Systemic Anti Cancer Treatment Protocol

Rucaparib
Rucaparib Access Programme (RAP)
Gynaecological Cancer

PROTOCOL REF: MPHARAPGY
(Version No: 1.1)

Approved for use in:

Platinum sensitive recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer, and have completed at least two previous lines of platinum containing chemotherapy and are in response (complete or partial) to the most recent platinum-based chemotherapy and need **MAINTENANCE** therapy

OR

Relapsed or progressive, BRCA mutated (germline and/or somatic), high grade epithelial ovarian, fallopian tube, or primary peritoneal cancer, that has been treated with two or more prior lines of platinum based chemotherapy and is platinum sensitive but the patient is unable to tolerate further platinum chemotherapy, or is platinum resistant and need **TREATMENT**.

Dosage:

Drug	Dosage	Route	Frequency
Rucaparib	600mg	PO	TWICE a day, until disease progression or unacceptable toxicity

Treatment will be supplied every 28 days, each capsule contains 300mg.

Supportive treatments:

Domperidone 10mg oral tablets, up to 3 times a day or as required

Extravasation risk:

Not applicable - Oral agent

Administration:

Patients can take rucaparib with or without food TWICE daily. Tablets must be swallowed whole.

Not to be used in pregnant or breast-feeding women. For patients of child-bearing potential, ensure appropriate contraception is discussed and used for 6 months after receiving the last dose of rucaparib.

Interactions:

Rucaparib has a minimal likelihood of drug interactions

Main Toxicities:

Rucaparib	
Haematological toxicity	Very common - anaemia, neutropenia and thrombocytopenia
Gastrointestinal disorders	Very common- nausea, vomiting, constipation, abdominal pain, diarrhea, dyspepsia
General disorders	Very common – fatigue/asthenia, dizziness, headache, back pain, peripheral edema, pyrexia, upper respiratory tract infections, insomnia, pruritus, rash
ALT and AST	Rucaparib can increase these liver enzymes in approximately 1 in 3 patients
Embryo-foetal toxicity	Rucaparib should not be used during pregnancy and in women of childbearing potential not using reliable contraception during therapy and for 6 months after receiving the last dose of rucaparib.
Myelodysplastic Syndrome (MDS)/Acute Myeloid Leukemia (AML)	Occurred in 0.5% of patients in clinical trials taking Rucaparib. Monitor patients for signs of weakness, fatigue, fever, weight loss, infections, bleeding/bruising, breathlessness and haematological toxicities.

Investigations:

	Pre	Cycle 1				Cycle 2	Cycle 3	Cycle 4	Ongoing
		D1	D8	D15	D22				
Medical Assessment	X							X	Every 3 cycles
SACT Assessment	X	X				X	X	X	Every cycle
FBC	X	X	X	X	X	X	X	X	Every cycle
U&E & LFT	X	X				X	X	X	Every cycle
CA125	X	X				X	X	X	Every cycle
CT scan	X								If clinically indicated
Informed Consent	X								
PS recorded	X	X				X	X	X	Every cycle
Toxicities documented	X	X				X	X	X	Every cycle
Weight recorded	X	X				X	X	X	Every cycle

Toxicity Management:

Haematological toxicities

Proceed with treatment if:

Hb $\geq$ 80g/L	ANC $\geq$ 1.0 x 10^9/L	Platelets $\geq$ 100 x 10^9/L

Stop treatment if:

Hb < 80g/L	ANC $\leq$ 0.9 x 10^9/L	Platelets $\leq$ 99 x 10^9/L

- Recheck FBC weekly.
- Treatment should be discontinued and restarted at a reduced dose when toxicity returns to the thresholds above.
- If delayed for more than 28 days to recover, Rucaparib should be discontinued permanently.

Non-haematological toxicities

Treatment must be interrupted for any patient who experiences an intolerable grade 2 or any grade 3 or 4 adverse event using the CTCAE V3/4, treatment can be restarted at a reduced dose when the toxicity returns to grade 1 or less.

Dose Modifications

Dose adjustments	
Initial dose	600mg TWICE daily
First dose reduction	500mg TWICE daily
Second dose reduction	400mg TWICE daily
Third dose reduction	300mg TWICE daily

Bloods should be checked weekly for 4 weeks after each dose modification

Renal and hepatic impairment

Renal impairment
Treatment can be administered in patients with mild or moderate renal impairment (creatinine clearance > 30 mL/min). There is limited data in patients with severe impairment (creatinine clearance < 30 mL/min) therefore; rucaparib is not recommended for use in these patients.

Hepatic impairment
No dose adjustment is needed in patients with mild hepatic impairment (total bilirubin <ULN and AST>ULN, or total bilirubin between 1.0-1.5 times ULN and any AST). The safety of rucaparib in patients with moderate to severe hepatic impairment is unknown and therefore not recommended.

References:

Guidance for Physicians: Rucaparib Access Programme (RAP) Version 1.0, 08/03/18, Clovis Oncology