Lancashire & South Cumbria Cancer Network
Systemic Anticancer Treatment Protocol

DRUG REGIMEN

Rucaparib

Indications for use

Recurrent platinum-sensitive epithelial ovarian, fallopian tube or primary peritoneal cancer following a complete or partial response to platinum based chemotherapy. See CDF criteria

Regimen

Rucaparib 600mg twice daily
Treatment is given continuously, dispensed 4 weekly
Continue until disease progression or unacceptable toxicity

Investigation prior to initiating treatment

FBC, U&Es, LFTs at baseline and prior to each cycle
Pregnancy test if childbearing potential

Investigations and consultations prior to each cycle

FBC, U&Es, LFTs
Consider CA125 +/- Cross sectional imaging 3 monthly to assess for progression

Cautions

No starting dose adjustment needed for mild or moderate renal impairment. Rucaparib is not recommended in severe renal impairment (CrCl <30ml/min)

No starting dose adjustment needed with mild hepatic impairment. Limited clinical data for moderate to severe hepatic impairment (including bilirubin >1.5 times ULN) therefore rucaparib is not recommended in these patients.

Acceptable levels for treatment to proceed (if outside these levels defer 1 week or discuss with consultant)

ANC >1.5
Platelets >100
Hb >80
Creatinine clearance >30
Bilirubin <1.5 times ULN
ALT/AST < 3.0 times ULN

Dose modification criteria

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

Expected toxicities
Anaemia
Neutropenia
Thrombocytopenia
Nausea / Vomiting
Dysgeusia
Diarrhoea
Lethargy
Headache
Photosensitivity
Deranged liver function

Late toxicities
AML
Myelodysplasia

Specific Information on Administration
Can be taken with or without food
Should be taken as near as possible to 12 hours apart
Should be given an antiemetic initially to manage potential toxicity
If a patient vomits or misses a dose of rucaparib an additional dose should not be taken and the next dose should be taken at the regularly scheduled time.

THIS PROTOCOL HAS BEEN DIRECTED BY DR MOON, CONSULTANT ONCOLOGIST
RESPONSIBILITY FOR THIS PROTOCOL LIES WITH THE HEAD OF SERVICE

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