eriBULin Monotherapy

INDICATIONS FOR USE:

INDICATION	ICD10	Regimen Code	HSE approved reimbursement status*
Treatment of locally advanced or metastatic breast cancer which has progressed after at least one chemotherapeutic regimens for advanced disease. Prior therapy should have included an anthracycline and a taxane in either the adjuvant or metastatic setting unless patients were not suitable for these treatments.	C50	00228a	ODMS 01/01/2014
Treatment of adult patients with unresectable liposarcoma who have received prior anthracycline containing therapy (unless unsuitable) for advanced or metastatic disease.	C49	00228b	N/A

* This is for post 2012 indications only.

TREATMENT:

The starting dose of the drugs detailed below may be adjusted downward by the prescribing clinician, using their independent medical judgement, to consider each patients individual clinical circumstances.

eriBULin is administered on day 1 and day 8 of a 21 day cycle until disease progression or unacceptable toxicity occurs.

Facilities to treat anaphylaxis MUST be present when systemic anti-cancer therapy (SACT) is administered.

Day	Drug	Dose	Route	Diluent & Rate	Cycle
1 and 8	[a, b, c] eriBULin	1.23mg/m^2	IV infusion	[d, e] 50mL 0.9% sodium chloride over 5 minutes	Repeat every 21 days

[a]Note: Breast cancer - eriBULIn may be used in combination with trastuzumab therapy (Ref NCCP Regimen 00200 Trastuzumab (IV) Monotherapy -21 days).

[b]In the EU the recommended dose refers to the base of the active substance (eriBULin).
Calculation of the individual dose to be administered to a patient must be based on the strength of the ready to use solution that contains 0.44 mg/mL eriBULin and the dose recommendation of 1.23 mg/m^2.

The dose reduction recommendations shown below (Table 1, 2 and 3) are also shown as the dose of eriBULin to be administered based on the strength of the ready to use solution.

[c]In the EMBRACE trial and other trials, the corresponding publications and in some other regions e.g. the US and Switzerland, the recommended dose is based on the salt form (eriBULin mesylate). The equivalent dose of eriBULin mesylate is 1.4mg/m^2.

[d]eriBULin should not be diluted in 5% glucose.

[e]Final dose concentration should be 0.018 - 0.18mg/mL.

ELIGIBILITY:

- Indications as above
- ECOG 0-2
- Platelets > 100 x 10^9/L and ANC ≥ 1.5x10^9/L

EXCLUSIONS:

- Hypersensitivity to eriBULin or to any of the excipients
- Breast feeding
- Congenital long QT syndrome
- Significant cardiovascular impairment

PRESCRIPTIVE AUTHORITY:

- The treatment plan must be initiated by a Consultant Medical Oncologist.

TESTS:

Baseline tests:

- FBC, renal and liver profile
- ECG monitoring if therapy initiated in patients with congestive heart failure, bradyarrhythmias, medicinal products known to prolong the QT interval, including Class Ia and III antiarrhythmics, and electrolyte abnormalities

Regular tests:

- FBC, renal and liver profile at the start of each cycle
- ECG monitoring if clinically indicated as above

Disease monitoring:

Disease monitoring should be in line with the patient's treatment plan and any other test/s as directed by the supervising Consultant.

DOSE MODIFICATIONS:

- Any dose modification should be discussed with a Consultant
- The administration of eriBULin should be delayed on day 1 or day 8 for any of the following:
    - ANC < 1 x 10^9/L
    - Platelets < 75 x 10^9/L
    - Grade 3 or 4 non-haematological toxicities

Thereafter the dose modifications in Table 1 apply.

Haematological:

Table 1: Dose modification of eriBULin in haematological toxicity

ANC (x10^9/L)	Dose
< 0.5 lasting > 7 days	0.97mg/m^2
< 1 complicated by fever or infection	
Platelets (x10^9/L)	
< 25	
< 50 complicated by haemorrhage or requiring blood or platelet transfusion	
Reoccurrence of any haematological adverse reactions as specified above	
Despite reduction to 0.97mg/m^2	0.62mg/m^2
Despite reduction to 0.62mg/m^2	Consider discontinuation
Do not re-escalate the eriBULin dose after it has been reduced.	

Renal and Hepatic Impairment:

Table 2: Dose modification of eriBULin in renal and hepatic impairment

Drug	Renal Impairment		Hepatic Impairment	
eriBULin[a]	**CrCl (mL/min)**	**Dose**		**Dose**
	> 50	No dose adjustment is needed	Child-Pugh A[b]	80% of the original dose
	< 50	80% of the original dose	Child-Pugh B[b]	50% of the original dose
	Haemodialysis:	80% of the original dose may be considered	Child-Pugh C[b]	Not recommended

[a] erBULin (renal and hepatic Giraud et al 2023)
[b] To note: Child-Pugh score applies to cirrhotic patients, attention should also be given to increased LFTs

Management of adverse events:

Table 3: Dose Modification of eriBULin for Adverse Events

Adverse reactions	Recommended dose modification
Grade 3 or 4 non-haematological toxicity in previous cycle.	Reduce dose from 1.23mg/m^2 to 0.97mg/m^2. If there is any reoccurrence despite the dose reduction, reduce dose further to 0.62mg/m^2. If there is any reoccurrence despite dose reduction to 0.62mg/m^2, consider discontinuation. Do not re-escalate the eriBULin dose after it has been reduced.

SUPPORTIVE CARE:

EMETOGENIC POTENTIAL:

As outlined in NCCP Classification Document for Systemic Anti-Cancer Therapy (SACT) Induced Nausea and Vomiting linked here

eriBULin: Low **(Refer to local policy).**

For information:
Within NCIS regimens, anti-emetics have been standardised by Medical Oncologists and Haemato-oncologist and information is available in the following documents:

- NCCP Supportive Care Antiemetic Medicines for **Inclusion in NCIS** (Medical Oncology) - link here
- NCCP Supportive Care Antiemetic Medicines for **Inclusion in NCIS** (Haemato-oncology) link here

PREMEDICATIONS: Not usually required OTHER SUPPORTIVE CARE:

- Severe neutropenia may be managed by the use of G-CSF
- eriBULin may cause adverse reactions such as tiredness and dizziness which may lead to a minor or moderate influence on the ability to drive or use machines. Patients should be advised not to drive or use machines if they feel tired or dizzy

ADVERSE EFFECTS:

The adverse effects listed are not exhaustive. Please refer to the relevant Summary of Product Characteristics for full details.

DRUG INTERACTIONS:

- Current drug interaction databases and relevant drug SmPCs should be consulted for more information.

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Version	Date	Amendment	Approved By
1	20/12/13		Dr Cathy Kelly
2	15/9/15	Update of dose modification in renal impairment as per change to SmPC	Dr Maccon Keane
3	4/11/15	Update of indication based on change to SmPC to allow treatment after one previous chemotherapeutic regimen	Dr Maccon Keane
4	15/11/17	Applied new NCCP regimen template, Updated Title and included equivalent dose of eriBULin mesylate	Prof Maccon Keane
5	22/5/19	Standardisation of treatment table. Update on use of eriBULin with trastuzumab. Updated adverse effects/ regimen specific complications as per update in SmPC for QT prolongation.	Prof Maccon Keane
6	28/04/21	Reviewed. Amended Management of adverse effects (Table 3), updated drug interactions.	Prof Maccon Keane
7	02/12/22	Amended infusion volume	Prof Maccon Keane
8	26/06/2024	Addition of new sarcoma indication. Updated footnotes. Added to Exclusions. Updated renal and hepatic recommendations. Updated adverse effects, regimen specific complications and drug interaction sections as per NCCP standardisation.	Prof Maccon Keane

Comments and feedback welcome at oncologydrugs@cancercontrol.ie.