Regorafenib side effects

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Some of the most common side effects of regorafenib include:

Fatigue

Diarrhea

Nausea and vomiting

Loss of appetite

Hand-foot syndrome (redness, swelling, and pain on the palms of the hands and soles of the feet)

High blood pressure

Abdominal pain

Headache

Weight loss

Infections

Extensive coagulative necrosis [1)].

One patient experienced, after reintervention and during Regorafenib treatment (administered 40 days after surgery), dehiscence of the surgical wound [2)]

In patients with progressive WHO grade 3 or 4 gliomas, predominantly with two pretreatment lines or more, regorafenib seems to be effective despite considerable grade 3 or 4 side effects [3)].

Treiber et al. described 11 consecutive patients with high-grade glioma recurrence treated with regorafenib at the university medical center in Göttingen. The majority of patients had MGMT promoter methylation (9/11 cases). Regorafenib was given as 2nd line systemic treatment in 6/11 patients and 3rd or higher line treatment in 5/11 patients. The median number of applied cycles was 2 with dosage reductions on 5/11. Response to treatment was observed on 4/11 (PR on 1/11, and SD on 3/11). The Median overall survival for the cohort was 16.1 months, median progression-free survival was 9.0 months, and median time to treatment failure was 3.3 months. Side effects of any CTCAE grade were noted in all patients, hereby 6/11 with CTCAE °III-IV reactions. High-grade side effects were of dermatologic, cardiovascular, and hematologic nature. A mean treatment delay of 57.5 days (range 23-119) was noted between tumor board recommendation and treatment initiation due to the application process for off-label use in this indication. In conclusion, treatment with regorafenib in relapsed high-grade glioma is a feasible treatment option but has to be considered carefully due to the significant side effect profile [4)].

Within 12-months of regorafenib treatment, and 16-years since SRS, the patient developed ipsilateral House-Brackmann Grade IV facial weakness. Dramatic VS expansion from 14 to 25 mm in maximum diameter, with new brain stem compression, was seen on MRI. Due to poor prognosis of his gastrointestinal malignancy, he declined surgical resection, and elected for palliative salvage SRS [5)].

1)
Werner JM, Wollring MM, Tscherpel C, Rosen EK, Werr L, Stetter I, Rueß D, Ruge MI, Brunn A, Al Shughri A, Kabbasch C, Fink GR, Langen KJ, Galldiks N. Multimodal imaging findings in patients with glioblastoma with extensive coagulative necrosis related to regorafenib. Neuro Oncol. 2023 Mar 24:noad051. doi: 10.1093/neuonc/noad051. Epub ahead of print. PMID: 36960770.
2)
Gregucci F, Surgo A, Carbonara R, Laera L, Ciliberti MP, Gentile MA, Caliandro M, Sasso N, Bonaparte I, Fanelli V, Tortora R, Paulicelli E, Surico G, Lombardi G, Signorelli F, Fiorentino A. Radiosurgery and Stereotactic Brain Radiotherapy with Systemic Therapy in Recurrent High-Grade Gliomas: Is It Feasible? Therapeutic Strategies in Recurrent High-Grade Gliomas. J Pers Med. 2022 Aug 20;12(8):1336. doi: 10.3390/jpm12081336. PMID: 36013284; PMCID: PMC9410141.
3)
Werner JM, Wolf L, Tscherpel C, Bauer EK, Wollring M, Ceccon G, Deckert M, Brunn A, Pappesch R, Goldbrunner R, Fink GR, Galldiks N. Efficacy and tolerability of regorafenib in pretreated patients with progressive CNS grade 3 or 4 gliomas. J Neurooncol. 2022 Jun 18. doi: 10.1007/s11060-022-04066-9. Epub ahead of print. PMID: 35716310.
4)
Treiber H, von der Brelie C, Malinova V, Mielke D, Rohde V, Chapuy CI. Regorafenib for recurrent high-grade glioma: a unicentric retrospective analysis of feasibility, efficacy, and toxicity. Neurosurg Rev.

2022 Jun 20. doi: 10.1007/s10143-022-01826-z. Epub ahead of print. PMID: 35725846.
5)

Carlstrom LP, Muñoz-Casabella A, Perry A, Graffeo CS, Link MJ. Dramatic Growth of a Vestibular Schwannoma After 16 Years of Postradiosurgery Stability in Association With Exposure to Tyrosine Kinase Inhibitors. Otol Neurotol. 2021 Dec 1;42(10):e1609-e1613. doi: 10.1097/MAO.0000000000003304. PMID: 34766951; PMCID: PMC8597893.