

# BC Cancer Protocol Summary for Therapy of Advanced Breast Cancer using Palbociclib and Fulvestrant With or Without LHRH Agonist

**Protocol Code**

*BRAVPBFLV*

**Tumour Group**

*Breast*

**Contact Physician**

*Dr. Stephen Chia*

## **ELIGIBILITY:**

Patients:

- Must have ER-positive, HER2-negative advanced or metastatic breast cancer,
- Must be post-menopausal women (including women with chemically induced menopause with LHRH agonists) or men,
- May have received any lines of prior endocrine therapy (except fulvestrant) and up to one prior line of chemotherapy for advanced or metastatic disease. This includes patients whose disease progressed:
  - On (neo) adjuvant endocrine therapy,
  - Within 12 months of completing adjuvant endocrine therapy, or
  - On or after endocrine therapy for advanced or metastatic disease
- Must not be resistant to prior adjuvant abemaciclib (patients must be a minimum of 6 months from completion of adjuvant abemaciclib)

Patients should have:

- Good performance status

Notes:

- Patients are eligible to receive any of the following, but not their sequential use:
  - Palbociclib plus fulvestrant (BRAVPBFLV) or ribociclib plus fulvestrant (BRAVRBFLV),  
OR
  - Ribociclib plus letrozole/anastrozole (BRAVRIBAI) or palbociclib plus letrozole/anastrozole (BRAVPALAI)  
OR
  - Everolimus plus exemestane (BRAVEVEX)
- For patients recently diagnosed with metastatic breast cancer, and who have initiated fulvestrant monotherapy within the past 6 months, palbociclib can be added if the rest of the above criteria are met.

## **EXCLUSIONS:**

Patients must not have:

- Active or uncontrolled metastases to the central nervous system,
- Life-threatening visceral metastases,
- Pregnant women,
- Palbociclib monotherapy

## **CAUTIONS:**

- Severe hepatic dysfunction
- Severe renal impairment

## TESTS:

- Baseline: CBC and differential, platelets, creatinine, ALT, alkaline phosphatase, total bilirubin, GGT, LDH
- Baseline if indicated: CA15-3, ECG
- Cycles 1 to 6 of palbociclib:
  - Prior to Day 1 of each cycle: CBC and differential, platelets, creatinine
  - On Day 15 of cycle 1: CBC and differential, platelets
  - On Day 15 of cycle 2 (if clinically indicated; for dose adjustment or delay in cycle 1): CBC and differential, platelets
  - On Day 22 of cycle 1 and 2 if Day 15 ANC 0.5 to less than  $1.0 \times 10^9/L$ : CBC and differential, platelets
- Cycles 7 onwards of palbociclib:
  - If ANC  $1.0 \times 10^9/L$  or higher during first 6 cycles:
    - Prior to every third cycle: CBC and differential, platelets, creatinine
  - If ANC less than  $1.0 \times 10^9/L$  during first 6 cycles:
    - Prior to each cycle: CBC and differential, platelets, creatinine
- If clinically indicated: ALT, alkaline phosphatase, total bilirubin, GGT, LDH, CA15-3, ECG, serum cholesterol, triglycerides

## PREMEDICATIONS:

- Not usually required

## TREATMENT:

Until disease progression or unacceptable toxicity

Drug	Dose	BC Cancer Administration Guideline
palbociclib	125 mg once daily for 21 days on, 7 days off (one cycle = 28 days)*	PO
<b>Plus</b>		
fulvestrant Cycle 1	500 mg once on Days 1 and 15	IM (Administer as two 250 mg injections)
**fulvestrant Cycle 2 onwards	500 mg once every 28 days $\pm$ 3 days	IM (Administer as two 250 mg injections)

\* Repeat palbociclib every 28 days (One cycle = 28 days).

- If a dose is missed, take the **next** dose at the same usual time.
- If palbociclib is resumed after being held due to toxicity:
  - Stop on Day 21 as scheduled
  - Maintain at least 7 days rest before resuming next cycle.

\*\* In case palbociclib is delayed/held/omitted, fulvestrant treatment should be continued as planned.

**For women needing chemically induced menopause and male patients:**

<b>Drug</b>	<b>Dose</b>	<b>BC Cancer Administration Guideline</b>
goserelin long acting (ZOLADEX)**	3.6 mg every 4 weeks	subcutaneous
OR		
leuprolide long acting (LUPRON DEPOT)**	7.5 mg every 4 weeks	IM

\*\*Once response has been established, the following long-acting agents may be substituted at the physician's discretion. In women, menstrual function, and if necessary, hormone levels can be monitored to ensure effective dosing.

<b>Drug</b>	<b>Dose</b>	<b>BC Cancer Administration Guideline</b>
goserelin long acting (ZOLADEX LA)*	10.8 mg every 12 weeks	subcutaneous
OR		
leuprolide long acting (LUPRON DEPOT)*	22.5 mg every 12 weeks	IM

## DOSE MODIFICATIONS:

### Palbociclib dose level

Dose level	Daily dose
Starting dose	125 mg
First dose reduction	100 mg (should not re-escalate to 125 mg)
Second dose reduction	75 mg* (may re-escalate to 100 mg at physician's discretion)

\* Discontinue if further dose reduction required below 75 mg per day.

### 1. Hematological– for Palbociclib

No hematological dose modifications for fulvestrant or LHRH agonist (if using)

Neutropenia (ANC x10 <sup>9</sup> /L)	Palbociclib Dose Modifications
Grade 1 and 2 (greater than or equal to 1.0)	Continue at same dose.
Grade 3 (0.5 to less than 1.0)*	<u>Day 1</u> Delay. If ANC greater than or equal to 1.0 x 10 <sup>9</sup> /L within 1 week, resume at same dose.
	<u>Day 15 of cycles 1 and 2</u> Continue same dose for remainder of cycle. Check ANC on Day 22; If ANC on Day 22 is: <ul style="list-style-type: none"><li>greater than or equal to 0.5 x 10<sup>9</sup>/L: continue at same dose for next cycle, when ANC greater than or equal to 1.0 x 10<sup>9</sup>/L</li><li>less than 0.5 x 10<sup>9</sup>/L: resume at next lower dose, when ANC greater than or equal to 1.0 x 10<sup>9</sup>/L</li></ul>
Grade 4 (less than 0.5) OR Grade 3 plus fever and/or infection	<u>Day 1</u> Delay. When ANC greater than or equal to 1.0 x 10 <sup>9</sup> /L, resume at next lower dose.
	<u>Day 15 of cycles 1 and 2</u> Omit remainder of cycle. When ANC greater than or equal to 1.0 x 10 <sup>9</sup> /L, resume at next lower dose.

Thrombocytopenia (Platelets x10 <sup>9</sup> /L)	Palbociclib Dose Modifications
Grade 1 and 2 (greater than or equal to 50)	Continue at same dose.
Grade 3 (25 to 49) and Grade 4 (less than 25) *	<u>Day 1</u> Delay. When greater than or equal to 50 x 10 <sup>9</sup> /L, resume at next lower dose.
	<u>Day 15 of cycles 1 and 2</u> Omit remainder of cycle. When platelets greater than or equal to 50 x 10 <sup>9</sup> /L, resume at next lower dose.

\*Consider dose reduction if more than 1 week to recover, or recurrent on Day 1 of subsequent cycles.

**PRECAUTIONS:**

1. **Neutropenia:** Fever or other evidence of infection must be assessed promptly and treated aggressively.
2. **Renal dysfunction:** palbociclib has not been studied in patients with creatinine clearance less than 15 mL/min.
3. **Hepatic dysfunction:** No dose adjustment is required for mild or moderate hepatic impairment (Child-Pugh classes A and B). For patients with severe hepatic impairment (Child-Pugh class C), use 75 mg PO once daily for 21 consecutive days in a 28 day cycle.
4. **Drug-drug interactions:** palbociclib is metabolized via CYP3A enzymes. Concurrent use of CYP3A inhibitors, substrates or inducers may affect palbociclib serum level.

**Call Dr. Stephen Chia or tumour group delegate at (604) 930-2098 or 1-800-663-3333 with any problems or questions regarding this treatment program.**

**References:**

1. Slamon DJ et al. Overall Survival with Ribociclib plus Fulvestrant in Advance Breast Cancer. N Engl J Med. 2020 Feb 6;382(6):514-524.
2. Sledge GW et al. The Effect of Abemaciclib Plus Fulvestrant on Overall Survival in Hormone Receptor–Positive, ERBB2-Negative Breast Cancer That Progressed on Endocrine Therapy—MONARCH 2. JAMA Oncol. 2020;6(1):116-124.
3. Turner NC et al. Overall Survival with Palbociclib and Fulvestrant in Advanced Breast Cancer. N Engl J Med. 2018 Nov 15;379(20):1926-1936.

Warning: The information contained in these documents are a statement of consensus of BC Cancer 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 at your own risk and is subject to BC Cancer's terms of use available at [www.bccancer.bc.ca/terms-of-use](http://www.bccancer.bc.ca/terms-of-use)