MANIC SYMPTOMATOLOGY INDUCED BY ALECTINIB: A CASE REPORT

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BACKGROUND

Alectinib is indicated as second line treatment of adult patients with advanced Non Small Cell Lung Cancer (NSCLC) anaplastic lymphoma kinase (ALK) positive, previously treated with crizotinib. Clinical safety data do not report adverse drug reactions (ADR) on central nervous system. This drug is on the European list of medicinal products under additional monitoring.

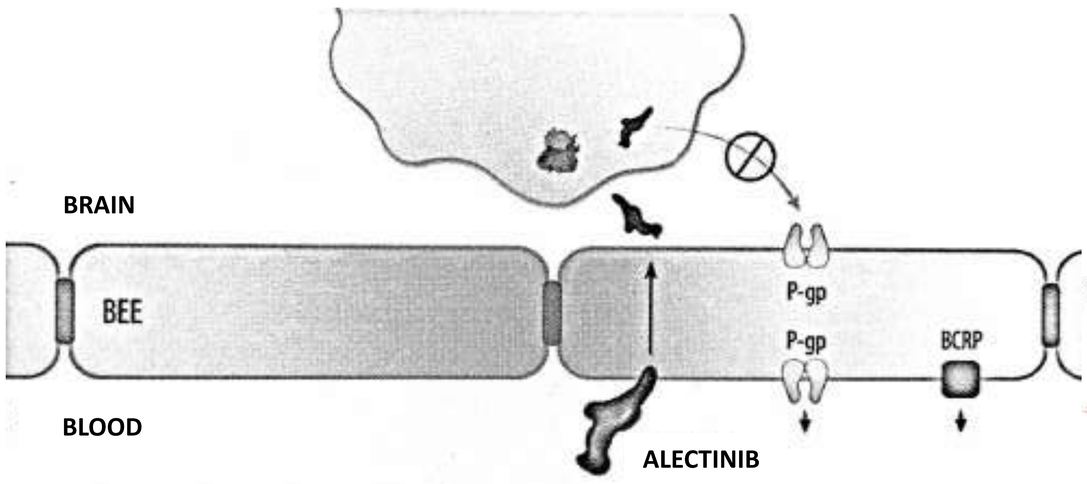
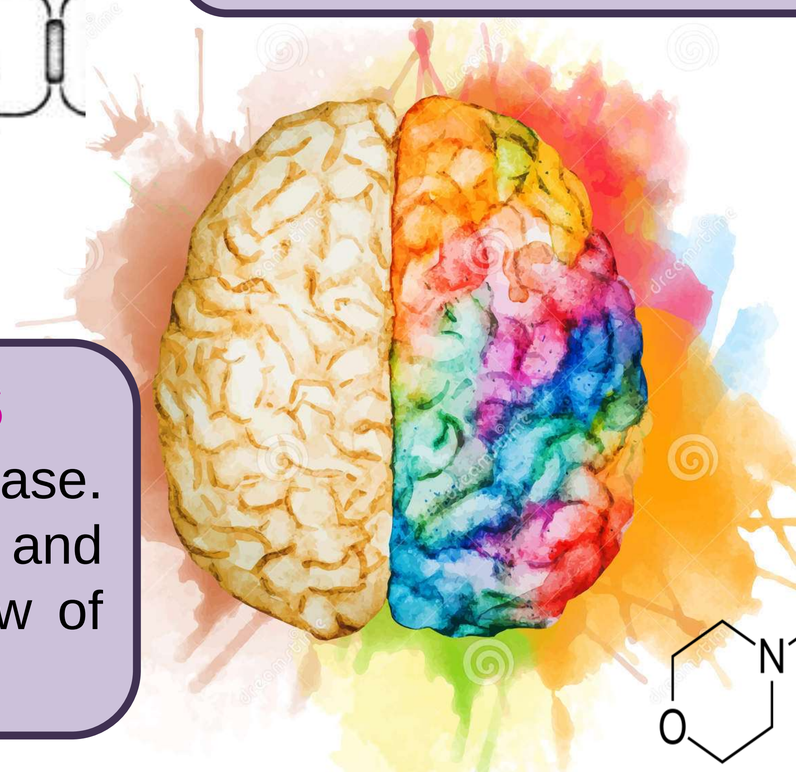


Fig.1 Blood-brain barrier penetration

PURPOSE

Describe a case of manic episode in a patient with advanced NSCLC treated with Alectinib.



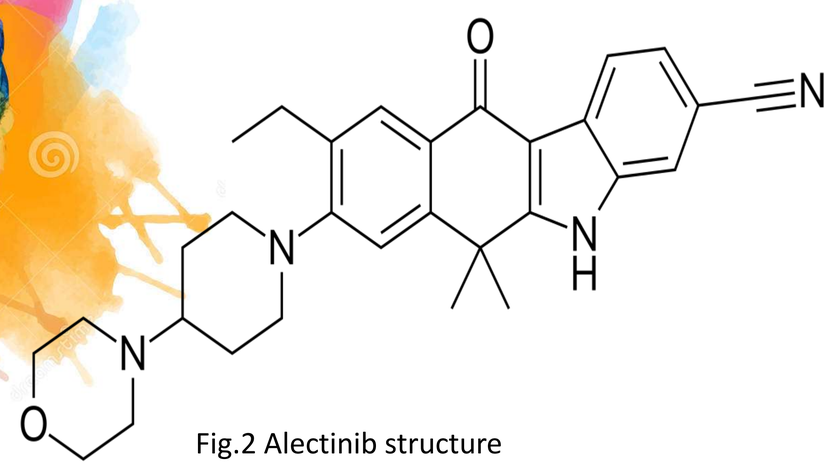


Fig.2 Alectinib structure

MATERIAL AND METHODS

Retrospective observation of clinical case. The data- diagnostic tests, therapy and clinical course -were obtained by review of medical records.

RESULTS

A 46 years-old woman affected by NSCLC ALK positive with brain metastases began treatment with Alectinib in December 2017. Treatment, 4 capsules twice a day, allowed cancer regression and metastasis disappearance. In March 2018, CT scan with and without contrast agent (80 cc Ioversol 370 mg/mL), did not show patological signs in intracranial space or grooves growth of the convexities. History was negative for psychiatric disorders but after the beginning of treatment, patient developed an anxious depressive symptomatology and insomnia that worsened in the next months. Between February and May, the patient was hospitalized four times at the Psychiatric Diagnosis and Treatment Service, and diagnosed bipolar severe disorder: psychotic characteristics with persistently high mood, irritable and expanded, logorrhea, agitation, impairment of social functioning, delirium with ideas of grandeur and persecution. This ADR has been reported on national pharmacovigilance network (RNFV).

Psychotic symptoms were treated with: Sodium Valproate 300 mg os, Aripiprazole 400 mg ev, Lithium Carbonate 300 mg os, high doses of Lorazepam and Olanzapine up to 30 mg. Patient responded well but had recurrences after each hospital discharge. Although initially could be supposed a poor treatment compliance, this was impossible due to long acting injectable therapy with normal levels of valproatemia and lithiemia.

The patient continued the therapy with Olanzapine and Lorazepam.

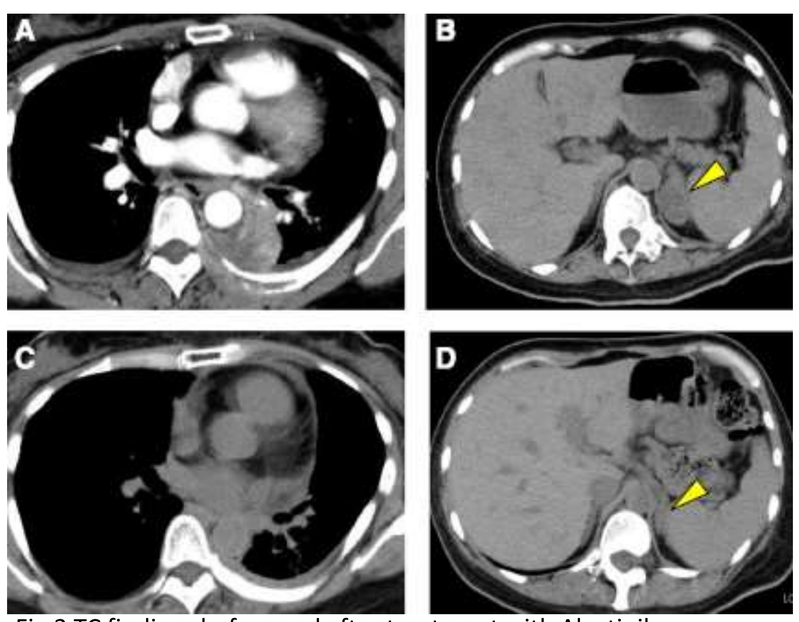


Fig.3 TC findings before and after treatment with Alectinib.
Mamesaya et al. BMC Cancer (2017) 17:471

CONCLUSION

In literature, there are no cases of Alectinib neurological toxicity. For this reason, healthcare professionals have to monitor carefully any unexpected ADR wich can manifest during treatment with new drugs, especially those under additional monitoring.