

Regimen Reference Order – GAST – cabozantinib

ARIA: GAST – [cabozantinib]

Planned Course: Once daily until disease progression or unacceptable toxicity (1 cycle = 30 days)

Indication for Use: Unresectable Hepatocellular Carcinoma (HCC)

Proceed with treatment if:

ANC equal to or greater than $1.5 \times 10^9/L$ AND Platelets equal to or greater than $100 \times 10^9/L$

❖ **Contact Physician if parameters not met**

SEQUENCE OF MEDICATION ADMINISTRATION

Treatment Regimen – GAST – cabozantinib

Drug	Dose	CCMB Administration Guideline
cabozantinib	60 mg	Orally once daily on an empty stomach Swallow whole (Self-administered at home)
cabozantinib (Cabometyx®) available dosage strengths: 20 mg, 40 mg and 60 mg tablets Classification: Cytotoxic, Hazardous		

REQUIRED MONITORING

Baseline and All Cycles

- CBC, serum creatinine, urea, liver enzymes, total bilirubin, albumin, electrolytes (including magnesium, calcium and phosphate), glucose, TSH and T4 as per Physician Orders
- Blood pressure and heart rate
 - Notify Medical Oncologist if systolic blood pressure is greater than or equal to 180 mmHg, diastolic blood pressure is greater than or equal to 120 mmHg and/or heart rate is less than or equal to 50 beats per minute
- Urine protein as per Physicians Orders
 - Urinalysis is the preferred test for urine protein measurement. Where urinalysis is not possible, use dipstick. If lab urinalysis for protein is greater than or equal to 1 g/L or dipstick proteinuria shows 2+ or 3+, notify prescriber
 - If no evidence of proteinuria after 3 cycles, at prescriber's discretion, urine protein assessment may be discontinued and only done if clinically indicated (i.e. symptoms or clinical suspicion [e.g. decreasing albumin level])
- EKG at Physician's discretion if clinically indicated or if patient has a history of bradycardia or arrhythmia

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
metoclopramide	10 – 20 mg	Orally every 4 hours as needed for nausea and vomiting

INSTRUCTIONS FOR PATIENT

- Instruct patient not to eat for at least 2 hours before and at least 1 hour after taking cabozantinib. Do not crush or chew tablets
- Advise patient to notify clinic prior to any surgical procedure (including dental work)
- cabozantinib can cause Reversible Posterior Leukoencephalopathy Syndrome (RPLS). Patients should urgently report to cancer team if seizures, changes in vision or confusion occur
- cabozantinib has potential for drug-drug interactions. Patients should notify clinic prior to starting any new medication
- Avoid grapefruit and grapefruit juice, Seville oranges (i.e. orange marmalade) and starfruit
- Reinforce applicable safe handling precautions of medications, blood and body fluids while on cabozantinib

ADDITIONAL INFORMATION

- PR and QT interval prolongation has been associated with cabozantinib
- cabozantinib has been associated with Reversible Posterior Leukoencephalopathy Syndrome (RPLS), GI fistula and perforation, hemorrhage, osteonecrosis of the jaw, thromboembolic events and wound healing complications
- It is recommended to hold cabozantinib for at least 28 days prior to surgery (including dental surgery) and discontinue permanently if wound complications require medical intervention