ABIRATERONE Prednisolone

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/) (ABI1) (ABI2) (ABI4)

1. Abiraterone in combination with prednisolone for the treatment of patients with hormone-relapsed (castrate-resistant) metastatic prostate cancer with disease progression during or following treatment with docetaxel-containing chemotherapy but has not previously received any treatment with enzalutamide or darolutamide or apalutamide or abiraterone. PS 0, 1 or 2. (TA259)
2. Abiraterone in combination with prednisolone for the treatment of patients with hormone-relapsed (castrate-resistant) metastatic prostate cancer with no or only mild symptoms after androgen deprivation therapy has failed, before chemotherapy is indicated and has not previously received any treatment with enzalutamide or darolutamide or apalutamide or abiraterone. PS 0, 1 or 2. (TA387)
3. Abiraterone In combination with prednisolone and androgen deprivation therapy (ADT) for the treatment of newly diagnosed high risk metastatic hormone-sensitive prostate cancer with both widespread bone metastases radiologically typical of prostate cancer and a serum PSA of at least 50ng/ml. Has either not been treated with docetaxel and has currently received androgen deprivation therapy (ADT) for no longer than 3 months before starting an androgen receptor targeted agent or has been treated with docetaxel and has currently received ADT for no more than 9 months. Not previously received any androgen receptor targeted agent newly diagnosed metastatic hormone-sensitive prostate cancer PS 0, 1 or 2.

REGIMEN

Days 1 to 28	ABIRATERONE	1000mg orally once daily
	Prednisolone	5mg orally twice daily

CYCLE FREQUENCY AND NUMBER OF CYCLES

Until disease progression.

A formal medical review as to how abiraterone is being tolerated and whether treatment with abiraterone should continue or not will be scheduled to occur at least by the start of the third 4-weekly cycle of treatment.

ADMINISTRATION

Available as 500mg tablets

Swallowed whole with water, taken at least one hour before or at least two hours after eating.

ANTI-EMETICS

Minimal risk

CONCURRENT MEDICATION REQUIRED

Abiraterone	Prednisolone 5mg orally twice daily (must be used in combination with prednisolone, not approved for use in combination with dexamethasone)

EXTRAVASATION AND TYPE OF LINE / FILTERS

Not applicable

INVESTIGATIONS

Blood results required before SACT administration
FBC, U&E and LFTs every 2 weeks for 3 cycles then every cycle
Neutrophils x 10^9/L ≥1.5
Platelets x 10^9/L ≥100
Creatinine every cycle
Blood pressure weekly initially, once monthly when stable
PSA every cycle initially then every 3 cycles
Baseline weight and every cycle

MAIN TOXICITES AND ADVERSE REACTIONS

Abiraterone	Hypertension, hypokalaemia and fluid retention use with caution Adrenocortical insufficiency Hepatotoxicity

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

Abiraterone	Strong inducers of CYP3A4 (eg phenytoin, carbamazepine, rifampicin, rifabutin, rifapentine, phenobarbital, St John's wort) during treatment are to be avoided. Strong inhibitors of CYP3A4 (eg itraconazole, clarithromycin, voriconazole) may be used with caution

DOSE MODIFICATIONS

Non-haematological

In patients with pre-existing hypokalaemia or those that develop hypokalaemia whilst being treated with abiraterone, consider maintaining the patient's potassium level at ≥4.0mM.
For patients who develop grade ≥3 toxicities including hypertension, hypokalaemia, oedema and other non-mineralocorticoid toxicities, treatment should be withheld and appropriate medical management should be instituted. Treatment with abiraterone should not be reinitiated until symptoms of the toxicity have resolved to grade 1 or baseline.

Hepatic impairment

Abiraterone
No dose adjustment is required in pre-existing mild hepatic impairment.
Abiraterone should be avoided in severe hepatic impairment.

ALT or AST >5-19xULN	Withhold abiraterone treatment until ALT or AST recovered to the patient's baseline. Re-treatment may then be considered at a reduced dose of 500mg once daily. For patients being re-treated, serum transaminases should be monitored at a minimum of every two weeks for three months and monthly thereafter. If hepatotoxicity recurs at the reduced dose of 500mg daily, treatment should be discontinued.
ALT or AST ≥20xULN	Discontinue permanently

Renal impairment

Abiraterone
Caution advised in patients with severe renal impairment.

REFERENCES

1. de Bono, JS et al; N Engl J Med 2011; 364: 1995-2005
2. Ryan, CJ et al; NEJM 2013; 368: 138-148