Rucaparib

Indication

1. For pts in response after 1st line platinum-based chemotherapy if either BRCA negative and HRD positive or if BRCA negative and HRD unknown/negative but not suitable for Bevacizumab because either don't fulfil funding criteria or contraindicated / not tolerated
2. For pts in response after second or subsequent line of platinum chemotherapy

Regimen details

Rucaparib 600mg BD orally

Cycle frequency

Continuous treatment, dispense every 28 days

Number of cycles

Until disease progression or unacceptable toxicity

Administration

Rucaparib is available as 200mg, 250mg and 300mg tablets. The doses should be taken approximately 12 hours apart and tablets should be swallowed whole with water and should not be crushed or chewed. They may be taken with or without food. If a dose is missed, it should be omitted and the next dose taken as planned. If a patient vomits after taking the dose they should not retake the dose and should take the next scheduled dose as planned

Pre-medication

None

Emetogenicity

Minimal

Additional supportive medication

Dispense metoclopramide with first cycle

Extravasation

N/A

Investigations – pre first cycle

Standard pre-SACT tests plus CA 125

Investigations –pre subsequent cycles

FBC, U+E (including creatinine), LFT (including AST)

Standard limits for administration to go ahead

If blood results not within range, authorisation to administer **must** be given by prescriber/ consultant.

Investigation	**Limit**
Neutrophil count	≥ 1.5 x 10^9/L
Platelet count	≥ 100 x 10^9/L
Creatinine clearance	≥ 30mL/min
Bilirubin	≤ 1.5 x ULN
AST	< 3 x ULN

Dose modifications

Neutrophils <1.5 – Withhold rucaparib and check FBC weekly. Restart when neuts recovered to >1.5. Consider dose reduction if recovery takes more than 1 week or complicated neutropenia

Platelets <100 – Withhold rucaparib and check FBC weekly. Restart when platelets >100. Consider dose reduction if recovery takes more than 1 week.

Haemoglobin <80 – Withhold rucaparib and check FBC weekly. Restart when recovers to grade 2 or better. Consider dose reduction if recovery takes more than 1 week

Treatment interruption for more than 14 days – consider dose reduction or discontinuation

Grade 3 raised AST/ALT without other signs of liver dysfunction – Monitor LFTs weekly until resolution to Grade 2. Continue rucaparib provided bilirubin is less than ULN and Alk Phos <3 times ULN.
If AST/ALT levels don't decline within 2 weeks then interrupt rucaparib until AST/ALT improve to grade 2 and then resume at same or reduced dose.

Grade 4 raised AST/ALT – Interrupt rucaparib until values return to grade 2. Then resume rucaparib at reduced dose and monitor LFTs weekly for 3 weeks.

Other grade 3 or 4 non-haematological toxicities – treatment delays and dose reductions as per treating clinician

Dose Modifications

Starting dose – 600mg twice daily
1st dose reduction – 500mg twice daily
2nd dose reduction – 400mg twice daily
3rd dose reduction – 300mg twice daily

Adverse effects - for full details consult product literature/ reference texts

Anaemia
Neutropenia
Thrombocytopenia
Nausea / Vomiting
Dysgeusia
Diarrhoea
Lethargy
Headache
Photosensitivity
Deranged liver function
Myelodysplastic syndroms (MDS) and AML

Significant drug interactions – for full details consult product literature/ reference texts

Caution if concomitant use of **strong CYP3A4 inhibitors or inducers.**

Caution if concomitant use of **strong inhibitors of P-gp.**

If concomitant use of **medicinal products metabolized by CYP1A2**, particularly medicines which have a narrow therapeutic index (e.g., tizanidine, theophylline), dose adjustments may be considered.

If concomitant use of **medicinal products that are CYP2C9 substrates with a narrow therapeutic index** (e.g., warfarin, phenytoin), dose adjustments may be considered, if clinically indicated.
Warfarin: monitor INR closely
Phenytoin: therapeutic drug level monitoring required.

Caution if concomitant use of **medicinal products that are CYP3A substrates with a narrow therapeutic index** (e.g., alfentanil, cyclosporin, dihydroergotamine, ergotamine, fentanyl, quinidine, sirolimus, tacrolimus).

Interactions between rucaparib and **oral contraceptives** have not been studied.

Rucaparib has potential to increase **metformin** renal elimination and decrease liver uptake of metformin, caution is advised when metformin is co-administered.

Caution if concomitant use of **BCRP substrates** (e.g., rosuvastatin).

Additional comments

Women of childbearing potential must use effective contraception during therapy and for 6 months after last dose.

References

Rucaparib SPC: https://www.medicines.org.uk/emc/product/14969/smpc Accessed 21st March 2025

THIS PROTOCOL HAS BEEN DIRECTED BY DR MOON, CONSULTANT ONCOLOGIST

RESPONSIBILITY FOR THIS PROTOCOL LIES WITH THE HEAD OF SERVICE

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