SEVERE HEPATOTOXICITY INDUCED BY CERITINIB IN A METASTATIC NON-SMALL-CELL LUNG CANCER PATIENT: A CASE REPORT

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Background
- Ceritinib is indicated for the treatment of adult patients with non-small-cell lung cancer (NSCLC), when the disease is advanced, with anaplastic lymphoma kinase (ALK) positive and it has been treated before with crizotinib.
- The data sheet for ceritinib describes hepatotoxicity as an uncommon adverse reaction observed in less than 1% of patients in clinical trials.

Purpose
- To describe a case of severe hepatotoxicity in a patient with advanced non-small-cell lung cancer treated with ceritinib.

Material and methods
- Descriptive and retrospective clinical case
- Data were obtained by review of the electronic medical records

Results
- Man 57 years old NSCLC ALK positive
- PREVIOUS TREATMENT
  Crizotinib 250 mg/12h
  Initiated in November 2015
- IMAGING TESTS
  show disease progression
  Crizotinib was interrupted in June 2016
- Ceritinib 750 mg/24h was initiated in June 2016
- Ceritinib is on the European list of medicinal products under additional monitoring
- A month later (July 2016)
  Transaminases started to decrease
  Marked elevation of transaminases
  GPT: 455 (grade 3)
  GOT: 123 (grade 2)
  GGT: 721 (grade 3)
  Alkaline Phosphatase: 662 (grade 2)

Karch-Lasagna algorithm

Stablishes a “PROBABLE” relationship between hepatotoxicity and Ceritinib based on temporal correlation of facts and the apparent lack of another perpetrators of hepatic damage.

Conclusions
- Drug-induced hepatic injury is one of the most common reasons for withdrawal of an approved drug.
- Health professionals must be vigilant in identifying drug-related liver injury, above all those related to drugs on the European list of medicinal products under additional monitoring.
- In our case, hepatic transaminases increased progressively throughout the course of the treatment with ceritinib and they were continuously decreasing since ceritinib discontinuation.