Larotrectinib Monotherapy - Paediatric

INDICATIONS FOR USE:

INDICATION	ICD10	Regimen Code	Reimbursement Status
For the treatment of paediatric patients with solid tumours that display a Neurotrophic Tyrosine Receptor Kinase (NTRK) gene fusion, • who have a disease that is locally advanced, metastatic or where surgical resection is likely to result in severe morbidity, and • who have no satisfactory treatment options	Multiple	P00760a	Reimbursement not approved[i]

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 patients individual clinical circumstances.

Treatment with larotrectinib should be continued until disease progression or unacceptable toxicity occurs

Facilities to treat anaphylaxis MUST be present when the chemotherapy is administered.

Drug	Dose	Route	Cycle
Larotrectinib	100mg/m^2 twice daily **(max 100mg per dose)**	PO	Continuous
Larotrectinib is available as a capsule or oral solution with equivalent oral bioavailability and may be used interchangeably. The capsule should be swallowed whole with a glass of water. Due to the bitter taste, the capsule should not be opened, chewed or crushed. The capsules can be taken with or without food but should not be taken with grapefruit or grapefruit juice.			
If a dose is missed, the patient should not take two doses at the same time to make up for a missed dose. Patients should take the next dose at the next scheduled time. If the patient vomits after taking a dose, the patient should not take an additional dose to make up for vomiting.			

ELIGIBILITY:

- Indication as above
- Metastatic or locally-advanced unresectable solid tumour
    - with an NTRK gene fusion without a known acquired resistance mutation confirmed using a validated test method (Reference NCCP NTRK Gene Fusion Testing Guidance available here) AND
    - that has progressed or was nonresponsive to available therapies, are unfit for standard chemotherapy or for which no standard or available curative therapy exists and surgery would lead to substantial morbidity
- Lansky Performance Score ≥ 50 for patients < 16years.

- Karnofsky Performance Score ≥ 50 or ECOG 0-2 for 16 years + patients
- Adequate haematologic, hepatic, and renal function

EXCLUSIONS:

- Hypersensitivity to larotrectinib or to any of the excipients
- Clinically significant active cardiovascular disease
- Patients with symptomatic brain metastases
- Active uncontrolled systemic bacterial, viral, or fungal infection
- Co-administration with strong or moderate CYP3A4/P-gp inducers
- Pregnancy or lactation
- Prior treatment with an NTRK inhibitor
- Major surgery within 2 weeks prior to cycle 1, day 1

CAUTION IN USE:

- If co-administration with a strong CYP3A4 inhibitor is necessary, the larotrectinib dose should be reduced by 50%. After the inhibitor has been discontinued for 3 to 5 elimination half-lives, larotrectinib should be resumed at the dose taken prior to initiating the CYP3A4 inhibitor

PRESCRIPTIVE AUTHORITY:

The treatment plan must be initiated by a Consultant Medical Oncologist

TESTS:

Baseline tests:

- FBC, renal and liver profile
- Brain scan at discretion of prescribing consultant

Regular tests:

- FBC, renal and liver profile monthly for first three months, then periodically during treatment

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.
- For all Grade 2 adverse reactions
  - Continued dosing may be appropriate, though close monitoring to ensure no worsening of the toxicity is advised.
- Patients with Grade 2 ALT and/or AST increases, should be followed with serial laboratory evaluations every one to two weeks after the observation of Grade 2 toxicity until resolved to establish whether a dose interruption or reduction is required.
- For Grade 3 or 4 adverse reactions
  - Larotrectinib should be withheld until the adverse reaction resolves or improves to baseline or Grade 1.
  - Resume at the next dose modification if resolution occurs within 4 weeks.
  - Larotrectinib should be permanently discontinued if an adverse reaction does not resolve within 4 weeks.
- Larotrectinib should be permanently discontinued in patients who are unable to tolerate larotrectinib after three dose modifications.

Renal and Hepatic Impairment:

Table 1: Dose modifications for larotrectinib in renal and hepatic impairment

Renal impairment	Hepatic impairment
No dose adjustment is required for patients with renal impairment	The starting dose of larotrectinib should be reduced by 50% in patients with moderate (Child-Pugh B) to severe (Child-Pugh C) hepatic impairment. No dose adjustment is recommended for patients with mild hepatic impairment (Child-Pugh A).

Management of adverse events:

Table 2: Recommended dose modifications for larotrectinib for adverse reactions

Dose modification	Body surface area of at least 1.0 m^2	Body surface area less than 1.0 m^2
First	75 mg twice daily	75 mg/m^2 twice daily
Second	50 mg twice daily	50 mg/m^2 twice daily
Third	100 mg once daily	25 mg/m^2 twice daily[a]

[a]Paediatric patients on 25 mg/m^2 twice daily should remain on this dose even if body surface area becomes greater 1.0 m^2 during the treatment. Maximum dose should be 25 mg/m^2 twice daily at the third dose modification.

SUPPORTIVE CARE:

EMETOGENIC POTENTIAL: Minimal to low (**Refer to local policy).**

PREMEDICATIONS: No specific recommendations

OTHER SUPPORTIVE CARE: No specific recommendations

ADVERSE EFFECTS / REGIMEN SPECIFIC COMPLICATIONS:

The adverse effects listed are not exhaustive. Please refer to the relevant Summary of Product Characteristics for full details. **Larotrectinib is subject to additional monitoring. Healthcare professionals are asked to report any suspected adverse reactions.**

- **Efficacy across tumour types:** The benefit of larotrectinib has been established in single arm trials encompassing a relatively small sample of patients whose tumours exhibit *NTRK* gene fusions. Favourable effects of larotrectinib have been shown on the basis of overall response rate and response duration in a limited number of tumour types. The effect may be quantitatively different depending on tumour type, as well as on concomitant genetic alterations. For these reasons, larotrectinib should only be used if there are no treatment options for which clinical benefit has been established, or where such treatment options have been exhausted (i.e., no satisfactory treatment options).
- **Neurologic reactions:** Neurologic reactions including dizziness, gait disturbance and paraesthesia were reported in patients receiving larotrectinib. For the majority of neurologic reactions, onset occurred within the first three months of treatment. Withholding, reducing, or discontinuing larotrectinib dosing should be considered, depending on the severity and persistence of these symptoms.
- **Transaminase elevations:** ALT and AST increase were reported in patients receiving larotrectinib. The majority of ALT and AST increases occurred in the first 3 months of treatment. Liver function including ALT and AST assessments should be monitored before the first dose and monthly for the first 3 months of treatment, then periodically during treatment, with more frequent testing in patients who develop transaminase elevations. Withhold or permanently discontinue larotrectinib based on the severity. If withheld, the larotrectinib dose should be modified when resumed.
- **Co-administration with CYP3A4/P-gp inducers:** Avoid co-administration of strong or moderate CYP3A4/P-gp inducers with larotrectinib due to a risk of decreased exposure.
- **Co-administration with CYP3A4/P-gp/BCRP inhibitors:** Avoid co-administration of strong CYP3A4/P-gp inhibitors with larotrectinib due to a risk of increased exposure. If co-administration with a strong CYP3A4 inhibitor is necessary, the larotrectinib dose should be reduced by 50%. After the inhibitor has been discontinued for 3 to 5 elimination half-lives, larotrectinib should be resumed at the dose taken prior to initiating the CYP3A4 inhibitor
- **Contraception in female and male:** Women of childbearing potential must use highly effective contraception while taking larotrectinib and for at least one month after stopping treatment. It is currently unknown whether larotrectinib may reduce the effectiveness of systemically acting hormonal contraceptives. Therefore, women using systemically acting hormonal contraceptives should be advised to add a barrier method.

Males of reproductive potential with a non-pregnant woman partner of child bearing potential should be advised to use highly effective contraception during treatment with larotrectinib and for at least one month after the final dose.

- **Effects on ability to drive or use machines:** Larotrectinib has a moderate influence on the ability to drive and use machines. Dizziness and fatigue have been reported in patients receiving larotrectinib, mostly Grade 1 and 2 during the first 3 months of treatment. This may influence the ability to drive and use machines during this time period. Patients should be advised not to drive and use machines, until they are reasonably certain larotrectinib therapy does not affect them adversely.

DRUG INTERACTIONS:

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

REFERENCES:

1. Drilon A, et al. Efficacy of Larotrectinib in TRK Fusion-Positive Cancers in Adults and Children. N Engl J Med 2018; 378:731-739. Available at: https://www.nejm.org/doi/full/10.1056/NEJMoa1714448
2. NCCP Classification Document for Systemic Anti-Cancer Therapy (SACT) Induced Nausea and Vomiting. V4 2021. Available at: https://www.hse.ie/eng/services/list/5/cancer/profinfo/chemoprotocols/nccp-classification-document-for-systemic-anti-cancer-therapy-sact-induced-nausea-and-vomiting.pdf
3. Larotrectinib (Vitrakvi®) Summary of Product Characteristics. Accessed June 2022. Available at https://www.ema.europa.eu/en/documents/product-information/vitrakvi-epar-product-information_en.pdf

Version	Date	Amendment	Approved By
1	19/09/2022		Dr Michael Capra

Comments and feedback welcome at oncologydrugs@cancercontrol.ie.

[i] Post 2012 indication. Not reimbursed through the ODMS or Community Drug Schemes (including the High Tech arrangements of the PCRS community drug schemes). Please check https://www.hse.ie/eng/services/list/5/cancer/profinfo/medonc/cdmp/new.html for the most up to date reimbursement approvals.

ODMS – Oncology Drug Management System
CDS – Community Drug Schemes (CDS) including the High Tech arrangements of the PCRS community drug schemes