

Simvastatine + Osimertinib

M1391

Onderbouwend	Stof	Effect	Code
SPC Tagrisso	simvastatine + osimertinib	↓ AUC simvastatine 9% en Cmax 23% Werkgroep Interacties Oncologische middelen 2017:	0A
EPAR		deze kleine wijziging valt binnen de ruis. p.51 In this study osimertinib was dosed for 28 days. It should be noted that a new steady state level of CYP3A4 could be reached by 8-10 days and the steady-stated was achieved by Day 15 for osimertinib and AZ5104 in AURA extension and by Day 22 in AURA2. Although the duration of the study is slightly limited is acceptable to investigate whether an investigational drug is an inducer or a time-dependent inhibitor in vivo.	

Overig	Stof	Effect		
Vishwanathan K. Clin Transl Sci 2020;13:41-6. doi: 10.1111/cts.12688.	simvastatine + osimertinib	retrospective analysis of 2 patients who had liver metastases and high simvastatin exposure (~ 10-fold) prior to osimertinib treatment:		
doi: 10.1111/cts.12000.		Day 1	AUC simva	Cmax simva
		Day 1	(ng h/mL)	(ng/mL)
		simva pat1	700	240
		simva pat2	893	176
		simva pat.other	97.0	30.7
		Day 31	AUC simva	Cmax simva
			(ng h/mL)	(ng/mL)
		simva+osim pat1	30.7	5.8
		simva+osim pat2	41.9	19.7
		simva+osim pat.othe		23.9
			% of the D1 valu	es and Cmax to ~ 2.5%
		resp. 11%		
		-at baseline, both patients had abnormal liver function tests, significant liver metastasis, and, after a single simvastatin		
				with all other patients
		- following 31 days of osimertinib, simvastatin exposures and LFTs (such as ALAT, ASAT, bilirubin) normalized to		
		population mean values. Additionally, reductions in liver metastases were observed on computed tomography scans patients 1 (~ 50%) and 2 (~ 80%). Regime: simvastatin 40 mg 1x on Day 1 and D31, osimertini		
				ned tomography scans in
		80 mg 1dd on D3-32; open-label study with 52 patients with		
		advanced EGFR-mutated non-small cell lung cancer, plus		
		retrospective analysis of 2 patients who had liver metastases		
		and high simvastatin exposure prior to osimertinib treatment,		
		which changed follow		o commentation treatment,
				n D1 likely resulted from
		impairment of hepatic first pass metabolism due to liver		
		metastases. Reduction		
				n liver function returning
		to normal levels.	•	G

Opmerkingen

Risicofactoren	
Mitigerende factoren	

	Interactie	Actie	Datum
Beslissing WG OncolA	Nee	Nee	18 januari 2017