ERIBULIN

Locally advanced or metastatic breast cancer which has progressed after at least two previous chemotherapy regimens for advanced disease.
Blueteq registration is required before treatment may start.

Drug/Dosage:	Eribulin 1.23mg/m^2	IV	Day 1 and Day 8
Administration:	Intravenous infusion over 2 -5 minutes in 50 – 100ml 0.9% sodium chloride		
Frequency:	3 weekly cycle until disease progression or unacceptable toxicity		
Main Toxicities:	myelosuppression; peripheral neuropathy; headache; alopecia; arthralgia / myalgia; ovarian failure / infertility		
Anti-emetics:	moderately emetogenic (avoid domperidone)		
Extravasation:	non-vesicant		
Regular Investigations:	FBC	Day 1 and Day 8	
	U&Es	Day 1	
	LFTs	Day 1	
	Mg^{2+}	baseline, then every 3 weeks, only if low prior to treatment	
	CA 15-3	baseline, then every 3 weeks, **only** if elevated prior to treatment	
Comments:	Low magnesium and low potassium should be corrected before starting treatment (as eribulin can cause QT prolongation)		

Dose Modifications

Haematological Toxicity:

Day 1 of Cycle 1: Neutrophils must be ≥ 1.5 x 10^9/l and Platelets > 100 x 10^9/l.

For subsequent doses on Day 1 and Day 8:

Neutrophils < 1.0 x 10^9/l or Platelets < 75 x 10^9/l	Delay for 1 week. Repeat FBC and, if within normal parameters, resume treatment, with a dose reduction according to the information below:

The following patients should have dosage reduced to 0.97mg/m^2 (or subsequently down to 0.62mg/m^2 if recurrence):

Neutrophils < 0.5 x 10^9/l for > 7 days
or
Neutrophils < 1.0 x 10^9/l complicated by fever or infection
or
Platelets < 25 x 10^9/l
or
Platelets < 50 x 10^9/l complicated by haemorrhage or requiring blood or platelet transfusion

Reason for Update: NICE approved; interaction with inducers removed; cut-off for dose reduction in renal impairment amended	Approved by Consultant: Dr A Neal
Version: 2	Approved by Lead Chemotherapy Nurse: P Deery
Supersedes: Version 1	Date: 23.1.17
Prepared by: S Taylor	Checked by: C Tucker

Hepatic impairment: Eribulin is eliminated primarily by biliary excretion. The following dosing advice applies to patients with hepatic impairment due to metastases:

Liver Function	Dose of Eribulin
Mild hepatic impairment (Child-Pugh A)	0.97 mg/m^2 Day 1 and Day 8
Moderate hepatic impairment (Child-Pugh B)	0.62 mg/m^2 Day 1 and Day 8
Severe hepatic impairment (Child-Pugh C)	Not been studied

Renal Impairment: If creatinine clearance < 50ml/min, a dose reduction may be required.
For selection of dose in a patient with CrCl < 50ml/min, discuss with Consultant.
Monitor closely for toxicities.

Neuropathy: If any Grade 3 or 4 neuropathy in the previous cycle, reduce the eribulin dose to 0.97mg/m^2 on Day 1 and Day 8.
If there is any recurrence despite the dose reduction, reduce the dose further to 0.62mg/m^2.
Consider discontinuing treatment if any further recurrence despite this second dose reduction.

Other Non-haem Toxicities: If any other Grade 3 or 4 toxicities in the previous cycle, reduce the eribulin dose to 0.97mg/m^2 on Day 1 and Day 8.
If there is any recurrence despite the dose reduction, reduce the dose further to 0.62mg/m^2.
Consider discontinuing treatment if any further recurrence despite this second dose reduction.

References:
Cortes, J et al; Lancet 2011; 377: 914 – 923
Cortes, J et al; JCO 2010; 28 (25): 3922 - 3928