RESPONSE TO VEMURAFENIB-COBIMETINIB WITH REDUCED DOSES IN A PATIENT WITH METASTASIC MELANOMA, CONCERNING A CASE

Ramos Santana E[1], Viña Romero MM[1,], Hernández Rojas S[1], Ramos Linares S[1], Navarro Dávila M[1], Merino Alonso J[1], Gutiérrez Nicolás F[2]

[1] Hospital Universitario Nuestra Señora de la Candelaria, Tenerife

[2] Hospital Universitario de Canarias, Tenerife

Servicio Canario de Salud

BACKGROUND

Melanoma is the cutaneous tumor with the highest mortality. BRAF inhibitors are indicated for patients with **metastatic melanoma** and are part of the first-line treatment of this disease.

PURPOSE

To describe the clinical course of a patient diagnosed with metastatic melanoma who developed a severe toxicity to the treatment with vemurafenib-cobimetinib and required dose reduction.

MATERIAL AND METHODS

Patient's medical history and drug dispensing records were reviewed through Drago AE® and FarmaTools®.

RESULTS

A 64-year-old female patient diagnosed with metastatic malignant melanoma. Studies show malignant tumoral disease at the lymph node, pulmonary, hepatic, bone, multiple tumor implants in subcutaneous and muscular cellular tissue, abdominal implants, and probable cerebral metastatic injury.

1. Treatment with the Vemurafenib 960 mg **(2-0-2)** and Cobimetinib 60 mg **(0-0-3)** was started. After the first cycle, the patient develops a severe dermal toxicity (grade III).
2. Following resolution, it was decided to continue the treatment with reduced doses: Vemurafenib 720 mg **(1-0-2)** and Cobimetinib 40 mg**(0-0-2)**.
3. Two months later, a magnetic resonance imaging of the skull is performed, with a marked decrease in brain injury, but a post-treatment toxic leukopathy is evident, accompanied by gastrointestinal toxicity with asthenia, nausea and hyporexia, reducing the dose to Vemurafenib at 480 mg **(1-0-1)** and Cobimetinib at 20 mg **(0-0-1)**. One month later, a new decrease was observed, compared to the previous study. The rest of the lesions objectified in the first PET-CT study do not show significant metabolic activity at present.
4. In view of the good response to treatment, a full dose of the drugs is attempted again, but the dose-dependent dermal toxicity is re-confirmed. Therefore, to date, the patient remains in stable disease with reduced doses of treatment: Vemurafenib 720 mg **(1-0-2)** and Cobimetinib 20 mg **(0-0-1)**.

CONCLUSIONS

With the present case we wanted to increase the published evidence on the management of drugs known as **"targeted therapies"** in metastatic melanoma, showing the case of a dose dependent dermal toxicity, in which it has been possible to **control the evolution of the disease with reduced doses** of Vemurafenib/Cobimetinib.

eramsanf@gobiernodecanarias.org

@eramsanf

23rd Congress of eahp european association of hospital pharmacists making the difference in medication

HOSPITAL PHARMACISTS - SHOW US WHAT YOU CAN DO!

21st - 23rd March 2018 | Gothenburg, Sweden

4CPS-133