In Partnership with Health Authorities & GPs
continuing-care guidelines

Fulvestrant
(Faslodex®)

in the Management of Postmenopausal Women with Advanced Breast Cancer

Approved by:
NHS MID ESSEX
NHS SOUTH EAST ESSEX
NHS SOUTH WEST ESSEX
NHS NORTH ESSEX
ECNCB

Date approved: October 2012
Next Review date: October 2014
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Responsibility for review: ECN network pharmacist
Summary

Patients who have oestrogen receptor positive breast cancer are currently treated with either tamoxifen or an aromatase inhibitor and these agents are supported by the National Institute for Health and Clinical Excellence (NICE) Clinical Guidance 80/81. When the disease progresses treatment options are limited but fulvestrant has been licensed and provides a further treatment option for the clinician.

These guidelines aim to provide a model framework for the prescribing of fulvestrant by GPs, and to set out the associated responsibilities of GPs and hospital specialists who enter into continuing-care arrangements for patients who are treated with fulvestrant.

Keypoints

- Fulvestrant is indicated for the treatment of postmenopausal women with oestrogen receptor positive, locally advanced or metastatic breast cancer for disease relapse on or after adjuvant anti-oestrogen therapy, or disease progression on therapy with an anti-oestrogen.

- The dose is 500mg weeks 0, 2 and 4, then 500mg once every 4 weeks.

- Fulvestrant should be administered as two consecutive 250mg (5 ml) injections by slow intramuscular injection (1-2 minutes/injection), one in each buttock.

- Patients will continue to be monitored at routine clinic visits where the suitability and efficacy of the treatment will be monitored.

- Fulvestrant is prescribable on FP10. The net monthly cost of therapy is 1x 250mg prefilled syringe = £348.27, 2 x 250-mg prefilled syringe = £522.41.

- This drug has been assessed and is not suitable to be commissioned as per locally enhanced services for near patient testing (shared care). Activity falls within standard GMS contract.
Introduction

Breast cancer is the commonest female malignancy with a 1:12 lifetime risk of developing the disease.

In early disease, following surgical removal of the tumour, adjuvant treatment is given to reduce the risk of recurrence. Radiotherapy, chemotherapy and hormone therapy, or a combination of these, are all options for adjuvant treatment. Patients with oestrogen receptor positive (ER+ve) tumours should be given hormonal therapy.

If advanced disease, or recurrence of previously controlled disease is identified or suspected, the patient should be referred immediately to hospital for further investigation. The treatment algorithm (next page) gives an overview of the options available for treatment of postmenopausal women with advanced breast cancer.

The objectives of these guidelines are:

- To provide impartial information to GPs and community pharmacists who may not have previous experience of this drug.
- To define the procedure for referral of the patient from the hospital to the general practitioner.
- To define the aspects of care for which the hospital and the GP are responsible.
- To define the support available from the hospital.
- To establish lines of communication between GPs, consultants and senior hospital staff.

Pharmacology

Fulvestrant is an oestrogen receptor antagonist and binds to oestrogen receptors in a competitive manner with an affinity comparable with that of oestradiol. Fulvestrant blocks the trophic actions of oestrogens without itself having any partial agonist (oestrogen-like) activity. The mode of action is associated with down-regulation of oestrogen receptor (ER) protein.

Clinical trials in postmenopausal women with primary breast cancer have shown that fulvestrant significantly down-regulates ER protein in ER positive tumours compared with placebo. There was also a significant decrease in progesterone receptor expression consistent with a lack of intrinsic oestrogen agonist effects.

Product Information

Fulvestrant is a once monthly injection of 2 x 250mg administered intramuscularly into the buttocks. It is an oestrogen receptor down-regulator with no agonist effects. Time to progression was found to be 5.5 months with fulvestrant compared to 4.1 months for anastrazole.

Fulvestrant is contraindicated in patients with known hypersensitivity to the active substance or any of the excipients, pregnancy, in breast-feeding and in patients with severe hepatic impairment.

It should be used with caution in mild to moderate hepatic impairment and in severe renal impairment. As it is an intramuscular injection it should be used with caution in patients with clotting abnormalities.

Fulvestrant is a pre-filled syringe containing 250mg in a 5ml solution, a safety needle (SafetyGlide®) is provided. Appropriate sharps disposal is needed. The injection must be stored in a fridge.
Treatment Options Algorithm

Postmenopausal patient with advanced breast cancer

Systemic Treatment
To increase time with no or few symptoms

Radiotherapy
For palliation of painful lesions

First line endocrine therapy
Aromatase inhibitor or tamoxifen

ER/PR positive
(potentially hormone sensitive)

ER/PR negative
Chemotherapy If appropriate

Response (including documented stable disease), then progression

Further endocrine therapy
(To elicit further response in hormone responsive cells)
- Aromatase inhibitor if not given 1st line
- Tamoxifen if not given 1st line
- Fulvestrant (CDF) (757) – 3rd or 4th line in patients with disease progression on or after other anti-oestrogen therapy
- Progestins (eg megestrol acetate)

Further options
Chemotherapy if no response to hormonal therapy

No clinical benefit

Key:
ER – Oestrogen receptor positive
PR – Progesterone receptor positive

Initiation of Therapy

Patients will be commenced on fulvestrant in the outpatient clinic and will receive their first dose (week 0). The GP will then be asked to continue the supply. Treatment will be continued until progression, unacceptable toxicity or patient/clinical decision.

The GP will be required to give week 2, week 4 and then 4 weekly thereafter (week 8,12,16 etc).

Monitoring

Monitoring will be in the breast care clinic/outpatient clinic. Regular follow-up will be scheduled for patients. The patients will be reviewed by the hospital consultants and will be followed up in their clinics. The patient will be treated using this drug for as long as they continue to respond. This response will be followed up with the hospital consultants regularly.
Adverse Effects

The most frequently reported adverse reactions are injection site reactions, asthenia, nausea, and increased hepatic enzymes (ALT, AST, ALP).

Table 1 Adverse Drug Reactions  Taken direct from Faslodex ® SPC. updated 10/11/2010

<table>
<thead>
<tr>
<th>Infections and infestations</th>
<th>Common</th>
<th>Urinary tract infections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immune system disorders</td>
<td>Common</td>
<td>Hypersensitivity reactions</td>
</tr>
<tr>
<td>Metabolism and nutrition disorders</td>
<td>Common</td>
<td>Anorexia$^a$</td>
</tr>
<tr>
<td>Nervous system disorders</td>
<td>Common</td>
<td>Headache</td>
</tr>
<tr>
<td>Vascular disorders</td>
<td>Common</td>
<td>Venous thromboembolism$^b$, hot flushes</td>
</tr>
<tr>
<td>Gastrointestinal disorders</td>
<td>Very common</td>
<td>Nausea</td>
</tr>
<tr>
<td></td>
<td>Common</td>
<td>Vomiting, diarrhoea</td>
</tr>
<tr>
<td>Hepatobiliary disorders</td>
<td>Very common</td>
<td>Increased hepatic enzymes (ALT, AST, ALP)$^a$</td>
</tr>
<tr>
<td>Skin and subcutaneous tissue disorders</td>
<td>Common</td>
<td>Rash</td>
</tr>
<tr>
<td>Musculoskeletal and connective tissue disorders</td>
<td>Common</td>
<td>Back pain$^a$</td>
</tr>
<tr>
<td>Reproductive system and breast disorders</td>
<td>Uncommon</td>
<td>Vaginal moniliasis, leukorrhea, vaginal haemorrhage</td>
</tr>
<tr>
<td>General disorders and administration site conditions</td>
<td>Very common</td>
<td>Asthenia$^a$, injection site reactions$^b$</td>
</tr>
<tr>
<td></td>
<td>Uncommon</td>
<td>Injection site haemorrhage, injection site haematoma</td>
</tr>
</tbody>
</table>

$^a$ Includes adverse drug reactions for which the exact contribution of fulvestrant cannot be assessed due to the underlying disease.

$^b$ The term injection site reactions does not include the terms injection site haemorrhage and injection site haematoma.

Interactions

Currently, there are no noted interactions with other medicinal products and fulvestrant.

Responsibilities of the Hospital

- Identify appropriate patients, obtain their consent and initiate treatment. i.e the first dose (week 0).
- Seek the co-operation of the GP in undertaking continuing-care of the patient, in accordance with these guidelines, in the referral letter. The opportunity for the GP and hospital consultant to further discuss the case and continuing-care, if required, will be highlighted.
- To provide the patient’s GP with a summary letter (or telephone call) giving clinical details and details of the patient’s drug treatment plan, before implementation of continuing-care is desired. A copy of these guidelines will be sent with the summary letter.
- To provide the patient with appropriate information including information on adverse effects.
- Routine follow-up of the patient, to include toxicity and adverse event monitoring and FBC / U&Es.
- Ensure that funding has been requested and approved through the cancer drug fund (CDF) prior to treatment initiation.
- Inform GP that funding has been approved.
- Complete three monthly CDF audit forms

Responsibilities of the General Practitioner

- To monitor the overall health and well being of the patient in a regular monthly review.
- To report any adverse events presented by the patient to the oncology team.
- To prescribe fulvestrant maintenance therapy as described above.
- To help with monitoring the progression if the disease (as detailed in the summary letter) and to refer the patient back to the consultant if there are signs of disease progression.
- Fulvestrant will only be prescribed once GP is informed by secondary care that funding has been approved through CDF.
GPs are encouraged to accept the prescribing of fulvestrant in line with this continuing-care guideline. If however the GP is unwilling to accept prescribing responsibility for fulvestrant, the consultant should be informed as soon as possible to ensure that the continuity of the patient’s treatment is not jeopardised.

If the GP, supported by the PCT Medicines Management Team, refuses to prescribe a drug for clinical or professional reasons, then prescribing responsibility should remain with the consultant.

NB refusal to prescribe should not be based on grounds of cost.

**Availability of Consultant and Senior Hospital Staff**

**Broomfield Hospital**

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant</td>
<td>Dr N Davidson</td>
<td>01245 514706</td>
</tr>
<tr>
<td>Consultant</td>
<td>Dr P Leone</td>
<td>01245 514397</td>
</tr>
<tr>
<td>Oncology Pharmacist</td>
<td>Mrs J Joyce</td>
<td>07623 999769 (pager)</td>
</tr>
<tr>
<td>Pharmacy Medicines Information Centre</td>
<td>-</td>
<td>01245 514822</td>
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**Basildon Hospital**

<table>
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<tr>
<th>Role</th>
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<tbody>
<tr>
<td>Oncology Pharmacist</td>
<td>Mrs Helen McClay</td>
<td>08451 553111 bleep 6210</td>
</tr>
<tr>
<td>Pharmacy Medicines Information Centre</td>
<td>-</td>
<td>01268 593788</td>
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**Colchester Hospital**

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<tbody>
<tr>
<td>Consultant</td>
<td>Dr P Murray</td>
<td>01206 744636</td>
</tr>
<tr>
<td>Oncology Pharmacist</td>
<td>Mrs Debbie Whittle</td>
<td>01206 747474 Bleep 456</td>
</tr>
<tr>
<td>Pharmacy Medicines Information Centre</td>
<td>-</td>
<td>01245 742161</td>
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**Southend Hospital**

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<tr>
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<th>Name</th>
<th>Phone Number</th>
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</thead>
<tbody>
<tr>
<td>Consultant</td>
<td>Dr A.C. Robinson</td>
<td>01702 435555</td>
</tr>
<tr>
<td>Consultant</td>
<td>Dr W.A. Elia</td>
<td>01702 435555</td>
</tr>
<tr>
<td>Oncology Pharmacist</td>
<td>Mr Ryan Wong and Oncology Pharmacy Team</td>
<td>01702 435555 ext 6649/6650</td>
</tr>
<tr>
<td>Pharmacy Medicines Information Centre</td>
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**Additional Sources of Advice and Useful References**

- AstraZeneca Medical Information Department +44 (0)1582 836 836

- Useful sources of information include
  - The current edition of the BNF
  - The electronic Medicines Compendium at [www.medicines.org.uk](http://www.medicines.org.uk)

**References**

AstraZeneca UK eSPC Faslodex updated 10/11/2010


National Institute for Health and Clinical Excellence. CG81, Advanced Breast cancer

National Institute for Health and Clinical Excellence. CG80, Early and locally advanced breast cancer
Dear Dr,

Your patient has been commenced on:
FASLODEX 250mg injection

It would be appropriate for this patient’s therapy to be shared between primary and secondary care. Please sign both copies of this letter to indicate your agreement and return one copy to my office; the other should be placed in the patient’s notes at your practice.

I confirm that I have received funding approval from the cancer drug fund (CDF) for the above treatment. The CDF reference number for this patient is ____________

Yours sincerely,

<Insert consultant name>

GP Name
GP Address

Fulvestrant (Faslodex)

Patient Name: -
Patient Hospital number: -
Patient Address: -
Patient NHS Number: -

GP Signature:  
Print name  
Date
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