintained for ongoing cycle and remainder of therapy.

REFERENCES:

1. Pfizer. Summary of Product Characteristics – Sutent®. Last updated November 2016.
2. NICE, TA449 Everolimus and sunitinib for treating unresectable or metastatic neuroendocrine tumours in people with progressive disease, 28 June 2017, https://www.nice.org.uk/guidance/ta449
3. P. Niccoli et al. Updated safety and efficacy results of the phase III trial of sunitinib (SU) versus placebo (PBO) for treatment of pancreatic neuroendocrine tumors (J Clin Oncol 28:15s, 2010 (suppl; abstr 4000) ET).

DOCUMENT CONTROL

Document Title:	SUNITINIB (SUTENT®) for NET of pancreatic origin (pNET)		
Document No:	CRP11 UGI012	**Current Version:**	1.4
Reviewer:	Chris Beck – Chemo Pharmacist NCA	**Date Approved:**	13.03.2018
Approved by:	Steve Williamson Consultant Pharmacist Northern Cancer Alliance	**Due for Review:**	13.03.2021
Summary of Changes	1.1	Protocol reviewed	
	1.2	Updated to reflect NHS England amendments	
	1.3	Protocol reviewed	
	1.4	Updated against Chemocare protocol.	