

Systemic Anti Cancer Treatment Protocol

**Niraparib
Early Access Programme (EAP)
Gynaecological Cancer**

**PROTOCOL REF: MPHANIRGY
(Version No: 1.1)**

Approved for use in:

Women with recurrent platinum-sensitive epithelial ovarian, fallopian tube, or primary peritoneal cancer following a complete or partial response to platinum-based chemotherapy where an alternative therapeutic option is not available and do not qualify for existing clinical trials.

Treatment is to be initiated within 12 weeks of finishing previous course of chemotherapy which must have been platinum-sensitive and for a minimum of 4 cycles.

No exclusion for prior PARP inhibitor treatment.

Dosage:

Drug	Dosage	Route	Frequency
Niraparib	300mg	PO	Once daily at night, until disease progression

Treatment will be supplied every 28 days, each capsule contains 100mg.

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 niraparib with or without food at approximately the same time each day, preferably at night. Capsules 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.

Interactions:

Niraparib has a minimal likelihood of drug interactions

Main Toxicities:

Niraparib	
Haematological toxicity	Very common - anaemia, neutropenia and thrombocytopenia, leukopenia
Gastrointestinal disorders	Very common- nausea, vomiting, constipation, abdominal pain, mucositis, diarrhea, dyspepsia, dry mouth
General disorders	Very common – fatigue/asthenia, decreased appetite, headache, insomnia, urinary tract infections, rash
Hypertension and tachycardia	Common, but can be managed with anti-hypertensives and dose reduction of niraparib. See below.
Embryo-foetal toxicity	Niraparib should not be used during pregnancy and in women of childbearing potential not using reliable contraception during therapy and for 1 month after receiving the last dose of niraparib.
Myelodysplastic Syndrome (MDS)/Acute Myeloid Leukemia (AML)	Occurred in 0.9% of patients in clinical trials taking Niraparib. Monitor patients for signs of weakness, fatigue, fever, weight loss, infections, bleeding/bruising, breathlessness and haematological toxicities.

Management of hypertension:

Treat patients according to the following NICE guidance and refer follow up monitoring and dose adjustment to the GP. <https://www.nice.org.uk/guidance/CG127>

Investigations:

	Pre	Cycle 1				Cycle 2	Cycle 3	Cycle 4	Cycle 5	Cycle 6	Ongoing
		D1	D8	D15	D22						
Medical Assessment	X							X			Every 3 cycles or as per patients' management plan
SACT Assessment	X			X		X	X	X	X	X	Every cycle
FBC	X	X	X	X	X	X	X	X	X	X	Every cycle for the first 12 months then 3 monthly thereafter
U&E & LFT	X			X		X	X	X	X	X	Every cycle for the first 12 months then 3 monthly thereafter
CA125	X			X		X	X	X	X	X	Every cycle
BP and HR	X			X		X	X	X	X	X	Every cycle for the first 12 months then every 3 monthly thereafter
CT scan	X										If clinically indicated
Informed Consent	X										
PS recorded	X			X		X	X	X	X	X	Every cycle
Toxicities documented	X			X		X	X	X	X	X	Every cycle
Weight recorded	X			X		X	X	X	X	X	Every cycle

Dose Modifications and 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, niraparib 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 adjustments

Initial dose	300mg once daily
First dose reduction	200mg once daily
Second dose reduction	100mg* once daily

*If further dose reduction below 100mg daily is required, discontinue niraparib

FBC needed weekly for 4 weeks after each dose reduction

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; niraparib is not recommended for use in these patients.

Hepatic impairment

No dose adjustment is needed in patients with mild hepatic impairment. The safety of niraparib in patients with moderate to severe hepatic impairment is unknown.

References

Investigator's Brochure: Niraparib Version 6.0, 14/11/16, TESARO

Issue Date: 11 th January 2019 Review Date: January 2022	Page 5 of 5	Protocol reference: MPHANIRGY
Author: Gina Speed	Authorised by: Drug & Therapeutics Committee	Version No: 1.1