Lancashire & South Cumbria Cancer Network
Systemic Anticancer Treatment Protocol

DRUG REGIMEN
Cabozantinib

Indication for use
Treatment of advanced renal cell carcinoma (RCC):

- In treatment-naïve adults with intermediate or poor risk
- In adults following prior vascular endothelial growth factor (VEGF)-targeted therapy

Regimen
Cabozantinib 60mg orally daily

Continuous treatment - dispense monthly

Treatment should continue for as long as clinical benefit is observed or unacceptable toxicity occurs

Caution
Concomitant strong inhibitors of CYP3A4 should be used with caution, chronic use of concomitant strong inducers of CYP3A4 should be avoided
Mild or moderate renal impairment (not recommended in severe renal impairment)
Mild or moderate hepatic impairment (reduce dose to 40mg daily, monitor closely for adverse events, not recommended in severe hepatic impairment)
Inflammatory bowel disease, tumour infiltrating the GI tract or complications from prior surgery
Risk or prior history of VTE
Risk of haemorrhage
Wound healing complications
Recent dental surgery
Uncontrolled hypertension
Pre-existing cardiac disease or treatment with antiarrhythmics

Investigation prior to initiating treatment
Investigations
- Blood pressure
- CT scan within last 4 weeks
- Baseline ECG
- FBC, U&E, LFT, TFT

Gain informed consent
Give information sheet to patient

Investigations and consultations prior to each cycle
FBC, U&Es, LFTs, TFT, Magnesium, Blood pressure

Acceptable levels for treatment to proceed (if outside these levels defer one week or contact consultant)
Proceed providing the following criteria are met:
Hb > 8g/dl
WCC >2 $x10^9$/l
Neut >1.0 $x10^9$/l
Plts >100 $x10^9$/l
Creatinine <200µmol/l
AST < 3 x ULN
Bilirubin <35µmol/l
Corrected QT interval <480 milliseconds
BP <150/90

Side Effects
The most common serious adverse reactions associated with cabozantinib are pneumonia, mucosal inflammation, hypocalcaemia, dysphagia, dehydration, pulmonary embolism, and hypertension. The most frequent adverse reactions of any grade (experienced by at least 20% of patients) included diarrhoea, PPES, weight decreased, decreased appetite, nausea, fatigue, dysgeusia, hair colour changes, hypertension, stomatitis, constipation, vomiting, mucosal inflammation, asthenia, and dysphonia.

The most common laboratory abnormalities were increased aspartate aminotransferase (AST), increased alanine aminotransferase (ALT), increased alkaline phosphatase (ALP), lymphopenia, hypocalcaemia, neutropenia, thrombocytopenia, hypophosphataemia, hyperbilirubinemia, hypomagnesaemia, and hypokalaemia.

Dose Modification Criteria

Dose interruptions are recommended for management of CTCAE grade 3 or greater toxicities or intolerable grade 2 toxicities

Dose reductions are recommended for events that, if persistent, could become serious or intolerable

If required, doses should be reduced to 40mg daily then 20mg daily.

Specific Information on Administration

Tablets should be swallowed whole and not crushed, patients should not eat anything for at least 2 hours before and 1 hours after

If the patient misses a dose, the missed dose should not be taken if it is less than 12 hours before the next dose

THIS PROTOCOL HAS BEEN DIRECTED BY DR PARIKH, DESIGNATED LEAD CLINICIAN FOR KIDNEY CANCER

RESPONSIBILITY FOR THIS PROTOCOL LIES WITH THE HEAD OF SERVICE

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