



13. Inhibiteurs des Tyrosines Kinases utilisés dans les CBNPC

Le tableau 8 reprend les principales modalités de prescription et de surveillance des ITK qui peuvent être utilisés dans les CBNPC.



Cancer bronchiques non à petites cellules

| TKI | Posologie | Forme | Dosages | Adaptation (/prise) | Cible(s) | Autorisation | Repas | Surveillance biologique | Surveillance Clinique (Appareils) | Autres surveillances |
|--|------------------------------------|-------|------------------------------|---------------------------|-------------------------------|-------------------|-------|--|--|---|
| Afatinib* GIOTRIF (Boehringer Ingelheim) | 40mg x1/j | | 20mg 30mg 40mg 50mg | / 10 à 20mg | EGFR | AMM | | BH, iono (K), créat | Digestif – Cutané - Pulmonaire - Oculaire ORL (épistaxis, rhinorrhée) - Général, Déshydratation | FEVG / 3 mois |
| Alectinib* ALECENSA (Chugai / Roche) | 600mg x2/j | | 150mg | / 150mg | ALK | AMM | | NFS, BH, CPK | Digestif – Cutané - Myalgie – Bradycardie - Pulmonaire – Oculaire – Œdèmes - Anémie | |
| Brigatinib# ALUNBRIG (Takeda) | 90mg x1/j 7j puis 180mg x1/j | | 30mg 90mg 180mg | Voir notice | ALK | AMM | | NFS, BH, CPK Lipase, Amylase, Gly, iono, créat | Digestif, pancréatique - Général – Hyperglycémie - Pulmonaire – Oculaire - Cardiaque (HTA, Bradycardie) - Œdème - Céphalées, neuropathies périphériques - Cutané - Musculaire | ECG (QT) |
| BLU-667 Pralsetinib# (Blueprint) | 400mg x1/j | | 100mg | - | RET | ATU nominative | | BH, NFS, CPK | Digestif – Pulmonaire - Cardiaque (HTA) | |
| Capmatinib# (Novartis) | 400mg x2/j | | 200mg | / 100mg | MET (Mt ex 14) | ATU nominative | | BH, Lipase, Amylase, Albumine, iono, créat, NFS | Digestif - Général - Cutané - Œdèmes | ECG (QT) |
| Ceritinib* ZYKADIA (Novartis) | 450mg x1/j | | 150mg | / 150mg | ALK | AMM | | NFS, BH, Amylase, Lipase, Iono (K), créat, Glycémie | Anémie - Hyperglycémie, hypophosphatémie Pulmonaire – Oculaire - Cardiaque (bradycardie, péricardite, QT) - Digestif, pancréatite - Cutané - Général | ECG (QT) |
| Crizotinib* XALKORI (Pfizer) | 250mg x2/j | | 200mg 250mg | A 200mgx2 ou à 250mgx1 | ALK, ROS1 | AMM | | BH, NFS, iono (K), créat | Digestif - Cardiaque (bradycardie, QT) Cutané – hématologique - Pulmonaire - Oculaire | ECG (QT) |
| Dabrafenib* TAFINLAR (Novartis) | 150mg x2/j | | 50mg 75mg | / 50mg | BRAF | AMM | | BH, créat | Hypophosphatémie, hyperglycémie - Céphalées - Pulmonaire – Oculaire - Digestif – Cutané - Musculaire - Général | Examen dermato /mois, jusque 6mois après arrêt (Cancers cutanés) |
| Entrectinib ROZLYTREK (Roche) | 600mg x1/j | | 100mg 200mg | / 200mg | ROS1 ALK NTRK | | | BH, Uricémie, NFS, créat, Lipase, Amylase, Albumine, iono, Gly | Neurologique – Musculo-squelettique – Oculaire – Général – Digestif – Pulmonaire – Déshydratation – Cutané – Hypotension | FEVG, ECG (QT) |
| Erlotinib* TARCEVA (Roche) | 150mg x1/j | | 25mg 100mg 150mg | / 50mg | EGFR | AMM | | BH, iono, créat | Cutané – Digestif – Pulmonaire – Oculaire - Général | |
| Gefitinib* IRESSA (Astra Zeneca) & génériques | 250mg x1/j | | 250mg | Aucune | EGFR | AMM | | BH, iono (K), créat | Digestif – Cutané – Pulmonaire – Oculaire - Epistaxis | |

| | | | | | | | | | |
|---|------------|-----------|----------------------------|---------|------------------------|---|--|---|--|
| Larotrectinib* VITRAKVI (Bayer) | 100mg x2/j | Sol. Buv. | 20mg/ml | / 25mg | NTRK | AMM, Post-ATU, en rétrocession Hosp. | NFS, BH | Neurologique (vertige, trouble de la marche, paresthésies) – Digestif - Musculo-squelettique - Général | |
| Lorlatinib# LORVIQUA (Pfizer) | 100mg x1/j | ⊕ | 25mg 100mg | / 25mg | ALK, ROS1 | AMM (ALK) Post-ATU, en rétrocession Hosp. | NFS, Lipase, Amylase, Cholesterol, Triglycérides | Général – Psychiatrique – Neurologique – Cutané – Oculaire - Musculo-squelettique - Digestif, pancréatique – Oedèmes | ECG (PR) |
| LOXO-292 Selpercatinib ^α (Loxo/Lilly) | 160mg x2/j | ⊖ | 20mg 80mg Susp. buv. | - | RET | ATU nominative | BH, créat | Digestif - Cardiaque (HTA) – Général – Œdèmes - Céphalées | |
| Osimertinib* TAGRISSO (Astra-Zeneca) | 80mg x1/j | ⊕ | 40mg 80mg | / 40mg | EGFR | AMM | NFS, BH, iono, créat | Digestif – Cutané – Pulmonaire - Hématologique | ECG (QT) |
| Trametinib* MEKINIST (Novartis) | 2mg x1/j | ⊕ | 0,5mg 2mg | / 0,5mg | MEK² | AMM | NFS, BH, CPK | Digestif – Oculaire – Musculaire – Cutané – Général – Œdème - Cardiaque (HTA, Altération FEVG) – Pulmonaire - Hématologique | Tension artérielle FEVG /3 mois |
| Vemurafenib* ZELBORAF (Roche) | 960mg x2/j | ⊕ | 240mg | / 240mg | BRAF | Hors AMM ¹ | BH, iono (K), NFS | Digestif – Cutané – Musculaire – Générale - Cardiaque (Trouble du rythme, QT) – Œdème - Oculaire | Examen dermato /mois, jusque 6mois après arrêt (photosensibilité) ECG (QT) |

Tableau 8 - Principales modalités d'utilisation des ITK indiqués dans les CBNPC.

Sources : * Société Française de Pharmacie Oncologique, Oncolien®, Fiches et vidéos d'aide au bon usage des traitements anticancéreux oraux, <https://oncolien.sfpo.com/> - # Centre National Hospitalier d'Information sur le Médicament, Base de données THERIAQUE, v4.2.4 déployé le 29/08/2017 et mise à jour le 04/11/2019, <http://www.theriaque.org/apps/contenu/accueil.php> - & Site de l'Agence Nationale de Sécurité des Médicaments, Résumé des Caractéristiques du Produit. - ^α Données de la littérature.

Notes : 1. Le vemurafenib ne dispose pas d'AMM dans le cancer du poumon. 2. Utilisé en association au Dabrafénib pour cibler les BRAF V600E.

Repas : ROUGE : A prendre en dehors des repas (pas de prise entre 1h avant et 3h après le repas) - VERT : A prendre au cours des repas - JAUNE : Pendant ou au cours des repas - GRIS : Inconnu.

Abréviations : BH : Bilan Hépatique, Iono : Ionogramme Sanguin, K : Kaliémie, NFS : Numération Formule Sanguine (+Plaquettes), Créat : Créatinine, CPK : Créatine Kinase, ECG : Electrocardiogramme, FEVG : Fraction d'Ejection du Ventricule Gauche, QT : Espace QT corrigé, PR : Espace PR.

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