



CYCLOPOSPHAMIDE Prednisolone

INDICATION (ICD10) C49

1. Metastatic soft tissue sarcoma for patients with poor prognosis and elderly with comprehensive geriatric assessment (CGA) tool.

REGIMEN

Days 1 to 7	CYCLOPHOSPHAMIDE	100mg PO twice daily
	Prednisolone	20mg PO once daily

CYCLE FREQUENCY AND NUMBER OF CYCLES

Every 14 days until progression

ADMINISTRATION

Cyclophosphamide is available as 50mg tablets.

ANTI-EMETICS

Low risk days 1 to 7

CONCURRENT MEDICATION REQUIRED

None required

EXTRAVASATION AND TYPE OF LINE / FILTERS

Not applicable

INVESTIGATIONS

Blood results required before SACT administration
FBC, U&E and LFTs days 1 and 14, then monthly
Neutrophils x 10⁹/L ≥ 1.5
Platelets x 10⁹/L ≥ 100

MAIN TOXICITIES AND ADVERSE REACTIONS

Cyclophosphamide	may irritate bladder, drink copious volumes of water.
Prednisolone	Steroid effects – monitors BMs

INTERACTIONS WHICH MAY REQUIRE DOSE MODIFICATIONS

(not exhaustive list check SPC/BNF/Stockleys)

Cyclophosphamide	<p>Cytochrome P450 enzyme inducers (e.g. rifampicin, carbamazepine, phenytoin, St Johns Wort, corticosteroids): may increase active cyclophosphamide metabolites.</p> <p>Allopurinol, Cimetidine and protease inhibitors: may increase active metabolites.</p> <p>Aprepitant, Ciprofloxacin, Fluconazole, Itraconazole: may reduce activation of cyclophosphamide and alter the effectiveness of treatment.</p> <p>Grapefruit juice: decreased or delayed activation of cyclophosphamide.</p> <p>Patients should be advised to avoid grapefruit juice.</p>
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DOSE MODIFICATIONS

Renal impairment

Cyclophosphamide

CrCl 10-29ml/min	Consider giving 75% dose
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REFERENCES

1. European Journal of Cancer vol 47 issue 4 pg 515-519 March 2011