CABAZITAXEL (Jevtana)

INDICATION (ICD10) C61

Check the most recent Blueteq eligibility criteria before prescribing. Blueteq registration required. (www.england.nhs.uk/publication/national-cancer-drugs-fund-list/)

Cabazitaxel for hormone-relapsed metastatic prostate cancer treated with docetaxel

2. Hormone-relapsed metastatic prostate cancer.
3. Patient has received 225mg/m/sq or more of docetaxel and the disease has progressed during or after docetaxel chemotherapy.
4. To be prescribed in combination with prednisone or prednisolone.
5. Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1.
6. Patient has been informed that treatment with cabazitaxel will be stopped if the disease progresses or after a maximum of 10 cycles (whichever happens first).
7. The licensed dose and frequency of cabazitaxel will be used.

REGIMEN

Day 1 Premedication 30 minutes prior to infusion:

Dexamethasone	8mg IV bolus
H_2 antagonist	
Chlorphenamine	10mg IV bolus
CABAZITAXEL	25mg/m^2 in 250ml sodium chloride 0.9% infusion over 60 minutes
Prednisolone	10mg orally daily

CYCLE FREQUENCY AND NUMBER OF CYCLES

Every 21 days for maximum 10 cycles

ANTI-EMETICS

Low risk day 1

CONCURRENT MEDICATION REQUIRED

Cabazitaxel	Ensure premedication given before Cabazitaxel. Prednisolone 10mg orally daily continuously during treatment.
GCSF	Give from day 3 for 5 days

EXTRAVASATION AND TYPE OF LINE / FILTERS

Cabazitaxel – irritant

Use 0.2-0.22micron in-line filter. PVC-free infusion set.
Peripheral or central Line

INVESTIGATIONS

Blood results required before SACT administration
FBC, U&E and LFTs day 1 each cycle
Neutrophils x 10^9/L ≥1.0 give
Platelets x 10^9/L ≥100 give
PSA every cycle
Baseline weight and every cycle

MAIN TOXICITES AND ADVERSE REACTIONS

Cabazitaxel	Hypersensitivity reactions Peripheral neuropathy

INTERACTIONS WHICH MAY REQUIRE DOSE MODIFICATIONS
(not exhaustive list check SPC/BNF/Stockleys)

Cabazitaxel	Strong inducers or strong inhibitors of CYP3A should be avoided, if inhibitors cannot be avoided consider cabazitaxel dose reduction.

DOSE MODIFICATIONS
Haematological

Prolonged grade ≥3 neutropenia (longer than 1 week) despite appropriate treatment including GCSF	Delay treatment until neutrophil count is >1.5x10^9/L, then reduce cabazitaxel dose from 25mg/m^2 to 20mg/m^2
Febrile neutropenia or neutropenic infection	Delay treatment until improvement or resolution, and until neutrophil count is >1.5x10^9/L, then reduce cabazitaxel dose from 25mg/m^2 to 20mg/m^2
Patient continues to experience any of these reactions at 20mg/m^2.	Discontinue

Non-haematological

Prolonged grade ≥3 diarrhoea or persisting diarrhea. Despite appropriate treatment, including fluid and electrolytes replacement	Delay treatment until improvement or resolution, then reduce cabazitaxel dose from 25mg/m^2 to 20mg/m^2.
Grade ≥2 peripheral neuropathy	Delay treatment until improvement then reduce cabazitaxel dose from 25mg/m^2 to 20mg/m^2.
Patient continues to experience any of these reactions at 20mg/m^2.	Discontinue

Hepatic impairment
Cabazitaxel

Bilirubin >1 to ≤1.5xULN or AST >1.5xULN	give 20mg/m^2
Bilirubin >1.5 to ≤3.0xULN	give 15mg/m^2
Bilirubin >3xULN	do not give

Renal impairment
Cabazitaxel
CrCl <15mL/min/1.73m^2 should be treated with caution and monitored carefully during treatment

REFERENCES