DAROLUTAMIDE (Nubeqa)

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/)

In combination with androgen deprivation therapy (ADT) for the treatment of non-metastatic hormone-resistant (castration-resistant) prostate cancer in patients who are at high risk of developing metastatic disease where the following criteria have been met:

2. Has a proven histological or cytological diagnosis of adenocarcinoma of the prostate without neuroendocrine differentiation or features of a small cell carcinoma.
3. Has non-metastatic prostate cancer as defined by recent imaging with conventional imaging with both a whole body isotope bone scan and a CT/MR scan of the chest, abdomen and pelvis. Note: patients with the sole abnormality of pelvic lymph nodes measuring <2cm in short axis diameter and which are below the aortic bifurcation are eligible for darolutamide in this indication.
4. Has hormone-resistant (castrate-resistant) disease as defined by 3 rising PSA levels (after the nadir PSA level) and taken at least 1 week apart during androgen deprivation therapy.
5. Serum testosterone level is <1.7nmol/L on gonadotrophin releasing hormone agonist/antagonist therapy or after bilateral orchidectomy.
6. The current PSA level is ≥2ng/ml.
7. Is at high risk of developing metastatic disease as defined by a PSA doubling time of ≤10 months.
8. ECOG performance status of either 0 or 1 or 2.
9. Has not received any previous 2nd generation androgen receptor inhibitors (such as enzalutamide, darolutamide, apalutamide) or CYP17 enzyme inhibitors (such as abiraterone) unless darolutamide has been accessed via a company early access scheme for this specific indication and the patient meets all the other criteria listed in this form.
10. Darolutamide is being given only in combination with androgen deprivation therapy.
11. Darolutamide is to be continued until disease progression or unacceptable toxicity or patient choice to stop treatment.
12. A formal medical review as to how darolutamide is being tolerated and whether treatment with darolutamide should continue or not will be scheduled to occur at least by the start of the third 4-weekly cycle of treatment.
13. Where a treatment break of more than 6 weeks beyond the expected 4-week cycle length is needed, I will complete a treatment break approval form to restart treatment, including indicating as appropriate if the patient had an extended break because of COVID19.
14. Darolutamide is to be otherwise used as set out in its Summary of Product Characteristics

REGIMEN

DAROLUTAMIDE 600mg orally twice daily continuously
Androgen deprivation therapy (ADT)

CYCLE FREQUENCY AND NUMBER OF CYCLES

Until disease progression

ADMINISTRATION

Available as 300mg tablets
Swallow whole with food.

ANTI-EMETICS

Minimal risk all days

CONCURRENT MEDICATION REQUIRED

Darolutamide	Androgen deprivation therapy

EXTRAVASATION AND TYPE OF LINE / FILTERS

Not applicable

INVESTIGATIONS

Blood results required before SACT administration
FBC, U&E and LFTs monthly
Neutrophils x 10^9/L ≥1.5
Platelets x 10^9/L ≥100
PSA every month

MAIN TOXICITES AND ADVERSE REACTIONS

Darolutamide	Cardiac affects Neutropenia Rash

INTERACTIONS WHICH MAY REQUIRE DOSE MODIFICATIONS

(not exhaustive list check SPC/BNF/Stockleys)

Darolutamide	Statins – avoid Strong or moderate CYP3A and Pgp inducers - avoid

DOSE MODIFICATIONS

Darolutamide
If a patient experiences a ≥ grade 3 toxicity or an intolerable adverse reaction, dosing should be withheld or reduced to 300mg twice daily until symptoms improve. Treatment may then be resumed at a dose of 600mg twice daily.
Dose reduction below 300mg twice daily is not recommended.

Hepatic impairment

Darolutamide
Moderate and severe hepatic impairment (Child-Pugh Classes B and C), the recommended starting dose is 300mg twice daily.

Renal impairment

Darolutamide
Severe renal impairment (eGFR 15-29mL/min/1.73 m^2) not receiving haemodialysis, the recommended starting dose is 300mg twice daily.

REFERENCES

1. C Fizazi, K et al; NEJM 2019; 380: 1235–1246