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# CAELYX<sup>®</sup> INJECTION

## DOXORUBICIN HYDROCHLORIDE

### PRODUCT INFORMATION

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#### 1. NAME OF THE MEDICINE

CAELYX<sup>®</sup> contains pegylated liposomal doxorubicin hydrochloride.

#### 2. QUALITATIVE AND QUANTITATIVE COMPOSITIONS

Each vial contains 20 mg or 50 mg doxorubicin hydrochloride (HCl) at a concentration of 2.0 mg/1 mL in a pegylated liposomal formulation.

The pH of the suspension is 6.5.

CAELYX, a pegylated liposomal formulation of doxorubicin hydrochloride, contains doxorubicin encapsulated in liposomes having surface-bound methoxypolyethylene glycol groups (pegylated liposomes). This process is known as pegylation and protects the liposomes from detection by the mononuclear phagocyte system (MPS), which increases blood circulation time.

The pegylated liposome consists of sodium methoxy-PEG-40-carbonyl-distearoyl phosphatidyl-ethanolamine (MPEG-DSPE), hydrogenated soy phosphatidylcholine (HSPC) and cholesterol.

Excipients with known effect

Contains fully hydrogenated soy phosphatidylcholine (from soyabean)

Contains less than 1 mmol sodium (23 mg) per dose, and is essentially 'sodium-free'

For a full list of excipients, see **section 6.1**.

#### 3. PHARMACEUTICAL FORM

CAELYX is a concentrate for infusion presented as a sterile, translucent, red suspension in glass vials containing 10 mL or 25 mL for single-use intravenous infusion.

#### 4. CLINICAL PARTICULARS

##### 4.1 Therapeutic Indications

CAELYX, as monotherapy, is indicated for the treatment of metastatic breast cancer.

CAELYX is also indicated for the treatment of:

- Advanced epithelial ovarian cancer in women who have failed a first-line platinum-based chemotherapy regimen.
- AIDS-related Kaposi's sarcoma (KS) in patients with low CD4 counts (<200 lymphocytes/mm<sup>3</sup>) and extensive mucocutaneous or visceral disease.

CAELYX may be used as first-line systemic chemotherapy, or as second line chemotherapy in AIDS-KS patients with disease that has progressed with, or in patients intolerant to, prior combination systemic chemotherapy comprising at least two of the following agents: a vinca alkaloid, bleomycin and doxorubicin (or other anthracycline).

CAELYX is also indicated, in combination with bortezomib, for the treatment of progressive multiple myeloma in patients who have received at least one prior therapy and who have already undergone or are unsuitable for bone marrow transplant.

## 4.2 Dose and Method of Administration

CAELYX should only be administered under the supervision of a qualified oncologist specialised in the administration of cytotoxic agents.

CAELYX exhibits unique pharmacokinetic properties and must not be used interchangeably with other formulations of doxorubicin HCl.

### Breast Cancer / Ovarian Cancer

CAELYX is administered intravenously at a dose of 50 mg/m<sup>2</sup> once every 4 weeks for as long as the disease does not progress and the patient continues to tolerate treatment.

For doses <90 mg: dilute CAELYX in 250 ml 5 % (50 mg/mL) glucose solution for infusion.

For doses ≥ 90 mg: dilute CAELYX in 500 ml 5 % (50 mg/mL) glucose solution for infusion.

To minimise the risk of infusion reactions, the initial dose is administered at a rate no greater than 1 mg/minute. If no infusion reaction is observed, subsequent CAELYX infusions may be administered over a 60-minute period.

In the breast cancer trial program, modification of the infusion was permitted for those patients experiencing an infusion reaction as follows:

5% of the total dose was infused slowly over the first 15 minutes. If tolerated without reaction, the infusion rate was doubled over the next 15 minutes. If tolerated, the infusion was completed over the next hour for a total infusion time of 90 minutes.

Subsequent CAELYX infusions may be administered over a 60 minute period.

### Multiple Myeloma

CAELYX is administered at 30 mg/m<sup>2</sup> on day 4 of the bortezomib 3 week regimen as a 1 hour infusion administered immediately after the bortezomib infusion. The bortezomib regimen consists of 1.3 mg/m<sup>2</sup> on days 1, 4, 8, and 11 every 3 weeks. The dose should be repeated as long as patients respond satisfactorily and tolerate treatment.

For doses < 90 mg: dilute CAELYX in 250 ml of 5 % (50 mg/ml) glucose solution for infusion.

For doses ≥ 90 mg: dilute CAELYX in 500 ml of 5 % (50 mg/ml) glucose solution for infusion.

The intravenous catheter and tubing should be flushed with 5 % glucose solution for infusion between administrations of CAELYX and bortezomib. Day 4 dosing of both medicinal products may be delayed up to 48 hours as medically necessary. Doses of bortezomib should be at least 72 hours apart. The first infusion of CAELYX should be administered over 90 minutes, as follows:

- 10 ml over first 10 minutes
- 20 ml over next 10 minutes
- 40 ml over next 10 minutes
- then, complete the infusion over a total of 90 minutes.

Subsequent doses of CAELYX will be administered over 1 hour, as tolerated. If an infusion reaction to CAELYX occurs, stop the infusion and after the symptoms resolve, attempt to administer the remaining CAELYX over 90 minutes, as follows:

- 10 ml over first 10 minutes
- 20 ml over next 10 minutes
- 40 ml over next 10 minutes
- then, complete the remaining infusion over a total of 90 minutes.

Infusion may be given through a peripheral vein or a central line.

## AIDS Related Kaposi's Sarcoma

CAELYX should be administered intravenously at 20 mg/m<sup>2</sup> every two-to-three weeks. Intervals shorter than 10 days should be avoided as drug accumulation and increased toxicity cannot be ruled out. Patients should be treated for two-to-three months to achieve a therapeutic response. Treatment should be continued as needed to maintain a therapeutic response.

CAELYX, diluted in 250 mL 5% Glucose Intravenous Infusion, is administered by intravenous infusion over 30 minutes.

### All Patients

If the patient experiences early symptoms or signs of infusion reaction (see **section 4.4**), immediately discontinue the infusion, give appropriate premedications (antihistamine and/or short acting corticosteroid) and restart at a slower rate.

### Guidelines for CAELYX Dose Modification

To manage adverse events such as palmar-plantar erythrodysesthesia (PPE), stomatitis or haematological toxicity, the dose may be reduced or delayed. Guidelines for CAELYX dose modification secondary to these adverse effects are provided in the tables below. The toxicity grading in these tables is based on the National Cancer Institute Common Toxicity Criteria (NCI-CTC) (US).

The tables for PPE and stomatitis provide the schedule followed for dose modification in clinical trials in the treatment of breast or ovarian cancer (modification of the recommended 4 week treatment cycle). If these toxicities occur in patients with AIDS related KS, the recommended 2 to 3 week treatment cycle can be modified in a similar manner.

The table for hematologic toxicity (Table 3) provides the schedule followed for dose modification in clinical trials in the treatment of patients with breast or ovarian cancer only. Dose modification in patients with AIDS-KS is addressed in **section 4.8**.

<b>Toxicity Grade at Current Assessment</b>	<b>Week After Prior CAELYX Dose</b>		
	<b>Week 4</b>	<b>Week 5</b>	<b>Week 6</b>
<b>Grade 1</b> (mild erythema, swelling, or desquamation not interfering with daily activities)	<b>Redose unless</b> Patient has experienced a previous Grade 3 or 4 skin toxicity, in which case wait an additional week	<b>Redose unless</b> patient has experienced a previous Grade 3 or 4 skin toxicity, in which case wait an additional week	Decrease dose by 25%; return to 4 week interval
<b>Grade 2</b> (erythema, desquamation, or swelling interfering with, but not precluding normal physical activities; small blisters or ulcerations less than 2 cm in diameter)	<b>Wait an additional week</b>	<b>Wait an additional week</b>	<b>Decrease dose by 25%; return to 4 week interval</b>
<b>Grade 3</b> (blistering, ulceration, or swelling interfering with walking or normal daily activities; cannot wear regular clothing)	<b>Wait an additional week</b>	<b>Wait an additional week</b>	<b>DISCONTINUE CAELYX</b>
<b>Grade 4</b> (diffuse or local process causing infectious complications, or a bedridden state or hospitalisation)	<b>Wait an additional week</b>	<b>Wait an additional week</b>	<b>DISCONTINUE CAELYX</b>

Table 2: STOMATITIS			
Toxicity Grade at Current Assessment	Week After Prior CAELYX Dose		
	Week 4	Week 5	Week 6
<b>Grade 1</b> (painless ulcers, erythema, or mild soreness)	<b>Redose unless</b> Patient has experienced a previous Grade 3 or 4 stomatitis in which case wait an additional week	<b>Redose unless</b> Patient has experienced a previous Grade 3 or 4 stomatitis in which case wait an additional week	<b>Decrease dose by 25%; return to 4 week interval</b> Or withdraw patient per physician's assessment
<b>Grade 2</b> (painful erythema, oedema, or ulcers, but can eat)	<b>Wait an additional week</b>	<b>Wait an additional week</b>	<b>Decrease dose by 25%; return to 4 week interval</b> Or withdraw patient per physician's assessment
<b>Grade 3</b> (painful erythema, oedema, or ulcers, but cannot eat)	<b>Wait an additional week</b>	<b>Wait an additional week</b>	<b>Discontinue CAELYX</b>
<b>Grade 4</b> (requires parenteral or enteral support)	<b>Wait an additional week</b>	<b>Wait an additional week</b>	<b>Discontinue CAELYX</b>

Table 3: HAEMATOLOGICAL TOXICITY (ANC OR PLATELETS):			
1. MANAGEMENT OF PATIENTS WITH BREAST OR OVARIAN CANCER			
GRADE	ANC (x10 <sup>9</sup> /L)	PLATELETS (x10 <sup>9</sup> /L)	MODIFICATION
<b>Grade 1</b>	1.5 - 1.9	75 - 150	Resume treatment with no dose reduction
<b>Grade 2</b>	1.0 - <1.5	50 - <75	Wait until ANC ≥1.5 x10 <sup>9</sup> /L and platelets ≥75 x10 <sup>9</sup> /L; redose with no dose reduction
<b>Grade 3</b>	0.5 - <1.0	25- <50	Wait until ANC ≥1.5 x10 <sup>9</sup> /L and platelets ≥75 x10 <sup>9</sup> /L; redose with no dose reduction
<b>Grade 4</b>	<0.5	<25	Wait until ANC ≥1.5 x10 <sup>9</sup> /L and platelets ≥75 x10 <sup>9</sup> /L; decrease dose by 25% or continue full dose with growth factor support.
2. MANAGEMENT OF PATIENTS WITH AIDS-KS			
GRADE	ANC (x10 <sup>9</sup> /L)	PLATELETS (x10 <sup>9</sup> /L)	MODIFICATION
<b>Grade 1</b>	1.5 - 1.9	75 - 150	Resume treatment with no dose reduction
<b>Grade 2</b>	1.0 - <1.5	50 - <75	
<b>Grade 3</b>	0.5 - <1.0	25- <50	Wait until ANC ≥1.0 x10 <sup>9</sup> /L and platelets ≥50 x10 <sup>9</sup> /L; redose with no dose reduction. G-CSF (or GM-CSF) may be given as concomitant therapy to support the blood count when the ANC count is <1 x 10 <sup>9</sup> /L.
<b>Grade 4</b>	<0.5	<25	

For multiple myeloma patients treated with CAELYX in combination with bortezomib who experience PPE or stomatitis, the CAELX dose should be modified as described in Table 1 and Table 2 above, respectively. For more detailed information on bortezomib dosing and dosage adjustments, see the PI for bortezomib.

<b>Table 4. DOSAGE ADJUSTMENTS FOR CAELYX + BORTEZOMIB COMBINATION THERAPY - PATIENTS WITH MULTIPLE MYELOMA</b>		
<b>Patient Status</b>	<b>CAELYX</b>	<b>Bortezomib</b>
Fever $\geq 38^{\circ}\text{C}$ and ANC $< 1,000/\text{mm}^3$	Do not dose this cycle if before Day 4; if after Day 4, reduce next dose by 25 %.	Reduce next dose by 25 %
On any day of medicine administration after Day 1 of each cycle: Platelet count $< 25,000/\text{mm}^3$ Haemoglobin $< 8\text{g/dL}$ ANC $< 500/\text{mm}^3$	Do not dose this cycle if before Day 4; if after Day 4 reduce next dose by 25 % in the following cycles if bortezomib is reduced for haematologic toxicity.*	Do not dose; if 2 or more doses are not given in a cycle, reduce dose by 25 % in following cycles.
Grade 3 or 4 non-haematologic medicine related toxicity	Do not dose until recovered to Grade $< 2$ and reduce dose by 25 % for all subsequent doses.	Do not dose until recovered to Grade $< 2$ and reduce dose by 25 % for all subsequent doses.
Neuropathic pain or peripheral neuropathy	No dosage adjustments.	See the PI for bortezomib
* for more information on bortezomib dosing and dosage adjustment, see the PI for bortezomib		

#### ***Patients with impaired hepatic function:***

Prior to CAELYX administration, hepatic function should be evaluated using conventional clinical laboratory tests such as ALT/AST, alkaline phosphatase and bilirubin. In a small number of patients with impaired hepatic function (bilirubin values up to 70 micromoles/L) administered 20 mg/m<sup>2</sup> of CAELYX, there appeared to be no change in the clearance and terminal half-life of CAELYX. However, until further experience is gained, the CAELYX dosage should be reduced in patients with impaired hepatic function, based on experience from the breast and ovarian clinical trial programs as follows:

At initiation of therapy, if the bilirubin is between 20 – 51 micromoles/L, the first dose is reduced by 25%. If the bilirubin is  $> 51$  micromoles/L, the first dose is reduced by 50%. If the patient tolerates the first dose without an increase in serum bilirubin or liver enzymes, the dose for cycle 2 can be increased to the next dose level, i.e., if reduced by 25% for the first dose, increase to full dose for cycle 2; if reduced by 50% for the first dose, increase to 75% of full dose for cycle 2. The dosage can be increased to full dose for subsequent cycles if tolerated. CAELYX can be administered to patients with liver metastases with concurrent elevation of bilirubin and liver enzymes up to 4 x the upper limit of the normal range. No data are available for patients with severe hepatic impairment.

#### ***Patients with impaired renal function:***

As doxorubicin is metabolised by the liver and excreted in the bile, dose modification should not be required with CAELYX. Population-based analysis confirms that changes in renal function over the range tested (estimated creatinine clearance 30-156 mL/min) do not alter the pharmacokinetics of CAELYX. No pharmacokinetic data are available in patients with creatinine clearance of less than 30 mL/min.

#### ***AIDS-KS patients with splenectomy:***

As there is no experience with CAELYX in patients with splenectomy, treatment with CAELYX is not recommended.

#### ***Paediatric patients:***

The safety and effectiveness in patients less than 18 years of age have not been established.

#### ***Elderly patients:***

Population based analysis demonstrates that age across the range tested (21–75 years) does not significantly alter the pharmacokinetics of CAELYX.

## Instructions for Use and Handling

CAELYX MUST NOT BE GIVEN BY THE INTRAMUSCULAR OR SUBCUTANEOUS ROUTE.

**Do not use material that shows evidence of precipitation or any foreign particulate matter. Do not mix with other drugs.**

DO NOT administer as a bolus injection or undiluted suspension.

Determine the dose of CAELYX to be administered (based upon the recommended dose and the patient's surface area). Each CAELYX vial contains a deliverable volume of 10 mL for the 20 mg vial or 25 mL for the 50 mg vial (there is a small overage of suspension in the vial to account for losses during withdrawal). Take the appropriate volume of CAELYX up into a sterile syringe. Aseptic technique must be strictly observed since no preservative or bacteriostatic agent is present in CAELYX. The appropriate dose of CAELYX must be diluted in 5% Glucose Intravenous Infusion prior to administration. For doses <90 mg, dilute CAELYX in 250 mL, and for doses > 90 mg, dilute CAELYX in 500 mL.

The use of any diluent other than 5% Glucose Intravenous Infusion or the presence of any bacteriostatic agent such as benzyl alcohol may cause precipitation of CAELYX.

It is recommended that the CAELYX infusion line be connected through the side port of an intravenous infusion of 5% Glucose Intravenous Infusion to achieve further dilution and minimise the risk of thrombosis and extravasation. The infusion may be given through a peripheral vein. Do not use with in-line filters.

Caution should be exercised in handling CAELYX suspension. The use of gloves is required. If CAELYX comes into contact with skin or mucosa, wash immediately and thoroughly with soap and water. CAELYX should be handled and disposed of in a manner consistent with that of other anti-cancer drugs.

### 4.3 Contraindications

CAELYX is contraindicated in patients who have a history of hypersensitivity reactions to its components or to doxorubicin HCl.

CAELYX should not be administered during pregnancy or while breast feeding.

CAELYX should not be used to treat AIDS-KS that may be effectively treated with local therapy or systemic alpha-interferon.

### 4.4 Special Warnings and Precautions for Use

For common adverse events that required dose modification or discontinuation, see **section 4.8**.

Given the difference in pharmacokinetic profiles and dosing schedules, CAELYX should not be used interchangeably with other formulations of doxorubicin hydrochloride.

#### Cardiac Risk

The long-term cardiac effects of CAELYX relative to the conventional formulation of doxorubicin HCl have not been adequately evaluated. Until further clinical data are available, the risk of developing cardiomyopathy is assumed to be similar to that of standard doxorubicin.

All patients receiving CAELYX should routinely undergo frequent ECG monitoring.

Transient ECG changes such as T-wave flattening, S-T segment depression and benign arrhythmias, are not considered mandatory indications for the suspension of CAELYX therapy. However reduction of the QRS complex is considered more indicative of cardiac toxicity. If this change occurs, the most definitive test for anthracycline myocardial injury, i.e. endomyocardial biopsy, should be considered.

More specific methods for evaluation and monitoring of cardiac functions as compared to ECG are a measurement of left ventricular ejection fraction by echocardiography or preferably by multiple gated angiography (MUGA). These methods should be applied routinely before the initiation of CAELYX and should be repeated periodically during treatment. In a phase-III clinical trial comparing CAELYX (50 mg/m<sup>2</sup> every 4 weeks) versus doxorubicin (60 mg/m<sup>2</sup> every 3 weeks), the risk of developing a cardiac event as a function of cumulative anthracycline dose was significantly lower

with CAELYX than with doxorubicin (HR=3.16, p<0.001). At cumulative doses between 450 mg/m<sup>2</sup> and 600 mg/m<sup>2</sup> there was no increased risk of cardiac toxicity with CAELYX. The evaluation of left ventricular function is considered to be mandatory before each additional dose of CAELYX that exceeds a lifetime cumulative dose of 600 mg/m<sup>2</sup> or where a lifetime cumulative dose of 450 mg/m<sup>2</sup> of other anthracyclines has been administered.

In the multiple myeloma study, LVEF decrease was defined as an absolute decrease of ≥ 15 % over baseline or a ≥ 5 % decrease below the institutional lower limit of normal. Based on this definition, 25 patients in the bortezomib arm (8 %) and 42 patients in the CAELYX plus bortezomib arm (13 %) experienced a reduction in LVEF.

The evaluation tests and methods mentioned above concerning the monitoring of cardiac performance during anthracycline therapy should be employed in the following order, ECG monitoring, measurement of left ventricular ejection fraction, endomyocardial biopsy. If a test result indicates possible cardiac injury associated with CAELYX therapy, the benefit of continued therapy must be carefully weighed against the risk of myocardial injury.

In patients with cardiac disease requiring treatment, administer CAELYX only when the benefit outweighs the risk to the patient. Caution should be exercised in patients with impaired cardiac function who receive CAELYX.

Whenever cardiomyopathy is suspected, i.e., the left ventricular ejection fraction has substantially decreased relative to pre-treatment values and/or left ventricular ejection fraction is lower than a prognostically relevant value (e.g. <45%), endomyocardial biopsy may be considered and the benefit of continued therapy must be carefully evaluated against the risk of developing irreversible cardiac damage.

Congestive heart failure due to cardiomyopathy may occur suddenly, without prior ECG changes and may also be encountered several weeks after discontinuation of therapy.

Caution should be observed in patients who have received other anthracyclines. The total dose of doxorubicin HCl should also take into account any previous (or concomitant) therapy with cardiotoxic compounds such as other anthracyclines/anthraquinones or e.g., 5-Fluorouracil. Cardiac toxicity also may occur at cumulative anthracycline doses lower than 450 mg/m<sup>2</sup> in patients with prior mediastinal irradiation or in those receiving concurrent cyclophosphamide therapy.

## **Myelosuppression**

Many patients treated with CAELYX have baseline myelosuppression due to such factors as their HIV disease or numerous concomitant or previous medications, or tumours involving bone marrow. In the pivotal trial in patients with ovarian cancer treated at a dose of 50 mg/m<sup>2</sup>, myelosuppression was generally mild to moderate, reversible, and was not associated with episodes of neutropaenic infection or sepsis.

Moreover, in a controlled clinical trial of CAELYX vs. topotecan, the incidence of treatment related sepsis was substantially less in the CAELYX-treated ovarian cancer patients as compared to the topotecan treatment group. A similar low incidence of myelosuppression was seen in patients with metastatic breast cancer receiving CAELYX in a first-line trial. In contrast to the experience in patients with breast cancer or ovarian cancer, myelosuppression appears to be the dose-limiting adverse event in patients with AIDS-KS (see **section 4.8**).

Because of the potential for bone marrow suppression, periodic blood counts should be performed frequently during the course of CAELYX, and at a minimum, prior to each dose of CAELYX.

Persistent myelosuppression, although not seen in patients with breast or ovarian cancer, may result in superinfection or haemorrhage.

In controlled clinical studies in patients with AIDS-KS against a bleomycin/vincristine regimen, opportunistic infections were apparently more frequent during treatment with CAELYX. Patients and doctors must be aware of this higher incidence and take action as appropriate.

In the pivotal multiple myeloma study, myelosuppression (all grades) occurred more frequently in the CAELYX plus bortezomib group, compared to bortezomib monotherapy. While the incidence of anaemia was similar for both treatment groups, Grade 3 or 4 neutropaenia and thrombocytopaenia occurred more frequently in the CAELYX plus bortezomib group (see **section 4.8**).

## **Infusion-associated Reactions**

Serious and sometimes life-threatening infusion reactions, which are characterised by allergic-like or anaphylactoid-like reactions, may occur within minutes of starting the infusion of CAELYX. Symptoms include asthma, flushing, urticarial rash, chest pain, fever, hypertension, tachycardia, pruritus, sweating, shortness of breath, facial oedema, chills, headache, back pain, tightness in the chest and throat and/or hypotension may occur within minutes of starting the infusion of CAELYX. Very rarely, convulsions also have been observed in relation to infusion reactions (see **section 4.8**). Temporarily stopping the infusion usually resolves these symptoms without further therapy. However, medications to treat these symptoms (e.g., antihistamines, corticosteroids, adrenaline and anticonvulsants), as well as emergency equipment, should be available for immediate use. In most patients treatment can be resumed after all symptoms have resolved, without recurrence. Infusion reactions rarely recur after the first treatment cycle. To minimise the risk of infusion reactions, the initial dose should be administered at a rate no greater than 1 mg/minute (see **section 4.2**).

## **Palmar-plantar Erythrodysesthesia (Hand-Foot Syndrome)**

Palmar-plantar erythrodysesthesia (PPE) is characterised by painful, red macular and/or papular bullous skin eruptions. In patients experiencing this event, it is generally seen after two or three cycles of treatment. In most patients it clears in one or two weeks, with or without treatment with corticosteroids. Pyridoxine at a dose of 50-150 mg per day has been used for the prophylaxis and treatment of PPE. Other strategies to prevent and treat PPE include keeping hands and feet cool, by exposing them to cool water (soaks, baths, or swimming), avoiding excessive heat/hot water and keeping them unrestricted (no socks, gloves, or shoes that are tight-fitting). It appears to be dose- and schedule-related and can be reduced by extending the CAELYX dose interval 1-2 weeks or reducing the CAELYX dose (see **section 4.2**). This reaction can be severe and debilitating in some patients, however, and may require discontinuation of treatment.

## **Extravasation Injury**

Although local necrosis following extravasation has been reported very rarely, CAELYX should be considered an irritant. Although animal studies indicate that the administration of doxorubicin HCl as a liposomal formulation reduces the potential for extravasation injury, the possibility of doxorubicin-related skin injury exists, and care should be taken to avoid extravasation of CAELYX. If any signs or symptoms of extravasation occur (e.g. stinging, erythema) the infusion should be immediately terminated and restarted in another vein. The application of ice over the site of extravasation for approximately 30 minutes may be helpful in alleviating the local reaction. CAELYX must not be given by the intramuscular or subcutaneous route.

## **Radiation Recall Reaction**

Recall of skin reaction due to prior radiotherapy has rarely occurred with CAELYX administration.

## **Diabetic Patients**

It should be noted that each vial of CAELYX contains sucrose and is administered in 5% Glucose Intravenous Infusion.

## Secondary oral neoplasms

Very rare cases of secondary oral cancer have been reported in patients with long term (more than one year) exposure to CAELYX or those receiving a cumulative CAELYX dose greater than 720 mg/m<sup>2</sup>. Cases of secondary oral cancer were diagnosed both, during treatment with CAELYX, and up to 6 years after the last dose. Patients should be examined at regular intervals for the presence of oral ulceration or any oral discomfort that may be indicative of secondary oral cancer.

## Use in hepatic impairment

Please see **section 4.2** Patients with impaired hepatic function

## Use in the elderly

No data available

## Paediatric use

No data available

## Effects on laboratory tests

No data available

## 4.5 Interactions with Other Medicines and Other Forms of Interactions

No formal drug interaction studies have been conducted with CAELYX, although phase II combination trials with conventional chemotherapy agents have been conducted in patients with gynaecological malignancies. Caution should be exercised in the concomitant use of drugs known to interact with doxorubicin HCl. Although not formally studied, CAELYX, like other doxorubicin HCl preparations, may potentiate the toxicity of other anti-cancer therapies.

In patients with solid tumours (including breast and ovarian cancer) who received concomitant cyclophosphamide or taxanes, no new additive toxicities were noted. In patients with AIDS-KS, exacerbation of cyclophosphamide-induced haemorrhagic cystitis and enhancement of the hepatotoxicity of 6-mercaptopurine have been reported with doxorubicin HCl. Caution should be exercised when giving any other cytotoxic agents, especially myelotoxic agents, at the same time.

## 4.6 Fertility, Pregnancy and Lactation

### Effects on Fertility

CAELYX resulted in mild to moderate ovarian and testicular atrophy in mice after a single dose of 36 and 12 mg/kg, respectively. Decreased testicular weights and hypospermia were present in rats after repeat doses of 0.25 mg/kg/day given once every 3 days, and in rabbits of 1 mg/kg given once every 5 days. Diffuse degeneration of the seminiferous epithelium was observed in dogs after 10 doses of 0.25 mg/kg given once every 21 days.

### Use in Pregnancy

Category D. CAELYX is embryotoxic at doses of 1 mg/kg/day in rats (about 1/3 the recommended human dose on a mg/m<sup>2</sup> basis). CAELYX is embryotoxic and abortifacient at 0.5 mg/kg/day in rabbits (about ¼ the recommended human dose on a mg/m<sup>2</sup> basis). Embryotoxicity was characterised by increased embryo-foetal deaths and reduced litter sizes.

There are no adequate and well-controlled studies in pregnant women. If CAELYX is to be used during pregnancy, or if the patient becomes pregnant during therapy, the patient should be apprised of the potential hazard to the foetus and such treatment should only proceed with the patient's complete informed consent. Women of childbearing potential should be advised to avoid pregnancy while they or their male partner are receiving CAELYX and in the six months following discontinuation of CAELYX therapy.

### Use in Lactation

It is not known whether this drug is excreted in human milk and because of the potential for serious adverse reactions in nursing infants from CAELYX, mothers should discontinue nursing prior to

taking this drug. Health experts recommend that HIV-infected women do not breast-feed their infants under any circumstances in order to avoid transmission of HIV.

#### 4.7 Effects on Ability to Drive and Use Machines

Although CAELYX should not affect driving performance, in studies to date, dizziness and somnolence were associated infrequently (<5%) with the administration of CAELYX. Patients who suffer from these effects should avoid driving and operating machinery.

#### 4.8 Adverse Effects (Undesirable Effects)

##### Breast Cancer Patients (Dosage: 50mg/m<sup>2</sup>)

254 patients with advanced breast cancer who had not received prior chemotherapy for metastatic disease were treated with CAELYX at a dose of 50 mg/m<sup>2</sup> every 4 weeks in a phase III clinical trial (I97-328). The most frequently reported treatment related adverse effects included palmar-plantar erythrodysesthesia (PPE) (48.0 %) and nausea (37.0 %) (see Table 5 below). Severe (Grade III) cases reported in 17.0 % and 3.0 % respectively, and no reported incidences of life threatening (Grade IV) cases for either PPE or nausea. These effects resulted in permanent treatment discontinuation (7.0 % and 0 % respectively). Pronounced alopecia (or total hair loss) was seen in only 7.0 % of CAELYX-treated patients as compared with 54.0 % of patients treated with doxorubicin.

Anaemia, neutropaenia, leucopaenia and thrombocytopaenia were infrequently reported at incidences of 5.0%, 4.0% 2.0% and 1.0% respectively. Life threatening (Grade IV) haematological effects were reported at incidences of < 1.0%. The need for either growth factor support or transfusion support was minimal (5.1% and 5.5% of patients respectively).

Clinically significant laboratory abnormalities (Grades III and IV) in this breast cancer group included increases in total bilirubin (2.4%) and AST (1.6%). Increases in ALT were less frequent (<1%). Clinically significant haematologic measurements were infrequent as measured by leucopaenia (4.3%), anaemia (3.9%), neutropaenia (1.6%) and thrombocytopaenia (1.2%). Sepsis was reported at an incidence of 1%. No clinically significant increases in serum concentration were reported.

Trial Reference I97-328	Percentage of Patients			
	CAELYX		Doxorubicin	
	All Grades	Grades III & IV	All Grades	Grades III & IV
PPE	48	17	2	0
Nausea	37	3	53	5
Mucositis	23	4	13	2
Stomatitis	22	5	15	2
Alopecia	20	0	66	0
Vomiting	19	<1	31	4
Fatigue	12	<1	16	2
Anorexia	11	1	10	<1
Asthenia	10	1	13	1
Rash	10	2	2	0
Abdominal pain	8	1	4	1
Constipation	8	<1	9	<1
Pigmentation abnormal	8	<1	2	<1
Fever	8	0	7	1
Diarrhoea	7	1	8	<1
Erythema	7	<1	1	0
Weakness	6	<1	8	0
Mouth ulceration	5	<1	4	0

Anaemia	5	1	7	<1
Neutropaenia	4	1	10	4

In 150 patients with advanced breast cancer who had failed a prior first or second line taxane-containing chemotherapy regimen and were subsequently treated with CAELYX at a dose of 50 mg/m<sup>2</sup> every 4 weeks in a phase III clinical trial (C/I96-352), the safety profile (see Table 6 below) was consistent with that reported for CAELYX in previous studies using the same dosage regimen. The proportion of patients experiencing clinically significant laboratory abnormalities was low and comparable numerically to the 254 breast cancer patients receiving CAELYX as first-line therapy, with the exception of leucopaenia (20 %).

Study Reference C/I96-352	Percentage of Patients					
	CAELYX		Vinorelbine		Mitomycin C + Vinblastine	
	All Grades	Grades III & IV	All Grades	Grades III & IV	All Grades	Grades III & IV
PPE*	37	19	<1	0	0	0
Nausea	31	3	27	7	23	5
Mucositis	14	3	<1	0	5	0
Stomatitis	22	5	4	0	0	0
Alopecia	3	0	5	<1	0	0
Vomiting	19	4	17	3	18	0
Fatigue	20	4	21	2	9	5
Anorexia	11	0	14	<1	0	0
Asthenia	9	1	15	4	32	0
Rash	15	2	0	0	0	0
Abdominal pain	4	<1	11	<1	9	0
Constipation	5	0	16	2	5	0
Fever	4	<1	12	2	9	5
Diarrhoea	10	<1	9	0	5	0
Erythema	6	2	2	<1	0	0
Neutropaenia	3	2	14	8	5	0
Pain	4	1	13	3	5	5
Neuropathy	1	0	11	<1	5	0
Dyspepsia	5	0	6	0	9	0
Paraesthesia	3	0	9	<1	5	0
Dyspnoea	6	3	<1	0	5	.0
Headache	4	1	5	0	0	0
Flushing	5	<1	0	0	0	0
Weight decrease	5	0	2	<1	0	0
Pruritis	5	0	<1	0	0	0
Phlebitis	<1	<1	7	2	0	0
Injection site pain	0	0	5	2	0	0
Hypoaesthesia	<1	0	5	0	0	0
Myalgia	0	0	5	0	0	0
Moniliasis	1	0	2	0	9	0
Skin discolouration	5	<1	0	0	0	0

\* Palmar-plantar erythrodysesthesia (Hand-foot syndrome). One case of Grade IV (life threatening) PPE was reported in C/I96-352, no cases were reported in I97-328.

Adverse effects reported between 1 % and 5 % in 404 CAELYX-treated breast cancer patients, not previously reported in CAELYX clinical trials ( $\geq 1$  %) were breast pain, leg cramps, oedema, leg oedema, peripheral neuropathy, oral pain, ventricular arrhythmia, folliculitis, bone pain, musculo-skeletal pain, thrombocytopenia, cold sores (non-herpetic), fungal infection, epistaxis, upper respiratory tract infection, bullous eruption, dermatitis, erythematous rash, nail disorder, scaly skin, lacrimation, and blurred vision.

A 12.4% incidence of infusion-related adverse events was observed in pivotal breast cancer trials. Permanent treatment discontinuation was reported at 1.5%

### **Ovarian Cancer Patients (Dosage 50 mg/m<sup>2</sup>)**

Based on the experience in 512 patients with ovarian cancer treated at a dose of 50 mg/m<sup>2</sup>, the frequency of adverse events reported in clinical trials is listed below and classified according to body systems:

#### **Cardiovascular**

Common ( $\geq 1\%$  and  $< 10\%$ ): cardiovascular disorder, vasodilatation, cardiac toxicity (see **All Patients**)

Uncommon ( $\geq 0.1\%$  and  $< 1\%$ ): palpitation

#### **Dermatological**

Very common ( $\geq 10\%$ ): palmar-plantar erythrodysesthesia (PPE), rash, alopecia

Common ( $\geq 1\%$  and  $< 10\%$ ): skin discolouration, dry skin, pruritus, vesiculobullous rash, skin disorder, exfoliative dermatitis, maculopapular rash, acne, skin ulcer

Uncommon ( $\geq 0.1\%$  and  $< 1\%$ ): PPE (Grade IV - life threatening), nail disorder

The overall incidence of PPE was very common at 46.1%. This comprised, in decreasing order of frequency, Grade III (severe) 19.5%, Grade II (Moderate) 16.4%, Grade I (Mild) 9.6%, and Grade IV (life threatening) 0.6%.

#### **Gastrointestinal**

Very common ( $\geq 10\%$ ): stomatitis, nausea, vomiting, constipation, diarrhoea, anorexia

Common ( $\geq 1\%$  and  $< 10\%$ ): stomatitis (Grade III - severe), abdominal pain, dyspepsia, weight loss, oesophagitis, gastritis, dysphagia, mouth ulceration, nausea and vomiting, oral moniliasis, gingivitis, flatulence, dry mouth, hyperbilirubinaemia (usually in patients with liver metastases)

Uncommon ( $\geq 0.1\%$  and  $< 1\%$ ): stomatitis (Grade IV - life threatening), increased AST

#### **Haematological**

Very common  $\geq 10\%$ ): anaemia (32.2%), leucopenia (33.2%), neutropenia (31.6%), thrombocytopenia (10.7%)

Common ( $\geq 1\%$  and  $< 10\%$ ): neutropenia (Grade IV - life threatening) (2.9%), leucopenia (Grade IV - life threatening) (1.6%), hypochromic anaemia

Uncommon ( $\geq 0.1\%$  and  $< 1\%$ ): anaemia (Grade IV - life threatening) (0.4%), thrombocytopenia (Grade IV - life threatening) (0.2%), sepsis related to leucopenia

In the 512 patients with ovarian cancer treated at a dose of 50 mg/m<sup>2</sup>, myelosuppression was mostly mild or moderate and manageable. Growth factor was required infrequently ( $< 5\%$ ) and transfusion support was required in approximately 15% of the patients (see **section 4.2**).

#### **Musculoskeletal**

Common ( $\geq 1\%$  and  $< 10\%$ ): myalgia

### **Neurological**

Common ( $\geq 1\%$  and  $< 10\%$ ): paraesthesia, somnolence, dizziness, depression, insomnia, anxiety, neuropathy

Uncommon ( $\geq 0.1\%$  and  $< 1\%$ ): peripheral neuritis

### **Ocular**

Common ( $\geq 1\%$  and  $< 10\%$ ): conjunctivitis

Uncommon ( $\geq 0.1\%$  and  $< 1\%$ ): amblyopia

### **Respiratory**

Common ( $\geq 1\%$  and  $< 10\%$ ): dyspnoea, increased cough, pharyngitis,

Uncommon ( $\geq 0.1\%$  and  $< 1\%$ ): rhinitis

### **Urogenital**

Common ( $\geq 1\%$  and  $< 10\%$ ): urinary tract infection, dysuria, vaginitis, increased serum creatinine

### **General**

Very common ( $\geq 10\%$ ): asthenia, mucous membrane disorder, Infusion reactions

Common ( $\geq 1\%$  and  $< 10\%$ ): fever, pain, headache, peripheral oedema, allergic reaction, dehydration, chills, infection, chest pain, back pain, malaise, sweating, taste perversion, herpes zoster, cachexia, hypertonia

Uncommon ( $\geq 0.1\%$  and  $< 1\%$ ): enlarged abdomen, facial oedema.

### **Multiple Myeloma Patients (Dosage: 30 mg/m<sup>2</sup>)**

Of 646 patients with multiple myeloma who have received at least 1 prior therapy, 318 patients were treated with combination therapy of CAELYX 30 mg/m<sup>2</sup> as a one-hour intravenous infusion administered on day 4 following bortezomib, which is administered at 1.3 mg/m<sup>2</sup> on days 1, 4, 8, and 11, every three weeks or with bortezomib monotherapy in a phase III clinical trial.

In both treatment groups, the median number of cycles received was 5, and the median duration was 105 days. The mean and median cycle lengths were similar between the two groups and consistent with the protocol of 21 days. Monotherapy patients received 24.4 mg/m<sup>2</sup> mean cumulative bortezomib dose compared with 23.3 mg/m<sup>2</sup> in the combination therapy group. The median of the mean CAELYX dose per patient was 29.83 mg/m<sup>2</sup>/day.

Treatment discontinuation of one or both agents in the combination therapy group occurred in 38 % of patients, compared to 24 % of patients in the monotherapy group. Common adverse events that led to treatment discontinuation of bortezomib and CAELYX included PPE, neuralgia, peripheral neuropathy, peripheral sensory neuropathy, thrombocytopenia, decreased ejection fraction, and fatigue.

See Table 7 for treatment-related adverse effects reported in  $\geq 2\%$  of patients treated with combination therapy of CAELYX plus bortezomib or bortezomib alone.

The combination therapy was associated with a higher incidence of grade 3 or 4 myelosuppression, constitutional symptoms, and GI and dermatologic toxicities. Grade 3 or 4 adverse drug reactions were more frequent in the combination therapy group (68 % vs 52 %). This was mostly due to an increase in grade 3 or 4 haematologic or grade 3 GI adverse events. Neutropenia, thrombocytopenia, and anaemia were the most frequently reported haematologic events reported with both combination therapy of CAELYX plus bortezomib and bortezomib monotherapy. The incidence of grade 3 and 4 neutropenia was higher in the combination therapy group than in the monotherapy group (28 % vs. 14 %). The incidence of grade 3 and 4 thrombocytopenia was higher in the combination therapy group than in the monotherapy group (22 % vs. 14 %). The incidence of grade 3 and 4 anaemia was similar in both treatment groups (7 % vs. 5 %).

Nausea and vomiting were reported more frequently in the combination therapy group (40 % and 28 %) than in the monotherapy group (32 % and 15 %) and were mostly grade 1 and 2 in severity. Stomatitis was reported more frequently in the combination therapy group (16 %) than in the monotherapy group (3 %), and most cases were grade 2 or less in severity. Grade 3 stomatitis was reported in 2 % of patients in the combination therapy group. No grade 4 stomatitis was reported.

The most frequently reported treatment-related adverse events in combination therapy were nausea (40%), diarrhoea (35%), neutropaenia (33%), thrombocytopaenia (29%), vomiting (28%), fatigue (27%), and constipation (22%). PPE was reported in 16% of multiple myeloma patients treated with combination therapy. Grade 3 PPE was reported in 5% of patients. No grade 4 PPE was reported.

**Table 7: Frequency of Treatment-related Adverse Effects Reported in at Least 2% of Subjects Treated for Multiple Myeloma (Study CAELYX-MMY-3001: Safety Analysis Set)**

Adverse Reaction	VELCADE (N=318)			VELCADE + CAELYX (N=318)		
	Any (%)	Grade 3 (%)	Grade 4 (%)	Any (%)	Grade 3 (%)	Grade 4 (%)
<b>Blood and lymphatic system disorders</b>						
Neutropaenia	20	10	4	33	20	8
Thrombocytopaenia	24	7	7	29	11	11
Anaemia	13	5	<1	18	6	1
Leukopaenia	6	2	<1	8	3	2
Febrile neutropaenia	1	<1	0	3	2	<1
Lymphopaenia	1	<1	0	2	<1	<1
<b>Ear and labyrinth disorders</b>						
Vertigo	2	1	<1	1	<1	0
<b>Eye disorders</b>						
Conjunctivitis	1	0	0	3	0	0
Vision blurred	2	0	0	1	0	0
<b>Gastrointestinal disorders</b>						
Nausea	32	<1	0	40	2	0
Diarrhoea	27	4	0	35	7	0
Vomiting	15	<1	0	28	4	0
Constipation	19	<1	0	22	1	0
Stomatitis	3	<1	0	16	2	0
Abdominal pain	4	1	0	7	<1	0
Dyspepsia	2	0	0	5	<1	0
Abdominal pain upper	1	0	0	4	1	0
Dry mouth	<1	0	0	2	0	0
Dysphagia	<1	0	0	2	0	0
<b>General disorders and administration site conditions</b>						
Fatigue	22	2	0	27	5	<1
Pyrexia	14	<1	0	18	1	0
Asthenia	11	2	0	16	5	0
Oedema peripheral	5	0	0	4	0	0
Chills	5	0	0	4	0	0
Influenza like illness	2	0	0	3	<1	0
Malaise	1	0	0	3	0	0
Pain	3	<1	0	1	<1	0
Hyperthermia	0	0	0	2	<1	0
<b>Infections and infestations</b>						

Adverse Reaction	VELCADE (N=318)			VELCADE + CAELYX (N=318)		
	Any (%)	Grade 3 (%)	Grade 4 (%)	Any (%)	Grade 3 (%)	Grade 4 (%)
Herpes simplex	3	<1	0	8	0	0
Herpes zoster	4	1	0	6	1	0
Pneumonia	3	2	1	3	2	<1
Upper respiratory tract infection	2	<1	0	4	<1	0
Nasopharyngitis	1	0	0	3	0	0
Lower respiratory tract infection	2	<1	0	1	<1	0
<b>Investigations</b>						
Weight decreased	3	0	0	8	0	0
Aspartame aminotransferase increased	2	0	0	3	0	0
Ejection fraction decreased	0	0	0	3	0	0
Blood creatinine increased	1	0	0	2	0	0
<b>Metabolism and Nutritional disorders</b>						
Anorexia	10	0	0	16	1	0
Decreased appetite	2	0	0	8	<1	0
Dehydration	2	1	0	3	<1	0
Hypokalaemia	1	0	<1	3	1	<1
Hyperkalaemia	1	<1	0	2	<1	0
Hypomagnesaemia	1	0	0	2	0	0
<b>Musculoskeletal and connective tissue disorders</b>						
Pain in extremity	6	<1	0	5	0	0
Arthralgia	4	<1	0	4	<1	0
Myalgia	4	<1	0	3	0	0
Bone pain	3	<1	0	1	<1	0
Muscle spasms	1	0	0	2	0	0
Muscular weakness	1	0	0	2	0	0
Musculoskeletal pain	2	0	0	1	0	0
Back pain	2	<1	0	1	<1	0
<b>Nervous system disorders</b>						
Neuralgia	15	4	<1	14	3	0
Peripheral sensory neuropathy	11	2	0	10	1	0
Peripheral neuropathy	12	3	<1	9	2	0
Neuropathy	10	1	0	8	1	0
Headache	9	0	0	10	<1	<1
Paraesthesia	6	0	0	9	<1	0
Polyneuropathy	8	2	1	6	0	0
Dizziness	4	1	<1	6	1	0
Dysgeusia	2	0	0	5	0	0
Lethargy	3	0	0	3	<1	0
Hypoaesthesia	3	0	0	2	0	0
Peripheral motor neuropathy	2	<1	0	1	<1	0
<b>Psychiatric disorders</b>						
Insomnia	5	0	<1	5	0	0
Anxiety	1	0	0	2	<1	0
<b>Respiratory, thoracic and mediastinal disorders</b>						
Dyspnoea	3	1	<1	5	<1	0

Adverse Reaction	VELCADE (N=318)			VELCADE + CAELYX (N=318)		
	Any (%)	Grade 3 (%)	Grade 4 (%)	Any (%)	Grade 3 (%)	Grade 4 (%)
Cough	2	0	0	3	0	0
Epistaxis	1	<1	0	2	<1	0
Pharyngolaryngeal pain	2	0	0	1	0	0
Dyspnoea exertional	<1	0	0	2	<1	0
<b>Skin and subcutaneous tissue disorders</b>						
Hand-foot syndrome	0	0	0	16	5	0
Rash	6	<1	0	11	<1	0
Dry skin	1	0	0	5	0	0
Pruritus	3	<1	0	3	<1	0
Rash papular	2	0	0	3	0	0
Dermatitis allergic	2	<1	0	1	0	0
Erythema	1	0	0	3	0	0
Skin hyperpigmentation	0	0	0	3	0	0
Rash erythematous	2	<1	0	1	0	0
Petechiae	1	0	0	2	0	0
Alopecia	<1	0	0	2	0	0
Urticaria	2	<1	0	<1	0	0
Drug Eruption	0	0	0	2	0	0
<b>Vascular disorders</b>						
Hypotension	3	<1	0	4	1	0
Orthostatic hypotension	2	<1	0	3	<1	0
Flushing	<1	0	0	2	0	0

Other adverse effects reported in  $\geq 1\%$  but  $< 2\%$  of CAELYX and bortezomib combination therapy - treated patients are mouth ulceration, oral candidiasis, aphthous stomatitis, alanine aminotransferase increased, hyponatraemia, hypocalcaemia, musculoskeletal chest pain, syncope, dysaesthesia, scrotal erythema, hypertension and phlebitis.

The incidence of treatment-related heart dysfunction events (ventricular dysfunction, cardiac failure, right ventricular failure, congestive cardiac failure, chronic cardiac failure, acute pulmonary oedema and pulmonary oedema) was similar - 1% and 2% in the monotherapy and combination therapy, respectively.

### **AIDS-KS Patients (Dosage: 20 mg/m<sup>2</sup>)**

CAELYX has been evaluated for safety in 825 AIDS-KS patients treated in 5 clinical trials. Myelosuppression was the most prevalent side effect considered related to CAELYX treatment occurring in approximately half of the patients.

### **Cardiovascular**

Uncommon ( $\geq 0.1\%$  and  $< 1\%$ ): congestive heart failure, cardiomyopathy and cardiotoxicity (see **All Patients**)

### **Gastrointestinal**

Very common ( $\geq 10\%$ ): nausea

Common ( $\geq 1\%$  and  $< 10\%$ ): abdominal pain, anorexia, constipation, diarrhoea, glossitis, mouth ulceration, oral moniliasis, nausea and vomiting, vomiting, weight loss, stomatitis, increased alkaline phosphatase, increased AST and hyperbilirubinaemia (believed to be disease-related)

### **Haematological**

- Very common ( $\geq 10\%$ ): leucopaenia, anaemia
- Common ( $\geq 1\%$  and  $< 10\%$ ): thrombocytopaenia, laboratory abnormalities
- Uncommon ( $\geq 0.1\%$  and  $< 1\%$ ): sepsis related to leucopaenia.

Leucopaenia is the most common adverse event experienced with CAELYX in this population; and can occur during all cycles of administration of CAELYX. In clinical trials, patients rarely discontinued treatment due to myelosuppression. Haematological toxicity may require dose reduction or suspension or delay of therapy (see **section 4.2**). The haematological toxicity for ovarian cancer patients is less severe than in the AIDS-KS setting (see section for ovarian cancer patients above).

### **Dermatological**

- Common ( $\geq 1\%$  and  $< 10\%$ ): alopecia, palmar-plantar erythrodysesthesia, rash.
- Rare ( $\geq 0.01\%$  and  $< 0.1\%$ ): recall of skin reaction due to prior radiotherapy has rarely occurred with CAELYX administration.

### **Respiratory**

- Very common ( $\geq 10\%$ ): opportunistic infections (may be related to HIV-induced immunodeficiency). The most frequently observed OI's in clinical studies were candidiasis, cytomegalovirus, herpes simplex, *Pneumocystis carinii* pneumonia and *Mycobacterium avium* complex.
- Common ( $\geq 1\%$  and  $< 10\%$ ): dyspnoea

### **Ocular**

- Common ( $\geq 1\%$  and  $< 10\%$ ): retinitis

### **General**

- Very common ( $\geq 10\%$ ): asthenia
- Common ( $\geq 1\%$  and  $< 10\%$ ): allergic reaction, fever, paraesthesia, vasodilatation, infusion-associated reactions characterised by flushing, shortness of breath, facial oedema, headache, chills, back pain, tightness in the chest and throat and/or hypotension.
- Uncommon ( $\geq 0.1\%$  and  $< 1\%$ ): anaphylactoid reactions, convulsion, tumour necrosis.

### **All Patients**

100 out of 929 patients (10.8 %) with solid tumours were described as having an infusion-associated reaction during treatment with CAELYX as defined by the following Costart terms: allergic reaction, anaphylactoid reaction, asthma, face oedema, hypotension, vasodilatation, urticaria, back pain, chest pain, chills, fever, hypertension, tachycardia, dyspepsia, nausea, dizziness, dyspnoea, pharyngitis, rash, pruritus, sweating, injection site reaction and drug interaction. Permanent treatment discontinuation rates were infrequently reported at 2 %. Very rarely, convulsions have been observed in relation to infusion reactions. In patients with multiple myeloma receiving CAELYX plus bortezomib, infusion-associated reactions have been reported at a rate of 3%. In all patients, infusion related reactions occurred primarily during the first infusion (see **section 4.4**).

Myelosuppression associated with anaemia, thrombocytopaenia, leucopaenia, and rarely febrile neutropaenia, has been reported in CAELYX-treated patients.

Endomyocardial biopsies on nine of ten AIDS-KS patients receiving cumulative doses of CAELYX greater than 460 mg/m<sup>2</sup> indicate no evidence of anthracycline-induced cardiomyopathy. However, until further clinical data are available, the risk of developing cardiomyopathy is assumed to be similar to that of standard doxorubicin. The recommended dose of CAELYX for AIDS-KS patients

is 20 mg/m<sup>2</sup> every two-to-three weeks. The cumulative dose at which cardiotoxicity would become a concern (>400 mg/m<sup>2</sup>) would require more than 20 courses of CAELYX therapy over 40 to 60 weeks.

In addition, endomyocardial biopsies were performed in 8 solid tumour patients (including patients with ovarian or breast cancer) with cumulative anthracycline doses of 509 mg/m<sup>2</sup>– 1,680 mg/m<sup>2</sup>. The range of Billingham cardiotoxicity scores was grades 0 - 1.5. These grading scores are consistent with no or mild cardiac toxicity.

In the pivotal phase III trial versus doxorubicin, 10/254 patients randomised to receive CAELYX (treated at a dose of 50mg/m<sup>2</sup> every 4 weeks) versus 48/255 patients randomised to receive doxorubicin (treated at a dose of 60 mg/m<sup>2</sup>/every 3 weeks) met the protocol-defined criteria for cardiac toxicity during treatment and/or follow-up. Cardiac toxicity was defined as a decrease of 20 points or greater from baseline if the resting LVEF remained in the normal range or a decrease of 10 points or greater if the LVEF became abnormal (less than the lower limit for normal). Patients were also assessed for signs and symptoms of congestive heart failure (CHF). None of the 10 CAELYX patients who had cardiac toxicity by LVEF criteria developed signs and symptoms of CHF. In contrast, 10 of 48 doxorubicin patients who had cardiac toxicity by LVEF criteria also developed signs and symptoms of CHF.

In patients with solid tumours, including a subset of patients with breast and ovarian cancers, treated at a dose of 50 mg/m<sup>2</sup>/cycle with lifetime cumulative anthracycline doses up to 1,532 mg/m<sup>2</sup>, the incidence of clinically significant cardiac dysfunction was low. Of the 929 patients treated with CAELYX 50 mg/m<sup>2</sup>/cycle, baseline measurement of left ventricular ejection fraction (LVEF) and at least one follow-up measurement were conducted in 418 patients and assessed by MUGA scan. Of these 418 patients, 88 patients had a cumulative anthracycline dose of > 400 mg/m<sup>2</sup>, an exposure level associated with an increased risk of cardiovascular toxicity with the conventional formulation of doxorubicin. Only 13 of these 88 patients (15 %) had at least one clinically significant change in their LVEF, defined as an LVEF value less than 45 % or a decrease of at least 20 points from baseline. Furthermore, only 1 patient (who received a cumulative dose of 944 mg/m<sup>2</sup>), discontinued study treatment because of clinical symptoms of congestive heart failure.

## **Post Marketing**

Adverse reactions identified during the postmarketing experience with CAELYX are described below. The frequencies are provided according to the following convention:

Very common	≥1/10
Common	≥1/100 and < 1/10
Uncommon	≥1/1000 and <1/100
Rare	≥1/10000, <1/1000
Very rare	<1/10000, including isolated reports

### ***Skin and subcutaneous tissue disorders***

Following the marketing of CAELYX, serious skin conditions including erythema multiforme, Stevens Johnson syndrome, toxic epidermal necrolysis and lichenoid keratosis have been reported very rarely.

### ***Vascular disorders***

Patients with cancer are at increased risk for thromboembolic disease. In patients treated with CAELYX, cases of thrombophlebitis and venous thrombosis are seen uncommonly, as well as rare cases of pulmonary embolism.

### ***Secondary oral neoplasms***

Very rare cases of secondary oral cancer have been reported in patients with long term (more than one year) exposure to CAELYX or those receiving a cumulative CAELYX dose greater than 720 mg/m<sup>2</sup> (see **section 4.4**).

## **Secondary acute myeloid leukemia and myelodysplastic syndrome**

As with other DNA damaging antineoplastic agents, secondary acute myeloid leukemia and myelodysplastic syndrome have been reported rarely in patients having received combined treatment with doxorubicin.

### **Reporting suspected adverse effects**

Reporting suspected adverse reactions after registration of the medicinal product is important. It allows continued monitoring of the benefit-risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions at <http://www.tga.gov.au/reporting-problems>

### **4.9 Overdose**

Acute overdosage with doxorubicin HCl worsens the toxic effects of mucositis, leucopaenia and thrombocytopenia. Treatment of acute overdosage of the severely myelosuppressed patient consists of hospitalisation, antibiotics, platelet and granulocyte transfusions and symptomatic treatment of mucositis.

For information on the management of overdose, contact the Poison Information Centre on 131126 (Australia).

## **5. PHARMACOLOGICAL PROPERTIES**

### **5.1 Pharmacodynamic Properties**

#### **Mechanism of action**

The active ingredient of CAELYX is doxorubicin HCl, a cytotoxic anthracycline antibiotic. The exact mechanism of the antitumour activity of doxorubicin is not known. It is generally believed that inhibition of DNA, RNA and protein synthesis is responsible for the majority of the cytotoxic effect. This is probably the result of intercalation of the anthracycline between adjacent base pairs of the DNA double helix, thus preventing their unwinding for replication.

#### **Clinical Trials**

##### **Breast Cancer**

A phase III randomised study of CAELYX versus doxorubicin hydrochloride in patients with metastatic breast cancer was completed in 509 patients. The protocol-specified objective of demonstrating non-inferiority between CAELYX and doxorubicin was met (see Table 8 below). The treatment HR for PFS when adjusted for prognostic variables was consistent with PFS for the ITT population.

<b>Table 8: Caelyx VS doxorubicin hydrochloride in metastatic Breast Cancer</b>			
<b>Study I97-328</b>	<b>CAELYX</b>	<b>Doxorubicin</b>	<b>Hazard Ratio (95% CI)</b>
No. of patients	254	255	
Median Progression-Free Survival (months)	6.9	7.8	1.00 (0.82 – 1.22)
Medial Overall Survival (months)	21	22	0.94 (0.74 – 1.19)
Overall Response Rate	33%	38%	

301 patients with advanced breast cancer who had failed a taxane-containing regimen were randomised in a phase III comparative study to CAELYX versus an approved salvage regimen (vinorelbine or mitomycin C + vinblastine). Progression-free survival (PFS) was similar for CAELYX and the active comparator.

<b>Study I96-352</b>	<b>CAELYX</b>	<b>Vinorelbine or Mitomycin C + Vinblastine</b>	<b>Hazard Ratio (95% CI)</b>
No. of patients	150	151	
Median Progression-Free Survival (months)	2.9	2.5	1.26 (0.98 – 1.62) p=0.11
Median Overall Survival (months)	10.4	9.0	1.07 (0.79 – 1.45)
Overall Response Rate	9%	11%	

### **Ovarian Cancer**

CAELYX was compared to topotecan in a randomised, open-label trial in 474 patients with epithelial ovarian cancer after platinum-based chemotherapy. The median age of patients was 60 years (range 25-87). Approximately half the patients were platinum-sensitive, defined as response to initial platinum-based therapy and a progression-free interval of greater than 6 months off treatment.

The CAELYX dose was 50 mg/m<sup>2</sup> infused intravenously over one hour every 4 weeks and the topotecan dose 1.5 mg/m<sup>2</sup> infused intravenously daily for 5 consecutive days every 3 weeks. The median duration of follow up was 56.3 months (range 49.9-71.5) for CAELYX, and 56.5 months (range 49.9-72.0) for topotecan.

CAELYX was at least equivalent to topotecan in time to disease progression and survival (Table 10):

	<b>CAELYX n = 240 randomised</b>	<b>Topotecan n = 241 randomised</b>	<b>Hazard Ratio [95% CI]</b>
<b>ITT</b>	n=239	n = 235	
Time to Progression <i>mths median</i>	4.1	4.2	0.95 [0.76, 1.19]
Overall Survival <i>mths median</i>	14.5	13.8	0.82 [0.68, 1.00]
ITT: patients who received at least a partial dose of study drug. Hazard ratio < 1 indicates an advantage for CAELYX. Criterion for non-inferiority: upper limit of 95% CI of Hazard Ratio < 1.3			

CAELYX was also at least equivalent to topotecan in the 4 predefined subgroups, platinum-sensitive, platinum-refractory, tumour size ≤5 cm and tumour size >5 cm.

CAELYX-treated patients had similar health-related quality-of-life scores assessed by the EORTC QLQ-C30 questionnaire as topotecan-treated patients. However, over the period of 15 months following randomisation, patients treated with CAELYX had an average of 1.1 months longer without disease symptoms or grade 3-4 drug toxicity (TWiST) compared with topotecan-treated patients, 95% CI [0.5, 1.8].

### **Multiple Myeloma**

A phase III randomised, parallel-group, open-label, multicentre study was conducted in 646 patients with multiple myeloma, comparing the safety and efficacy of CAELYX plus bortezomib combination therapy with bortezomib monotherapy. Patients had not previously received bortezomib, and had disease which progressed during or after at least one prior therapy. All subjects received prior therapies, and 56 % had undergone stem cell transplantation.

In both treatment groups bortezomib 1.3 mg/m<sup>2</sup> was administered as an IV bolus on Days 1, 4, 8 and 11 every 21 days. In the combination therapy arm CAELYX 30 mg/m<sup>2</sup> was administered as an infusion after bortezomib on Day 4 of each cycle.

The primary endpoint was time to progression (TTP), defined as the time from randomisation to the first occurrence of progressive disease or death due to progressive disease. The median TTP was 6.5 months for bortezomib monotherapy treated patients compared to 9.3 months for CAELYX plus bortezomib combination therapy treated patients (p <0.0001), which triggered protocol-defined early study termination for efficacy. This planned interim analysis was performed with a total of 249 subjects with TTP events (39 % of ITT population).

The secondary endpoints for overall survival and response rate were assessed at the interim analysis. Survival data were not mature, and were not statistically significant, although there was a trend of overall survival benefit for CAELYX plus bortezomib treated patients (HR 1.48, 95 % CI 0.91 – 2.41). Overall response rates were not significantly different between treatment groups. See Table 11 below.

<b>Endpoint</b>	<b>CAELYX + bortezomib n=324</b>	<b>Bortezomib n=322</b>
<b>Time to Progression <sup>a</sup></b>		
Progression or death due to progression (n)	99	150
Censored (n)	225	172
Median in days (months)	282 (9.3)	197 (6.5)
95 % CI	250;338	170;217
Hazard ratio <sup>b</sup>	0.55	
(95 % CI)	(0.43; 0.71)	
p-value <sup>c</sup>	< 0.0001	
<b>Response (n) <sup>d</sup></b>	303	310
% Complete Response (CR)	5	3
% Partial Response (PR)	43	40
% CR + PR	48	43
p-value <sup>e</sup>	0.251	
<b>Median Duration of Response (months)</b>	10.2	7.0
(95 % CI)	(10.2;12.9)	(5.9;8.3)
<sup>a</sup> Kaplan Meier estimate		
<sup>b</sup> Hazard ratio based on stratified Cox proportional hazards regression. A hazard ratio < 1 indicates an advantage of CAELYX + bortezomib.		
<sup>c</sup> Stratified log-rank test.		
<sup>d</sup> RR as per EBMT criteria		
<sup>e</sup> Cochran-Mantel-Haenszel test adjusted for the stratification factors.		

## **AIDS-KS**

Five clinical studies in patients with AIDS-KS were evaluated. The primary study was conducted in 258 patients and was an open, randomised comparative study comparing the efficacy and safety of CAELYX (133 patients) versus Adriamycin, bleomycin and vincristine (ABV, 125 patients). The other studies, which provide supportive data, were open, non-randomised studies of the use of CAELYX for the treatment of AIDS-related KS.

In the primary study, CAELYX was administered at a dose of 20 mg/m<sup>2</sup> by intravenous infusion every 2 weeks. The doses of ABV were Adriamycin 20 mg/m<sup>2</sup>, bleomycin 10 U/m<sup>2</sup> and vincristine 1.0 mg every 2 weeks. Both treatment arms were to continue for a maximum of 6 cycles of treatment. The two groups were well matched for age, sex, weight, prior chemotherapy, HIV risk factor, immune status and severity of KS. All patients were assessed for tumour burden, immune competence and systemic illness factors using the AIDS Clinical Trials Group criteria for staging KS. In each arm, 31% of patients were poor risk for all three criteria. The median CD4+ cell count

was 12.5 cells/mm<sup>3</sup> in the CAELYX arm and 13 cells/mm<sup>3</sup> in the ABV arm. The majority of patients had 25 or more lesions (74.6% in the CAELYX group and 69.7% in the ABV group).

Most patients in each arm were taking a variety of medication. In the CAELYX arm, 52.6% of patients were taking anti-retroviral drugs compared with 63.2% in the ABV arm. More than half the patients (56.4% CAELYX and 57.6% ABV) were taking acyclovir, 64.7% of CAELYX patients were taking co-trimoxazole compared with 64.0% of ABV patients and fluconazole was used in 72.2% of CAELYX patients and 71.2% of patients receiving ABV.

Overall there were significantly more responders in the patients randomised to CAELYX. The response rate for those receiving CAELYX was 46% compared with 26% for those receiving ABV ( $p < 0.001$ ). The median time to CR or PR was 38 days for CAELYX and 50 days for ABV ( $p = 0.014$ ) where the time to response was recorded as the time the best response occurred relative to the time of beginning treatment. Once response occurred, the duration of response was very similar in each group, the median duration of response was 90 days for the CAELYX group compared with 92 days for ABV ( $p = 0.234$ ). The response rate at the end of treatment was 36.1% for the CAELYX group and 21.5% for those receiving ABV ( $p = 0.023$ ). Two-thirds of the patients randomised to CAELYX completed 6 cycles of treatment and one-third of those randomised to ABV completed the protocol. This corresponded to a total number of doses of 692 in the CAELYX group and 479 in the ABV group. Of those patients who discontinued early, adverse events were the cause of discontinuation for 14 patients in the CAELYX arm and 46 in the ABV arm.

With respect to the efficacy of CAELYX in patients who have failed prior chemotherapy, a retrospective analysis was conducted in refractory patients enrolled into one of the non-randomised studies. For the best conservative response (best response maintained for at least 3 weeks) in the 77 patients in this group, the response rate by the investigator assessment was 44%. The response was reached in a mean time of 128 days and continued for 118 days. In forty-nine of these patients who had received prior doxorubicin, the response rate by investigator assessment was 44.9%, and in 43 patients who had disease progression on prior doxorubicin the response rate was 39.5%.

## 5.2 Pharmacokinetic Properties

CAELYX is a long-circulating pegylated liposomal formulation of doxorubicin HCl that provides greater concentration of doxorubicin in Kaposi's sarcoma (KS) tumours than in normal skin. Pegylated liposomes contain surface-grafted segments of the hydrophilic polymer methoxypolyethylene glycol (MPEG). These linear MPEG groups extend from the liposome surface creating a protective coating that reduces interactions between the lipid bilayer membrane and the plasma components. This allows the CAELYX liposomes to circulate for prolonged periods in the blood stream. Pegylated liposomes are small enough (average diameter of approximately 100 nm) to pass intact (extravasate) through defective blood vessels supplying tumours. Evidence of penetration of pegylated liposomes from blood vessels and their entry and accumulation in tumours has been seen in mice with C-26 colon carcinoma tumours and in transgenic mice with KS-like lesions. The pegylated liposomes also have a low permeability lipid matrix and internal aqueous buffer system that combine to keep doxorubicin HCl encapsulated during liposome residence time in circulation.

The plasma pharmacokinetics of CAELYX in humans differs significantly from those reported in the literature for standard doxorubicin HCl preparations. At lower doses (10 mg/m<sup>2</sup> – 20 mg/m<sup>2</sup>) CAELYX displayed linear pharmacokinetics. Over the dose range of 10 mg/m<sup>2</sup> – 60 mg/m<sup>2</sup> CAELYX displayed non-linear pharmacokinetics. Standard doxorubicin HCl displays extensive tissue distribution (volume of distribution, 700 to 1,100 L/m<sup>2</sup>) and a rapid elimination clearance (24 to 73 L/h/m<sup>2</sup>). In contrast, the pharmacokinetic profile of CAELYX indicates that CAELYX is confined mainly to the vascular fluid volume and that the clearance of doxorubicin from the blood is dependent upon the liposomal carrier. Doxorubicin becomes available after the liposomes are extravasated and enter the tissue compartment.

At equivalent doses, the plasma concentration and AUC values of CAELYX which represent mostly pegylated liposomal doxorubicin HCl (containing 90% to 95% of the measured doxorubicin) are significantly higher than those achieved with standard doxorubicin HCl preparations.

### Population Pharmacokinetics

The pharmacokinetics of CAELYX were evaluated in 120 patients from 10 different clinical trials using the population pharmacokinetic approach. The pharmacokinetics of CAELYX over the dose

range of 10 mg/m<sup>2</sup> to 60 mg/m<sup>2</sup> was best described by a two compartment non-linear model with zero order input and Michaelis-Menten elimination. The mean intrinsic clearance of CAELYX was 0.030 L/h/m<sup>2</sup> (range 0.008 to 0.152 L/h/m<sup>2</sup>) and the mean volume of distribution at steady state was 2.43 L/m<sup>2</sup> (range 1.10 - 4.85 L/m<sup>2</sup>). The apparent half-life ranged from 24 - 231 hours, with a mean of 73.9 hours.

There were no data for patients with severe renal or hepatic impairment.

### **Breast Cancer Patients**

The pharmacokinetics of CAELYX determined in 18 patients with breast carcinoma were similar to the pharmacokinetics determined in the larger population of 120 patients with various cancers. The mean intrinsic clearance was 0.016 L/h/m<sup>2</sup> (range 0.009 - 0.027 L/h/m<sup>2</sup>), the mean central volume of distribution was 1.46 L/m<sup>2</sup> (range 1.10 - 1.64 L/m<sup>2</sup>). The mean apparent half-life was 71.5 hours (range 45.2 - 98.5 hours).

### **Ovarian Cancer Patients**

The pharmacokinetics of CAELYX determined in 11 patients with ovarian carcinoma were similar to the pharmacokinetics determined in the larger population of 120 patients with various cancers. The mean intrinsic clearance was 0.021 L/h/m<sup>2</sup> (range 0.009 – 0.041 L/h/m<sup>2</sup>), the mean volume of distribution at steady state was 1.95 L/m<sup>2</sup> (range 1.67 – 2.40 L/m<sup>2</sup>). The mean apparent half-life was 75.0 hours (range 36.1 – 125 hours).

### **AIDS-KS Patients**

The plasma pharmacokinetics of CAELYX were evaluated in 23 patients with Kaposi's sarcoma who received single doses of 20 mg/m<sup>2</sup> administered by a 30-minute infusion. The pharmacokinetic parameters of CAELYX (primarily representing liposome-encapsulated doxorubicin and low levels of unencapsulated doxorubicin HCl) observed after the 20 mg/m<sup>2</sup> doses are presented in the following table.

<b>Table 12 Pharmacokinetic Parameters in CAELYX-Treated AIDS-KS Patients</b>	
Parameter	Mean ± Standard error 20 mg/m <sup>2</sup> n = 23
Maximum Plasma Concentration <sup>a</sup> (µg/mL.h)	8.34 ± 0.49
Plasma Clearance (L/h/m <sup>2</sup> )	0.041 ± 0.004
Volume of Distribution (L/m <sup>2</sup> )	2.72 ± 0.120
AUC (µg/mL.h)	590 ± 58.7
λ <sub>1</sub> half-life (hours)	5.2 ± 1.4
λ <sub>2</sub> half-life (hours)	55.0 ± 4.8
<sup>a</sup> Measured at the end of a 30-minutes infusion.	

In patients receiving 20 mg/m<sup>2</sup> CAELYX the concentration of total (liposome encapsulated and unencapsulated) doxorubicin in the KS lesions was a median of 19 (range 3-53) times higher than in normal skin at 48 hours post-treatment.

The concentration of bioavailable (unencapsulated) doxorubicin in tissues is unknown because the assay procedure cannot distinguish between liposome encapsulated and unencapsulated doxorubicin.

## **5.3 Preclinical Safety Data**

### **Carcinogenicity, Genotoxicity**

Although no studies have been conducted with CAELYX, doxorubicin HCl, the pharmacologically active ingredient of CAELYX, is mutagenic and carcinogenic. Pegylated placebo liposomes are neither mutagenic nor genotoxic at dose levels exceeding the maximum tolerated dose of CAELYX.

## 6. PHARMACEUTICAL PARTICULARS

### 6.1 List of Excipients

Each mL contains

Sodium methoxy-PEG-40-carbonyl-distearoylphosphatidylethanolamine (MPEG-DSPE) 3.19 mg,

Hydrogenated soy phosphatidylcholine [HSPC] 9.58 mg,

Cholesterol 3.19 mg,

Ammonium sulfate approximately 2 mg,

Sucrose 94 mg,

Histidine 1.55 mg,

Water for Injections qs,

Hydrochloric acid qs pH 6.5

Sodium hydroxide qs pH 6.5.

### 6.2 Incompatibilities

**Do not mix with other drugs.**

### 6.3 Shelf-life

In Australia, information on the shelf life can be found on the public summary of the Australian Register of Therapeutic Goods (ARTG). The expiry date can be found on the packaging.

### Stability after reconstitution and dilution

After dilution with 5% Glucose Intravenous Infusion, the diluted CAELYX solution should be used immediately.

Diluted product not for immediate use should be prepared under aseptic conditions and in line with good pharmaceutical practice should be stored at 2°C to 8°C for no longer than 24 hours. Partially used vials should be discarded.

### 6.4 Special precautions for Storage

Store at 2°C to 8°C. Refrigerate. Do not freeze.

For storage conditions after dilution of the medicinal product, see **section 6.3**.

### 6.5 Nature and Contents of Container

Type I glass vials, each with a siliconised grey bromobutyl stopper, and an aluminium seal, with a deliverable volume of 10 ml (20 mg) or 25 ml (50 mg).

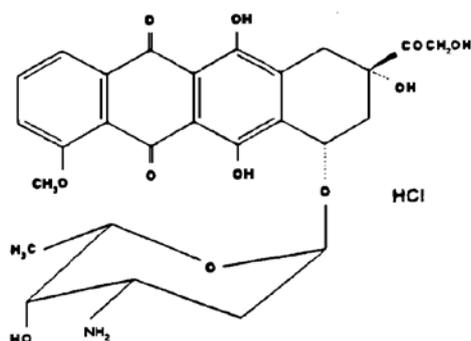
CAELYX injections are supplied in single vial packs.

### 6.6 Special precautions for disposal

CAELYX should be handled and disposed of in a manner consistent with that of other anti-cancer drugs.

### 6.7 Physicochemical properties

The chemical structure of doxorubicin hydrochloride is:



CAS Registry Number: 25316-40-9

## 7. MEDICINE SCHEDULE (POISON STANDARD)

S4 - Prescription Only Medicine

## 8. SPONSOR

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## 9. DATE OF FIRST APPROVAL

25 February 2008

## 10. DATE OF REVISION

10 February 2021

### Summary table of changes

Section changed	Summary of new information
4.2	Minor editorial change.
4.8	1. Added new post marketing adverse reactions, secondary acute myeloid leukemia and myelodysplastic syndrome. 2. Minor editorial changes