Irinotecan Monotherapy- 21 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>Treatment of patients with advanced colorectal cancer as a single agent in patients who have failed an established 5-fluorouracil containing treatment regimen.</td>
<td>C18</td>
<td>00213a</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.

Irinotecan is administered once every 21 days until disease progression or unacceptable toxicity develops.

<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>Irinotecan</td>
<td>350mg/m²</td>
<td>IV infusion</td>
<td>250ml glucose 5% over 90minutes</td>
<td>Every 21 days</td>
</tr>
</tbody>
</table>

ELIGIBILITY:

- Indications as above
- ECOG 0-2

EXCLUSIONS:

- Chronic bowel disease and/or bowel obstruction
- Hypersensitivity to irinotecan or to one of the excipients
- Pregnancy and lactation
- Bilirubin > 3 x ULN
- Severe bone marrow failure
- Impaired renal function

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

TESTS:

Baseline tests:

- FBC, renal and liver profile

Regular tests:

- FBC weekly
- Renal and liver profile prior to each cycle

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 responsibility of the prescribing clinician, and is subject to HSE’s terms of use available at 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
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 irinotecan for haematological toxicity

<table>
<thead>
<tr>
<th>ANC (x 10^9/L)</th>
<th>Platelets (x 10^9/L)</th>
<th>Recommended dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 1.5</td>
<td>And ≥75</td>
<td>100% dose</td>
</tr>
<tr>
<td>&lt;1.5</td>
<td>Or &lt;75</td>
<td>Delay until ANC ≥ 1.5 and platelets ≥ 75 then resume at the same dose</td>
</tr>
<tr>
<td>&lt;0.5</td>
<td>And &lt;25</td>
<td>Dose reduction of 15 to 20%</td>
</tr>
<tr>
<td>Febrile neutropenia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grade 4* thrombocytopenia and leucopenia (&lt;1.0 x 10^9/L)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*NCI CTCAE grading

Renal and Hepatic Impairment:
Table 2: Dose modification of irinotecan in renal and hepatic impairment

<table>
<thead>
<tr>
<th>Renal Impairment</th>
<th>Hepatic Impairment</th>
</tr>
</thead>
<tbody>
<tr>
<td>No dose reduction needed, however use with caution as no information in this setting.</td>
<td></td>
</tr>
</tbody>
</table>
| In monotherapy: Blood bilirubin levels (up to 3 times ULN) in patients with performance status 2, should determine the starting dose of irinotecan. In these patients with hyperbilirubinemia and prothrombin time greater than 50%, the clearance of irinotecan is decreased and therefore the risk of hematotoxicity is increased. Thus, weekly monitoring of complete blood counts should be conducted in this patient population. | *
| Bilirubin | Recommended dose |
|≤1.5 x ULN | 350mg/m² |
|1.5-3 x ULN | 200mg/m² |
|> 3 x ULN | Discontinue |

Management of adverse events:
Table 3: Dose Modification of irinotecan for Adverse Events

<table>
<thead>
<tr>
<th>Adverse reactions*</th>
<th>Recommended dose modification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non Haematological Toxicity ≥ Grade 3</td>
<td>Dose reduction of 15 to 20%</td>
</tr>
<tr>
<td>Any Adverse Event</td>
<td>At the start of a subsequent infusion of therapy, the dose of irinotecan, should be decreased according to the worst grade of adverse events observed in the prior infusion.</td>
</tr>
<tr>
<td>Treatment should be delayed by 1-2 weeks to allow recovery from treatment-related adverse events. If not recovered after 2 weeks, consider discontinuing treatment.</td>
<td></td>
</tr>
<tr>
<td>Treatment should be administered after appropriate recovery of all adverse events to grade 0 or 1 and when treatment-related diarrhea is fully resolved.</td>
<td></td>
</tr>
</tbody>
</table>

*NCI-CTCAE grading
SUPPORTIVE CARE:

EMETOGENIC POTENTIAL: Moderate (Refer to local policy).

PREMEDICATIONS:
Prophylactic atropine sulphate – see adverse effects below.
Atropine should not be used in patients with glaucoma. (See Adverse Effects/Regimen specific complications below)

OTHER SUPPORTIVE CARE:
Patients should be made aware of the risk of delayed diarrhoea occurring more than 24 hours after the administration of irinotecan and at any time before the next cycle.

- As soon as the first liquid stool occurs, the patient should start drinking large volumes of beverages containing electrolytes and an appropriate anti-diarrhoeal therapy must be initiated immediately.
- The currently recommended anti-diarrhoeal treatment consists of high doses of loperamide (4 mg for the first intake and then 2 mg every 2 hours).
- This therapy should continue for 12 hours after the last liquid stool and should not be modified.
- In no instance should loperamide be administered for more than 48 consecutive hours at these doses, because of the risk of paralytic ileus, nor for less than 12 hours.

Patients should be warned about the potential for dizziness or visual disturbances which may occur within 24 hours following the administration of irinotecan, and advised not to drive or operate machinery if these symptoms occur.

ADVERSE EFFECTS / REGIMEN SPECIFIC COMPLICATIONS
The adverse effects listed are not exhaustive. Please refer to the relevant Summary of Product Characteristics for full details.

- Acute cholinergic syndrome: If acute cholinergic syndrome appears (defined as early diarrhoea and various other symptoms such as sweating, abdominal cramping, lacrimation, myosis and salivation) atropine sulphate (0.25mg subcutaneously) should be administered unless clinically contraindicated. Caution should be exercised in patients with asthma. In patients who experienced an acute and severe cholinergic syndrome, the use of prophylactic atropine sulphate is recommended with subsequent doses of irinotecan. The dose of atropine sulphate may be repeated if required.
- Diarrhoea - Irinotecan induced diarrhoea can be life threatening and requires immediate management.
  - Diarrhoea (early onset) - see acute cholinergic syndrome above.
  - Diarrhoea (late onset):  
    - Irinotecan induced diarrhoea can be life threatening and requires immediate management.
    - In monotherapy, the median time of onset of the first liquid stool was on day 5 after the infusion of irinotecan.
    - Patients with an increased risk of diarrhoea are those who had previous abdominal/pelvic radiotherapy, those with baseline hyperleucocytosis, those with performance status ≥2 and women.
    - In patients who experience severe diarrhoea, a reduction in dose is recommended for subsequent cycles.
- A prophylactic broad-spectrum antibiotic should be given, when diarrhoea is associated with severe neutropenia (neutrophil count < 0.5 x 10^9/L).

- **Neutropenia:** Fever or other evidence of infection must be assessed promptly and treated appropriately.

- **Gilbert’s Syndrome:** Increases the risk of irinotecan-induced toxicity. A reduced initial dose should be considered for these patients

- **Respiratory disorders:** Severe pulmonary toxicity has been reported rarely. Patients with risk factors should be monitored for respiratory symptoms before and during irinotecan therapy.

- **Cardiac disorders:** Myocardial ischaemic events have been observed predominantly in patients with underlying cardiac disease, other known risk factors for cardiac disease, or previous cytotoxic chemotherapy.

- **Other:** Since this medicinal product contains sorbitol, it is unsuitable in hereditary fructose intolerance.

**DRUG INTERACTIONS:**

- CYP enzyme inducers may increase the clearance of irinotecan thus decreasing its efficacy.

- CYP enzyme inhibitors may decrease the clearance of irinotecan.

- Current drug interaction databases should be consulted for more information.

**ATC CODE:**

Irinotecan - L01XX19

**REFERENCES:**


NCCP Chemotherapy Regimen

<table>
<thead>
<tr>
<th>3</th>
<th>18/04/2018</th>
<th>Updated with new NCCP regimen template. Standardisation of treatment table</th>
<th>Prof Maccon Keane</th>
</tr>
</thead>
</table>
| 4 | 01/05/2019 | Inclusion of dose modification of irinotecan for haematological toxicity table  
Updated dose management of irinotecan for adverse events table | Prof Maccon Keane |

Comments and feedback welcome at oncologydrugs@cancercontrol.ie.

1 ODMS – 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/profinforoncology/medonc/cdmp/