Managing the side effects of sunitinib: a practical guide

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Sunitinib malate (Sutent, Pfizer) is licensed in the UK for the second-line treatment of unresectable or metastatic gastrointestinal stromal tumour (GIST) after failure of imatinib mesylate as a result of resistance or intolerance, and for the treatment of advanced or metastatic renal cell carcinoma (RCC). There are few other options available for these two tumour types, which are relatively resistant to both chemotherapy and radiotherapy. Nurses and other healthcare professionals are, therefore, likely to be increasingly involved in the administration of sunitinib to patients, even though it is not yet approved by the National Institute for Health and Clinical Excellence (NICE).

Although sunitinib is generally well tolerated, with few grade 3 or 4 toxicities, there are a number of drug-related side effects that adversely affect patients’ health and quality of life; if these toxicities are not resolved, the clinical effectiveness of the drug can be undermined. Little information on the side effects of sunitinib and their management has been published. In our poster, we discuss the most common adverse events associated with sunitinib—fatigue, hypertension, skin and hair associated effects, hand/foot syndrome, dry skin/pruritus, gastrointestinal disturbances, oral changes and hypothyroidism—and offer practical advice on how they may be prevented or managed, so that nurses who are less familiar with sunitinib will be aware of its toxicities and confident about dealing with the side effects as the drug begins to move out of the clinical trial setting and into the clinic.

The advice given represents the consensus opinion of a group of research nurses involved daily in the management of patients on the drug.

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