**NCCP Chemotherapy Regimen**

**Pegylated Liposomal DOXOrubicin 50mg/m² (CAELYX) ® 28 days**

**INDICATIONS FOR USE:**

<table>
<thead>
<tr>
<th>INDICATION</th>
<th>ICD10</th>
<th>Regimen Code</th>
<th>*Reimbursement Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monotherapy for patients with metastatic breast cancer.</td>
<td></td>
<td>C50</td>
<td>Hospital</td>
</tr>
<tr>
<td>Treatment of advanced ovarian cancer in women who have failed a first-line platinum-based chemotherapy regimen</td>
<td></td>
<td>C50</td>
<td>Hospital</td>
</tr>
</tbody>
</table>

*If the reimbursement status is not defined, the indication has yet to be assessed through the formal HSE reimbursement process.

**TREATMENT:**

The starting dose of the drugs detailed below may be adjusted downward by the prescribing clinician, using their independent medical judgement, to consider each patient's individual clinical circumstances. Treatment is administered once every 4 weeks for a maximum of 6 cycles or until disease progression or unacceptable toxicity occurs.

<table>
<thead>
<tr>
<th>Day</th>
<th>Drug</th>
<th>Dose</th>
<th>Route</th>
<th>Diluent &amp; Rate</th>
<th>Cycle</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pegylated Liposomal DOXOrubicin (Caelyx)</td>
<td>50mg/m²</td>
<td>IV</td>
<td>250ml glucose 5% at rate of 1mg/min for first cycle (see note)</td>
<td>Repeat every 28 days</td>
</tr>
</tbody>
</table>

*For doses ≥ 90mg, use 500mL infusion bag
Do not use with in-line filters

**NOTE:** If no infusion reaction observed subsequent infusions may be administered over 60min.

For patients who experience an infusion reaction, the method of infusion should be modified as follows: 5% of the total dose should be infused slowly over the first 15 minutes. If tolerated without reaction, the infusion rate may then be doubled for the next 15 minutes. If tolerated, the infusion may then be completed over the next hour for a total infusion time of 90 minutes.

**ELIGIBILITY:**

- Indications as above
- ECOG 0-3
- Adequate haematologic, liver and cardiac function

**EXCLUSIONS:**

- Hypersensitivity to liposomal pegylated DOXOrubicin, peanut, soya or to any of the excipients
- Pre-existing cardiac myopathy or congestive heart failure
- Hepatic dysfunction (see Dose Modifications below)

**PRESCRIPTIVE AUTHORITY:**

The treatment plan must be initiated by a Consultant Medical Oncologist.

---

**NCCP Regimen:** Pegylated Liposomal DOXOrubicin 50mg/m² (CAELYX) ® 28 days

**Published:** 10/02/2014

**Reviewed:** 20/06/2020

**Version number:** 4

**Tumour Group:** Breast/Gynaecology

**Regimen Code:** 00205

**ISMO Contributor:** Prof Maccon Keane

**Page 1 of 5**

The information contained in this document is a statement of consensus of NCCP and ISMO or IHS professionals regarding their views of currently accepted approaches to treatment. Any clinician seeking to apply or consult these documents is expected to use independent medical judgement in the context of individual clinical circumstances to determine any patient's care or treatment. Use of these documents is the responsibly of the prescribing clinician. and is subject to HSE’s terms of use available at [http://www.hse.ie/eng/Disclaimer](http://www.hse.ie/eng/Disclaimer)

This information is valid only on the day of printing, for any updates please check [www.hse.ie/NCCPchemoregimens](http://www.hse.ie/NCCPchemoregimens)
NCCP Chemotherapy Regimen

TESTS:

Baseline tests:
- FBC, renal and liver profile
- ECG
- MUGA or ECHO (to determine LVEF)

Regular tests:
- FBC, renal and liver profile prior to each cycle
- ECG
- *MUGA or ECHO (to determine LVEF as clinically indicated)
  *See Adverse Effects/Regimen specific complications for guidelines regarding cardiotoxicity

Disease monitoring:
Disease monitoring should be in line with the patient’s treatment plan and any other test/s as directed by the supervising Consultant.

DOSE MODIFICATIONS:
- Any dose modification should be discussed with a Consultant.

Haematological:

Table 1: Dose modification of pegylated liposomal DOXOrubicin (CAELYX) in haematological toxicity

<table>
<thead>
<tr>
<th>ANC (x10^9 /L)</th>
<th>Platelets (x10^9 /L)</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.5-1.9</td>
<td>≥75</td>
<td>100%</td>
</tr>
<tr>
<td>1-&lt;1.5</td>
<td>50-74</td>
<td>Wait until ANC ≥ 1.5 and platelets ≥ 75; redose with no dose reduction</td>
</tr>
<tr>
<td>0.5-&lt;1</td>
<td>&lt;50</td>
<td>Wait until ANC ≥ 1.5 and platelets ≥ 75; redose with no dose reduction</td>
</tr>
<tr>
<td>&lt;0.5</td>
<td>&lt;25</td>
<td>Wait until ANC ≥ 1.5 and platelets ≥ 75; decrease dose by 25% or continue full dose with growth factor support.</td>
</tr>
</tbody>
</table>

Renal and Hepatic Impairment:

Table 2: Dose modification of pegylated liposomal DOXOrubicin (CAELYX) in renal and hepatic impairment

<table>
<thead>
<tr>
<th>Renal Impairment</th>
<th>Hepatic Impairment</th>
</tr>
</thead>
<tbody>
<tr>
<td>No dose reduction necessary</td>
<td>Bilirubin (micromol/L)</td>
</tr>
<tr>
<td>20-51</td>
<td>75%</td>
</tr>
<tr>
<td>&gt;51</td>
<td>50%</td>
</tr>
</tbody>
</table>

If the patient tolerates the first dose without an increase in serum bilirubin or liver enzymes, the dose for cycle 2 can be increased to the next dose level, i.e., if reduced by 25 % for the first dose, increase to full dose for cycle 2; if reduced by 50 % for the first dose, increase to 75 % of full dose for cycle 2. The dosage can be increased to full dose for subsequent cycles if tolerated. Pegylated liposomal doxorubicin can be administered to patients with liver metastases with concurrent elevation of bilirubin and liver enzymes up to 4 x the upper limit of the normal range.
Management of adverse events:

**Table 3: Dose Modification of pegylated liposomal DOXOrubicin (CAELYX) Palmar-Plantar Erythrodysesthesia (PPE) and Stomatitis**

<table>
<thead>
<tr>
<th>Toxicity Grade At Current Assessment</th>
<th>Week 4</th>
<th>Week 5</th>
<th>Week 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 1</td>
<td>Redose unless patient has experienced a previous Grade 3 or 4 skin toxicity, in which case wait an additional week</td>
<td>Redose unless patient has experienced a previous Grade 3 or 4 skin toxicity, in which case wait an additional week</td>
<td>PPE and stomatitis: Decrease dose by 25 %; OR Stomatitis: Consider discontinuation - clinician decision</td>
</tr>
<tr>
<td>Grade 2</td>
<td>Wait an additional week</td>
<td>Wait an additional week</td>
<td>PPE and stomatitis: Decrease dose by 25 %; OR Stomatitis: Consider discontinuation - clinician decision</td>
</tr>
<tr>
<td>Grade 3</td>
<td>Wait an additional week</td>
<td>Wait an additional week</td>
<td>Discontinue</td>
</tr>
<tr>
<td>Grade 4</td>
<td>Wait an additional week</td>
<td>Wait an additional week</td>
<td>Discontinue</td>
</tr>
</tbody>
</table>

**SUPPORTIVE CARE:**

**EMETOGENIC POTENTIAL:** Low (Refer to local policy).

**PREMEDICATIONS:** None usually required

**OTHER SUPPORTIVE CARE:**

Other strategies to prevent and treat PPE, which may be initiated for 4 to 7 days after treatment with pegylated liposomal DOXOrubicin include keeping hands and feet cool, by exposing them to cool water (soaks, baths, or swimming), avoiding excessive heat/hot water and keeping them unrestricted (no socks, gloves, or shoes that are tight fitting) (Refer to local policy).

**ADVERSE EFFECTS / REGIMEN SPECIFIC COMPLICATIONS**

The adverse effects listed are not exhaustive. Please refer to the relevant Summary of Product Characteristics for full details.

- **Cardiotoxicity:** Frequent ECG monitoring is recommended. Reduction of the QRS complex suggests cardiac toxicity. LVEF monitoring using ECHO or MUGA should be applied during treatment. The evaluation of LVEF is considered to be mandatory before each additional administration of pegylated liposomal DOXOrubicin that exceeds a lifetime cumulative anthracycline dose of 450 mg/m². Cardiac toxicity also may occur at cumulative anthracycline doses lower than 450 mg/m² in patients with prior mediastinal irradiation or in those receiving concurrent cyclophosphamide therapy.

- **Acute Infusion Reaction:** Usually seen during the first infusion. For patients who experience an infusion reaction, the method of infusion should be modified as follows: 5% of the total dose...
should be infused slowly over the first 15 minutes. If tolerated without reaction, the infusion rate may then be doubled for the next 15 minutes. If tolerated, the infusion may then be completed over the next hour for a total infusion time of 90 minutes.

- **Palmar-plantar erythrodysthesia syndrome (PPE):** Monitor patient for presence of PPE. If present, patient may require an interruption in treatment (see dose modifications).
- **Extravasation:** Pegylated liposomal DOXOrubicin is considered an irritant. (Refer to local guidelines).

**DRUG INTERACTIONS:**
- No formal medicinal product interaction studies have been carried out.
- Exercise caution in the concomitant use of pegylated liposomal DOXOrubicin with products known to interact with standard DOXOrubicin hydrochloride
- Current drug interaction databases should be consulted for more information.

**ATC CODE:**
DOXOrubicin  L01DB01

**REFERENCES:**
NCCP Chemotherapy Regimen

NCCP Regimen: Pegylated Liposomal DOXOrubicin 50mg/m² (CAELYX®) ² 28 days

Published: 10/02/2014
Review: 20/06/2020
Version number: 4

Tumour Group: Breast/Gynaecology
NCCP Regimen Code: 00205

Version Date Amendment Approved By
1 10/02/2014 Treatment dose update Prof Maccon Keane
2 29/07/2014 Inserted Disease monitoring statement and clarified frequency of regular testing Prof Maccon Keane
3 15/06/2016 Updated with new NCCP template, updated title Prof Maccon Keane
4 20/06/2018

Comments and feedback welcome at oncologydrugs@cancercontrol.ie.

¹ODMS – Oncology Drug Management System
CDS – Community Drug Schemes (CDS) including the High Tech arrangements of the PCRS community drug schemes
Further details on the Cancer Drug Management Programme is available at; http://www.hse.ie/eng/services/list/5/cancer/profinfo/medonc/cdmp/