CHEMOTHERAPY PROTOCOL
Systemic Anti-Cancer Treatment At Home Nurse Handbook

FULVESTRANT PROTOCOL

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Consultation:

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Version History:

Date	Version	Author name and designation	Summary of main changes
Jan 2016	1.0	Frances Lawton - Project Manager; Chemotherapy Directorate	First version.
Jan 2019	1.1	Dorothy Probert- Manager Clatterbridge in The Community	No changes made

Approved for use in

Fulvestrant is indicated for the treatment of postmenopausal women with oestrogen receptor positive, locally advanced or metastatic breast cancer for disease relapse on or after adjuvant anti-oestrogen therapy, or disease progression on therapy with an anti-oestrogen.

Dosage

Drug	Dosage	Frequency
Fulvestrant	500mg	Every 28 days (with an additional dose given 2 weeks after the initial dose)

Due to the intramuscular route of administration, fulvestrant should be used with caution if treating patients with bleeding diatheses, thrombocytopenia or those taking anticoagulant treatment.

Supportive Treatments

None

Extravasation risk

None as given intramuscularly

Administration

Day	Drug	Dose	Route
1	Fulvestrant	250mg	Two consecutive 5 ml injections by slow intramuscular injection (1-2 minutes/injection), one in each buttock).

Considerations

- Provided in a pre-filled syringe.
- Check LFTs and if not within normal range before administration. obtain medical advice

Main Toxicities

Fulvestrant
Urinary tract infections, hypersensitivity reactions, anorexia, headache, venous thromboembolism, hot flushes, increased hepatic enzymes (ALT, AST, ALP), elevated bilirubin, rash, asthenia, injection site pain and tenderness which usually settles within a few days, back pain, nausea, vomiting, diarrhoea.

Investigations

- FBC prior to each dose, to be administered if platelets > 75 x 10^9/L
- U and Es / LFTs prior to each dose
- If U and Es / LFT are not in normal range before administration please obtain medical advice

Medical review

Individual basis as per Consultant direction

Nurse led review

Nurse review at each cycle including completion of the metastatic checklist for patients with advanced disease. If unacceptable toxicity, decline in performance status during treatment or intercurrent problems occur do not give the medicine before obtaining medical advice and refer back for medical review.

Dose Modification

Dose reduction schedule
Dose reductions are not used to manage toxicity

Hepatic Impairment

Fulvestrant
No dose adjustments are recommended for patients with mild to moderate hepatic impairment. However, as fulvestrant exposure may be increased, Faslodex should be used with caution in these patients. There are no data in patients with severe hepatic impairment

Renal Impairment

Fulvestrant
No dose adjustments are recommended for patients with mild to moderate renal impairment (creatinine clearance ≥ 30 ml/min). Safety and efficacy have not been evaluated in patients with severe renal impairment (creatinine clearance < 30 ml/min), and, therefore, caution is recommended in these patients.

Hypersensitivity

Fulvestrant
Hypersensitivity reactions are common and should be managed as per The Clatterbridge Cancer Centre protocol Injection site reactions are common.

References:

BNF 68

Fulvestrant SPC