National Community Oncology Dispensing Association, Inc.
PASSION FOR PATIENTS

Written By: Isabel Houlzet, PharmD, BCPS, BCOP
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Last Updated: 9/20/19

Positive Quality Intervention: Trifluridine / Tipiracil for Treatment of Gastric Cancer

Description:
This PQI will review patient identification and clinical considerations for this treatment option for gastric cancer.

Background:
Trifluridine/Tipiracil (Lonsurf) is approved for use in patients with gastric or gastroesophageal junction (GEJ) cancer who have failed at least two prior lines of chemotherapy (including a fluoropyrimidine, a platinum, either a taxane or irinotecan, and if appropriate, HER2/neu-targeted therapy) following results from the TAGS trial, a Phase III, multinational, randomized, double-blind trial that compared trifluridine/tipiracil plus best supportive care vs. placebo plus best supportive care. Median overall survival was 5.7 months (95% CI 4.8–6.2) in the trifluridine/tipiracil group and 3.6 months (3.1–4.1) in the placebo group.

Sequencing of treatment in advanced gastric cancer is still not well defined, but trifluridine/tipiracil serves as a viable option for 3rd and subsequent lines of treatment. It is currently the only oral option available. Clinical guidelines recommend utilizing this agent in patients who have low-volume gastric cancer with minimal or no symptoms, and are able to swallow.

PQI Process:
- Identify patients with gastric or gastroesophageal junction (GEJ) cancer who have failed at least two prior lines of chemotherapy (including a fluoropyrimidine, a platinum, either a taxane or irinotecan, and if appropriate, HER2/neu-targeted therapy)
- Consider conversation with care team with trifluridine/tipiracil as potential oral oncolytic option

Upon receiving a prescription for Trifluridine/Tipiracil:
- Verify appropriateness of treatment (indication, prior lines of treatment)
- Verify correct dose: rounded to nearest 5mg *(*See dosing in Supplemental Information*)
- Check complete blood counts prior to Day 1 and on Day 15 of each cycle
    - Do not initiate cycle until ANC ≥ 1,500/mm3 and platelets ≥ 75,000/mm3
    - Hold treatment if ANC < 500/mm3, febrile neutropenia, or platelets < 50,000 mm3
- Check liver function
    - Do not initiate therapy in patients with moderate to severe hepatic impairment (Bilirubin >1.5 ULN and any AST elevation)

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Patient Centered Activities:

- Provide Oncology Chemotherapy Education (OCE) Sheet and counsel on potential side effects
- Counsel patient on dosing schedule, and administration (**see Supplemental Information*)
    - Consider starting on a Monday to complete days 1-5 from Monday to Friday, break on the weekend (days 6-7), and resume Monday to Friday for days 8-12. Patient does not take therapy for days 13-28
    - Notify the patient that dose delays may be beneficial when managing adverse effects, and should not interfere with their ability to receive treatment or achieve benefit
- Provide medication and clinic appointments calendar; dosage calculator and calendar creator available at www.lonsurfhcp.com/dosing/dosage-calculator
- The most common grade 3 or worse adverse effect is neutropenia (38%)
    - In the TAGS trial, the majority of episodes were managed by delaying the next dose
    - 16% of subjects in that trial were managed with granulocyte colony-stimulating factor
- Consider antiemetic and antidiarrheal medications to manage potential patient adverse effects
- Counsel patient on safe storage, handling, and disposal of cytotoxic drugs (instruct caregiver to wear gloves)
- Provide support kit
    - Lonsurf Starter Kits contain patient and caregiver brochures, pillboxes, and thermometer

References:

1. Shitara K. et al. Trifluridine/tipiracil versus placebo in patients with heavily pretreated metastatic gastric cancer (TAGS): a randomised, double-blind, placebo-controlled, phase 3 trial. Lancet Oncol. 2018 Nov;19(11):1437-1448. doi: 10.1016/S1470-2045(18)30739-3.
2. Lonsurf (trifluridine/tipiracil) [package insert]. Princeton, NY: Taiho Oncology, Inc.; 2019.
3. NCCN Guidelines Gastric Cancer Version 2.2019. 3 Jun 19. Accessed 16 July 2019.

Supplemental Information:

Dosing and Administration:

- 35 mg/m^2 (based on trifluridine) twice daily on days 1 to 5 and 8 to 12 of a 28-day cycle
- Round to the nearest 5 mg (available in 15 mg and 20 mg tablets); refer to dosing calculator available
- Maximum dose 80 mg/dose (160 mg/day)
- Administer with food and swallow tablets whole, within 1 hour after completion of morning and evening meals
- After recovery, reduce dose by 5mg/m^2/dose if:
    - Patient had febrile neutropenia, uncomplicated Grade 4 neutropenia or thrombocytopenia that resulted in > 1 week delay in start of next cycle.
    - Nonhematologic grade 3 or 4 adverse reaction, except for grade 3 or 4 nausea/vomiting controlled by antiemetics or grade 3 diarrhea responsive to antidiarrheal medication.
    - Maximum of 3 dose reductions. Permanently discontinue if unable to tolerate 20 mg/m^2/dose.
    - Do not escalate dose after it has been reduced

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Co-pay Support

1. Private/commercial insurance:
    a. Consider patient enrollment in *Taiho Oncology Patient Support Co-pay Assistance Program* to reduce out-of-pocket expenses to $0
        i. www.taihopatientsupport.com
2. Public/government insurance, (ex. Medicare, Medicaid)
    a. Consider utilizing *Extra-Help,* the Low-Income Subsidy (LIS) from Medicare program
        i. Financial assistance for patients who may otherwise be unable to afford the costs associated with their Medicare Part D plan
        ii. To learn more visit https://secure.ssa.gov/i1020/start
    b. Refer to nonprofit foundations or Patient Assistance Program (PAP)