

Trastuzumab deruxtecan + Itraconazol/Ritonavir

MFB 8191

T-DXd: trastuzumab deruxtecan

DXd: deruxtecan

Onderbouwend	Stof	Effect	Code
Takahashi S. Clin Cancer Res 2021;27:5771-80.	trastuzumab deruxtecan + ritonavir itraconazol	-T-DXd: Cmax was similar whether combined with ritonavir [cycle 3/cycle 2; 90% CI: 1.05 (0.98-1.13)] or itraconazole [1.03 (0.96-1.09)]. AUC17d increased from cycle 2 to 3; however, the cycle 3/cycle 2 ratio upper CI bound remained at ≤1.25 for both cohorts. - DXd: Cmax ratio (cycle 3/cycle 2) was 0.99 (90% CI, 0.85-1.14) for ritonavir and 1.04 (0.92-1.18) for itraconazole; AUC17d ratio was 1.22 (1.08-1.37) and 1.18 (1.11-1.25), respectively. The safety profile of T-DXd plus ritonavir or itraconazole was consistent with previous studies of T-DXd monotherapy. Regime: i.v. T-DXd 5.4 mg/kg every 3 weeks; ritonavir (cohort 1, n=17) or itraconazole (cohort 2, n=23) from day 17 of cycle 2 through the end of cycle 3; study (phase I, open-label, single-sequence crossover study (NCT03383692) with 40 patients with HER2-expressing advanced solid tumors. Conclusions: T-DXd was safely combined with ritonavir or itraconazole without clinically meaningful impact on T-DXd or DXd pharmacokinetics.	3A
SPC Enhertu	trastuzumab deruxtecan + ritonavir itraconazol	getallen uit Takahashi 2021 (?) Combinatie met ritonavir, een remmer van OATP1B, CYP3A en P-gp, of met itraconazol, een sterke remmer van CYP3A en P-gp, leidde niet tot een klinisch betekenisvolle stijging (ongeveer 10-20%) van de blootstelling aan trastuzumab-deruxtecan of de afgegeven topo-isomerase I-remmer, DXd.	1A

Overig	Stof	Effect
SPC Enhertu	trastuzumab deruxtecan + remmers	advies: een dosisaanpassing is niet noodzakelijk bij combinatie met remmers van CYP3A, OATP1B of P-gp.

Opmerkingen

PubMed: niets.

Risicofactoren	
Mitigerende factoren	

	Interactie	Actie	Datum
Beslissing WG OncolA	Ja	Nee	15 maart 2023