NHS
North West Coast
Strategic Clinical Networks

Chemotherapy protocol

Drug Regimen
Eribulin

Indications for use
Locally advanced or metastatic breast cancer after at least two chemotherapeutic regimens for advanced disease

Regimen

Eribulin 1.23mg/m^2 IV bolus over 2-5 minutes

To be given on Days 1 and 8 of every 21-day cycle until disease progression or unacceptable toxicity

(NB: the dose quoted in the registration trial is 1.4mg/m^2 eribulin mesylate. However, the licensed dose and the dose to be used is the equivalent 1.23mg/m^2 eribulin base)

Investigations prior to initiating treatment
FBC
U&Es
LFTs
ECG monitoring if therapy initiated in patients with congestive heart failure, bradyarrhythmias, medicinal products known to prolong the QT interval, including Class Ia and III antiarrhythmics, and electrolyte abnormalities

Investigations and consultations prior to each cycle
FBC, LFTs, ECG monitoring in specific patients, as above
Consultation every 2-3 cycles

Acceptable levels for treatment to proceed
Treatment should only be initiated in patients with ANC values ≥ 1.5 x 10^9/l and platelets > 100 x 10^9/l.

Delay on Day 1 or Day 8 for any of the following:

- Absolute neutrophil count (ANC) < 1 x 10^9/l
- Platelets < 75 x 10^9/l
- Grade 3 or 4 non-hematological toxicities.

Side effects
Nausea, vomiting, diarrhoea and constipation
Bone Marrow Suppression
Alopecia
Fatigue
Arthralgia and Myalgia
Peripheral neuropathy
Headache
Decreased appetite

Dose modification criteria

Dose reduction recommendations

Adverse reaction after previous administration	**Recommended dose**
Haematological:	
ANC < 0.5 x 10^9/l lasting more than 7 days	0.97 mg/m^2
ANC < 1 x 10^9/l neutropenia complicated by fever or infection	
Platelets < 25 x 10^9/l thrombocytopenia	
Platelets < 50 x 10^9/l thrombocytopenia complicated by haemorrhage or requiring blood or platelet transfusion	
Non-haematological:	
Any Grade 3 or 4 in the previous cycle	
Reoccurrence of any haematological or non-haematological adverse reactions as specified above	
Despite reduction to 0.97 mg/m^2	0.62 mg/m^2
Despite reduction to 0.62 mg/m^2	Consider discontinuation

Do not re-escalate the eribulin dose after it has been reduced.

Impaired liver function due to metastases:
Recommended dose in patients with mild hepatic impairment (Child-Pugh A) is 0.97 mg/m^2
Recommended dose in patients with moderate hepatic impairment (Child-Pugh B) is 0.62 mg/m^2

Specific information on administration
Nil specified

THIS PROTOCOL HAS BEEN DIRECTED BY DR YOUNG, CLINICIAN FOR BREAST CANCER

RESPONSIBILITY FOR THIS PROTOCOL LIES WITH HEAD OF SERVICE

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