

149. Safety Profile of Erlotinib: a Survey of Five Months

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Introduction: Erlotinib, quinazoline derivative, is a specific reversible and ATP-competitive inhibitor of tumor-cell epidermal growth factor receptor (EGFR) tyrosine-kinase. Erlotinib (TARCEVA®, an oral treatment) is indicated for treatment of locally advanced or metastatic non small cell lung cancer after failure of at least one prior chemotherapy.

Objective: To describe adverse drug reactions (ADRs) of erlotinib in a population with a non small cell lung cancer.

Methods: Patients receiving erlotinib for the period January 2006 - may 2006 were identified from the pharmaceutical records in the pharmacy unit. For each patient, we searched medical data concerning ADRs.

Results: Twelve patients were treated by erlotinib, aged from 43 to 76 years old (mean age: 61.2 years) and sex-ratio H/F of 5. Among twelve patients receiving erlotinib, ten patients reported ADRs within the first week of treatment. Twenty-four ADRs were observed. In patients, the most frequent-related adverse events were skin toxicity (67%) and diarrhoea (50%). The patients developed a rash particularly on their face or chest, and acne. Skin toxicity is manageable with standard topical or systemic antibiotics and anti-inflammatory agents requiring dose reductions. Drug was, definitively, withdrawn in three patients. The combination of cutaneous toxicity and diarrhoea required treatment discontinuation in two cases and skin rash in one case.

Conclusion: Cutaneous events are considered as the most relevant elements of toxicity profile of EGFR inhibitors. No previously unrecognised ADRs have been identified. Diarrhoea and cutaneous reactions are the principal adverse reactions of erlotinib and can lead to discontinuation. Only forty percent of patients can continue the treatment.