

Systemic Anti Cancer Treatment Protocol

**Lonsurf®
(trifluridine and tipiracil)**

**PROTOCOL REF: MPHACOLTRI
(Version No: 2.0)**

Approved for use in:

Lonsurf (trifluridine–tipiracil) is recommended within its marketing authorisation, as an option for treating metastatic colorectal cancer that has failed at least two prior regimens for advanced/metastatic disease.

Prior regimens could be fluoropyrimidine-, oxaliplatin- or irinotecan-based chemotherapies, anti-vascular endothelial growth factor (VEGF) agents and anti-epidermal growth factor receptor (EGFR) agents. Patients relapsing during or within 6 months of completing adjuvant chemotherapy can count the adjuvant line as one line of therapy for advanced/metastatic disease.

PS 0 – 1

Requires blue-teq registration for funding by NHS England.

Dosage: Day 1 to be Monday

| Drug | Route | Dosage |
|----------------|--------------|--|
| Lonsurf | PO | Days 1 through 5: 35mg/m² twice daily Days 6 through 7: recovery Days 8 through 12: 35mg/m² twice daily Day 13 through 28: recovery |

Supportive treatments:

Domperidone 10mg oral tablets, up to 3 times a day or as required

Loperamide 2mg when required

Administration:

| Day | Drug | Route | Dose |
|----------|----------|--------------|--|
| 1 to 5 | Lonsurf | PO | 35mg/m ² twice daily after food |
| 6 to 7 | Recovery | No treatment | |
| 8 to 12 | Lonsurf | PO | 35mg/m ² twice daily after food |
| 13 to 28 | Recovery | No treatment | |

Tablets to be taken within one hour after breakfast and evening meal.

| Number of Lonsurf tablets per dose | | | | |
|------------------------------------|--------------------|------------------------|------------------|------|
| Lonsurf | BSA m ² | Dose in mg twice daily | Tablets per dose | |
| | | | 15mg | 20mg |
| 35mg/m ² | <1.07 | 35 | 1 | 1 |
| | 1.07 – 1.22 | 40 | 0 | 2 |
| | 1.23 – 1.37 | 45 | 3 | 0 |
| | 1.38 – 1.52 | 50 | 2 | 1 |
| | 1.53 – 1.68 | 55 | 1 | 2 |
| | 1.69 – 1.83 | 60 | 0 | 3 |
| | 1.84 – 1.98 | 65 | 3 | 1 |
| | 1.99 – 2.14 | 70 | 2 | 2 |
| | 2.15 – 2.29 | 75 | 1 | 3 |
| | ≥2.30 | 80 | 0 | 4 |

Main Toxicities:

| Lonsurf | |
|-------------------------|--|
| Haematological | Neutropenia, thrombocytopenia, anaemia |
| Gastrointestinal | Stomatitis, reflux nausea vomiting, constipation, diarrhea, abdominal pain, Rare reactions <3% of patients - colitis, bowel obstruction haemorrhage |
| Cardiotoxicity | Rare reaction <3% of patients - Myocardial ischaemia, chest |

| | |
|--------------------------|---|
| | pain, bradycardia, tachycardia, |
| Hepatotoxicity | Elevated liver enzymes, Hepatic failure, jaundice |
| Renal toxicity | Acute renal failure, hematuria |
| General disorders | Fatigue, myalgia |

Investigations:

| | Pre | Cycle 1 | Cycle 2 | Cycle 3 | Cycle 4 | Ongoing |
|---------------------|-----|---------|---------|---------|---------|-------------------|
| Clinical assessment | X | | | X | | Every cycle |
| SACT Assessment | X | X | X | X | X | Every cycle |
| FBC | X | X | X | X | X | Every cycle |
| U&E & LFTs | X | X | X | X | X | Every cycle |
| Informed Consent | X | | | | | Verbal each cycle |
| Weight recorded | X | X | X | X | X | Every cycle |

Dose Modifications and Toxicity Management:

For intolerable grade 2 or any toxicity or above grade 3, treatment should be withheld until toxicity resolves to grade 1 or 0. Treatment may then be restarted at a reduced dose level. Treatment may be held for up to 28 days. **If toxicities fail to resolve within 28 days treatment should be permanently discontinued.** Maximum 3 dose reductions permitted. Dose escalation at any time is not recommended.

Haematological toxicity

Unless different limits have been previously agreed by a consultant on an individual basis, proceed on day 1 if:-

| | |
|------------------------------|------------------------------------|
| ANC $\geq 1.5 \times 10^9/L$ | Platelets $\geq 100 \times 10^9/L$ |
|------------------------------|------------------------------------|

For haematological toxicities treatment may be restarted at a reduced dose level when counts recover.

Dose modifications

| Level 1 dose reduction: Number of Lonsurf tablets per dose | | | | |
|--|--------------------|------------------------|------------------|------|
| Lonsurf | BSA m ² | Dose in mg twice daily | Tablets per dose | |
| | | | 15mg | 20mg |
| 30mg/m ² | <1.09 | 30 | 2 | 0 |
| | 1.09 – 1.24 | 35 | 1 | 1 |
| | 1.25 – 1.39 | 40 | 0 | 2 |
| | 1.40 – 1.54 | 45 | 3 | 0 |
| | 1.55 – 1.69 | 50 | 2 | 1 |
| | 1.70 – 1.94 | 55 | 1 | 2 |
| | 1.95 – 2.09 | 60 | 0 | 3 |
| | 2.10 – 2.28 | 65 | 3 | 1 |
| ≥2. 29 | 70 | 2 | 2 | |

| Level 2 dose reduction: Number of Lonsurf tablets per dose | | | | |
|--|--------------------|------------------------|------------------|------|
| Lonsurf | BSA m ² | Dose in mg twice daily | Tablets per dose | |
| | | | 15mg | 20mg |
| 25mg/m ² | <1.10 | 25 | 2 | 0 |
| | 1.10 – 1.29 | 30 | 1 | 1 |
| | 1.30 – 1.49 | 35 | 0 | 2 |
| | 1.50 – 1.69 | 40 | 3 | 0 |
| | 1.70 – 1.89 | 45 | 2 | 1 |
| | 1.90 – 2.09 | 50 | 1 | 2 |
| | 1.90 – 2.09 | 55 | 0 | 3 |
| | 2.10 – 2.29 | 60 | 3 | 1 |
| ≥2. 29 | | 2 | 2 | |

| Level 3 dose reduction number of Lonsurf tablets per dose | | | | |
|---|--------------------|------------------------|------------------|------|
| Lonsurf | BSA m ² | Dose in mg twice daily | Tablets per dose | |
| | | | 15mg | 20mg |
| 20mg/m ² | <1.14 | 20 | 0 | 1 |
| | 1.14 – 1.34 | 25 | 2 | 1 |
| | 1.35 – 1.59 | 30 | 2 | 0 |
| | 1.60 – 1.94 | 35 | 1 | 1 |
| | 1.95 – 2.09 | 40 | 0 | 2 |
| | 2.10 – 2.34 | 45 | 3 | 0 |
| | ≥2. 35 | 50 | 2 | 1 |

Renal Impairment

Not recommended in patients with creatinine clearance below 30mL/min

Hepatic impairment

Not recommended in patients with moderate/severe hepatic impairment

References:

National Institute for Health and Care Excellence (NICE). Trifluridine–tipiracil (Lonsurf) for previously treated metastatic colorectal cancer in adult [TA405]

<https://www.nice.org.uk/guidance/TA40> , accessed 30 October 2018)

Electronic Medicines Compendium. Summary of product characteristics for trifluridine–tipiracil, <https://www.medicines.org.uk/emc/product/7309> (accessed 30 October 2018)

Mayer RJ, Van Cutsem E, Falcone A, Yoshino T, Garcia-Carbonero R, Mizunuma N, et al. Randomized trial of TAS-102 for refractory metastatic colorectal cancer. N Engl J Med 2015; 372(20):1909-19.

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| Issue Date: 8 th March 2019 Review Date: March 2022 | Page 5 of 5 | Protocol reference: MPHACOLTRI |
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