AXITINIB

Most patients treated with Axitinib will experience adverse effects, but the effects will differ from one patient to the next. Symptoms may indicate that the underlying cancer is not under control or has relapses. Cancer patients may also have co-morbid diseases that require treatment and cause symptoms.

The most common adverse effects with Axitinib are diarrhea, hypertension, hair color changes (depigmentation), nausea, anorexia, and vomiting.

ADVERSE DRUG REACTION MANAGEMENT GUIDE

1. **Diarrhea**
2. **Constipation**
3. **Nausea & vomiting**
4. **Loss of appetite**
5. **Fatigue & weakness**
6. **General pain (headache)**
7. **Hand-foot skin reaction**

1. Diarrhea

Diarrhea is very common in patients treated with Axitinib, over 50% in patients treated for kidney cancer. Dietary modifications are not recommended in anticipation of diarrhea, but must be considered if diarrhea occurs.

Management:

For mild diarrhea (less than 4 loose stools per day)

- Follow instructions on loperamide (e.g., Imodium®) package insert: 2 tablets immediately, then 1 tablet after each liquid bowel movement (maximum: 8 tablets/24 hours)

For moderate diarrhea (more than 4 to 6 loose stools per day or night-time diarrhea), tell the patient to be more aggressive with loperamide (e.g., Imodium®) for early-onset diarrhea

- Take 2 tablets immediately, then 1 tablet every 2 hours during the day and 2 tablets every 4 hours during the night until bowel movements are normal for at least 12 hours
- This dosage is higher than packaging recommendations.

Replace lost fluids: Fluid intake is more important than eating in patients with diarrhea. To replace lost fluid, advise patients to increase fluids by up to 3 to 4 litres per day (unless there is a known contraindication to increased fluid intake). The patient may drink several types of fluid, including plain water and electrolyte-containing drinks, such as clear broth, gelatin desserts, sports drinks, flat soft drinks, or decaffeinated tea

Anal care: Recommend to your patient to:

- Clean the anal area with mild soap and warm water after each bowel movement to prevent irritation
- Apply a barrier cream or ointment, such as petroleum jelly or Isle's paste
- Soak in a warm bathtub or sitz bath to relieve discomfort

Dietary changes during diarrhea: Advise your patients to change their diet while diarrhea is a problem:

- Eat and drink small quantities of food often
- Avoid spicy, greasy, or fried foods
- Follow the BRAT (banana, rice, applesauce, toast) diet, along with clear liquids, until diarrhea begins to resolve
- Follow a lactose-free diet
- Avoid cabbage, brussel spouts, and broccoli, which may produce stomach gas, bloating and cramps

2. Constipation

Constipation is generally understood to be a reduction in bowel movements to fewer than 3 per week, or unsatisfactory (e.g. incomplete) defecation. Reduced bowel function may give the misperception of constipation to patients who expect one or more movements daily. Constipation may be caused by this medication, other medications being taken concurrently (e.g. narcotic analgesics), or by the underlying cancer. Reduced physical activity or dietary changes, possibly related to this medication or the overall cancer treatment, may contribute to constipation. Abdominal pain is often associated with constipation, but if symptoms become severe a medical assessment to examine for fecal impaction or bowel obstruction may be needed.

Prevention: Advise patient to:

- Change diet, if possible, to include more fruits, vegetables, and high-fibre foods. If the patient is taking a low-calorie diet, consider increasing calories to improve colonic transit.
- Use of a regular laxative regimen, such as senna or bisacodyl at bedtime
- Consider a bowel routine to maintain regularity, such as attempting bowel movements each morning after breakfast (usually the optimal time for a movement), using the toilet when there is an urge instead of repressing it, placing a footstool in front of the toilet to elevate thighs during movement.
- Consider adding light exercise for patients with mostly sedentary lifestyles
- Weight loss in over-weight patients may help improve bowel function

Management:

- If prophylactive stimulant laxative is not effective, try osmotic laxative (e.g. lactulose or PEG)
- Stool softeners have not been shown to be effective
- Drink of fluids
- Biofeedback and relaxation techniques may help some patients with pelvic floor dysfunction. Psychosocial teams in the cancer centres may help with this type of intervention.

3. Nausea & vomiting

Nausea and vomiting may occur in up to 30% of patients on Axitinib. Unlike the nausea and vomiting often experienced by patients on cytotoxic chemotherapy (acute onset, more emesis than nausea), patients on Axitinib tend to have nausea of lesser severity and longer duration, with or without emesis. This can be more distressing to patients' quality of life than acute nausea and vomiting. Often patients will have nausea without the relief that comes from emesis.

Management: The following may provide relief from nausea and vomiting:

- Prophylactic antiemetic agents (e.g. dopaminergic agents such as prochlorperazine, or promotility agents such as metoclopramide) given with each dose of Axitinib and repeated as needed for nausea control. While there is no evidence to support the use of dimenhydrinate, there is evidence that ginger products (e.g. Gravol® Ginger) may be effective, with fewer adverse effects
- Avoid spicy or greasy foods that may contribute to the feeling of nausea. Bland foods, fresh air, and plenty of clear water may reduce the feelings of nausea

4. Loss of appetite

About 1/3 of patients will experience a decreased appetite while taking Axitinib.

Prevention: Advise patient to:

- Have several small meals a day
- Eat slowly

Management:

- Light exercise and fresh air may help
- Drink plenty of fluids
- Eat a high calorie meal plan
- Consider Cyproheptadine to stimulate appetite

5. Fatigue & weakness

About 40% of patients on Axitinib will experience fatigue and about 20% will have asthenia (or general weakness). These symptoms are not life-threatening but will significantly reduce quality of life.

Management: The following may provide relief from fatigue:

- There are no medications that have demonstrated an effect to relieve fatigue
- Mild exercise is very helpful to reduce fatigue, but must be manageable if there is also muscle weakness

6. General pain (headache)

Patients on Axitinib may experience other types of pain. About 15% of patients have headaches while on this treatment. Generalized pain maybe a drug side effect or may be related to the cancer.

Management: The following may provide relief from headaches and other general pain problems:

- Mild pain may respond to non-pharmacologic approaches, such as rest, distraction, cool cloth on the forehead
- Mild pain medications- Acetaminophen preferred; do NOT use non-steroidal anti-inflammatory agents, prescription or OTC due to risk of bleeding (e.g. ibuprofen, ASA, naproxen)
- Acetaminophen with codeine, either OTC (low dose) or on prescription (higher dose) may be considered for more severe pain.

- If acetaminophen is not sufficient to control pain, consider prescription opioid analgesics for management of more severe pain (possibly due to tumor)
- If there is a neuropathic component to the pain, consider a trial with a tricyclic antidepressant (e.g. low dose amitriptyline or imipramine) or gabapentin

7. Hand-foot skin reaction

Hand-foot skin reaction (HFSR), also known as hand-foot syndrome and palmar-plantar erythrodysesthesia, is a common side effect of Axitinib. HFSR is a potentially dose-limiting, skin-related side effect if not managed and prevented at an early stage.

If the patient tells you on the call back phone call he/she is bothered by pain in the hands or feet, you might want to **have the patient drop by the pharmacy** for you to have a look and determine if any prevention or management is required.

Counseling tips:
Tell your patient about prevention of HFSR early in the treatment. If the patient is not prepared for detailed counselling on the day the prescription is picked up, plan a follow up call in a couple of days.

Prevention: Prevention of traumatic activity and rest are crucial.
Urge your patients to:

- Have a manicure or pedicure to remove thickened skin or calluses; follow with moisturizing cream
- Use a moisturizing cream (e.g. Udderly Smooth®, Bag Balm®)
- Wear loose-fitting, soft shoes or slippers, foam absorbing soles, gel inserts to cushion pressure points, cotton socks
- Cushion callused areas with soft or padded shoes
- Reduce exposure of hands and feet to hot water (showers, dishwashing, etc.)
- Avoid excessive friction to hands or feet when performing tasks
- Avoid vigorous exercise or activities that place undue stress on the hands and feet
- Wear thick cotton gloves or socks to protect hands and feet and keep them dry
- Report any signs or symptoms immediately to ensure early-stage treatment

Management: For *Mild* HFSR, there are several management strategies you may consider:

- Avoid hot water; cool water or cold compresses may ease symptoms
- Diligently apply moisturizers to keep palms and soles soft and pliable to prevent cracks or breaks in skin integrity- Use moisturizing creams twice daily; also use aloe vera lotion as needed and use 20% to 40% urea cream or 6% salicylic acid on callused areas
- Soak feet in magnesium sulfate (Epsom salts) to soften calluses and reduce pressure pain
- Use low to moderate dose pain killers
- Advise patients to consult their doctor about reducing their dosage of Axitinib, if symptoms of HFSR worsen after being treated for 2 weeks

For *Moderate to Severe* HFSR, the patient will likely need prescribed therapy, such as:

- Topical corticosteroid (e.g., clobetasol 0.05% ointment)

- 2% lidocaine topical ointment
- For thick, tender sores after acute rash with/without blisters resolves: 40% urea cream; or Tazarotene 0.1% cream; or Fluorouracil 5% cream
- Dose modification of the Axitinib

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