

Health Professional Care Plan Information

Treatment of Non-Small Cell Lung Cancer at The Christie

Erlotinib (Tarceva)

Introduction

This information is for health care professionals involved in the care of patients receiving treatment at The Christie NHS Foundation Trust under the care of the Lung Cancer Disease Group, for non-small cell lung cancer.

Brief description of the treatment

Erlotinib (Tarceva) is an oral drug given once daily to patients with EGFR (epidermal growth factor receptor)-positive stage 4 non-small cell lung cancer.

Mechanism of action

Erlotinib is an oral tyrosine kinase inhibitor.

Anticipated benefits

When given for stage IV disease, this is a palliative/non-curative treatment aimed at disease control, and palliating symptoms for a period of time. At their clinic visit, patients are advised that unfortunately treatment is not curative but is aimed at controlling and delaying disease progression.

Success rate and duration of benefit

There will be a discussion about the benefits and risks of treatment with the patient. This will be documented in correspondence from the medical team. Please contact the medical team for further information.

Risks and side effects

The main risks and side-effects for this treatment are: diarrhoea, acneform rash (typically to the face), less commonly myelosuppression and risk of neutropenic sepsis; nausea and vomiting, and lethargy. Other side-effects include paronychia, interstitial lung disease and pneumonitis.

Patients are counselled about the need to be vigilant in reporting severe side effects to the 24 hour telephone "Hotline" service. In the event of unacceptable toxicity, the patient should contact the Christie Hotline. The patient is usually advised by their oncologist to stop the treatment until side effects have resolved. Erlotinib can usually then be resumed, often at a reduced dose.

Filename	Chemo_NSCLC_Erlotinib HCP Info
Last modified	1-Apr-15
Page	1 of 3

24 hour medical helpline: The Christie Hotline 0161 446 3658

Detailed description of care plan

Initial investigations

Staging CT scan - thorax and abdomen, routine blood tests (full blood count, renal and liver function), chest x-ray.

Description of treatment

Treatment is with Erlotinib 150mg PO once daily to continue indefinitely until there is radiological evidence of disease progression, unacceptable toxicity or patient choice to discontinue therapy. In the event of unacceptable toxicity, the tablet should be stopped and the patient should contact the Christie Hotline. Once side effects have resolved, Erlotinib can be resumed at a reduced dose.

Supportive medications

Diarrhoea – loperamide 2mg

Rash – emollients such as E45, Aveeno, Diprobase, aqueous cream, or for grade 2/3 itching rash with signs of infection use Trimovate cream

Nausea – metoclopramide 10-20mg PO tds

Planned investigations

Patients will attend clinic for review every 4 weeks when they will also have a chest x-ray. A CT scan is performed within the first 3 months of treatment to assess disease response, and then if there is suspicion of disease progression.

Alternative treatments

Other treatment options include alternative standard chemotherapy regimens, palliative radiotherapy, consideration of clinical trials, or best supportive care.

Responsibilities – who does what

The hospital team

The Consultant team at The Christie will be responsible for supervising the oncologic care of the patient. This will include prescribing and supplying the chemotherapy and supportive care medication, and arranging tests and scans as required.

Follow up

The frequency and location of oncology follow-ups will be determined according to future treatment options and communicated to all relevant Health Care Professionals involved in the ongoing care of the patient. The aims of follow-ups will be discussed with the patient.

GP and Community palliative care support

Management of the community aspects of care remain the responsibility of the GP.

Lung cancer patients are likely to have poor performance status, troublesome symptoms, and emotional needs; this is in addition to any co-morbidities that exist prior to a cancer diagnosis.

In many cases life expectancy is less than 12 months therefore it is appropriate to add your patient to the GP practice Gold Standards Framework End of Life/Palliative Care Register.

We encourage patients to accept referral to district and Macmillan nurse services early in their disease journey so they are known to palliative care services as and when their needs increase.

You will receive regular letters of update regarding your patient's progress.

Other specialist teams

If your patient is also under the care of other hospital teams they should continue to attend their appointments unless otherwise advised.

Contacts

24 hour medical helpline The Christie Hotline 0161 446 3658