

DAROLUTAMIDE (Nubeqa)

INDICATION (ICD10) C61

Check the most recent *Blumetq* eligibility criteria before prescribing. *Blumetq* registration required (www.england.nhs.uk/publication/national-cancer-drugs-fund-list/) (DARO1) (DARO3)

1. In combination with androgen deprivation therapy (ADT) for the treatment of non-metastatic hormone-resistant (castration-resistant) prostate cancer (histological or cytological diagnosis of adenocarcinoma of the prostate without neuroendocrine differentiation or features of a small cell carcinoma) in patients who are at high risk of developing metastatic disease (PSA doubling time of ≤ 10 months). Has not received any previous 2nd generation androgen receptor inhibitors (such as enzalutamide, darolutamide, apalutamide) or CYP17 enzyme inhibitors (such as abiraterone). Serum testosterone level is < 1.7 nmol/L on gonadotrophin releasing hormone agonist/antagonist therapy or after bilateral orchidectomy. Current PSA level is ≥ 2 ng/ml. PS 0, 1 or 2. (TA660)
2. Darolutamide in combination with androgen deprivation therapy (ADT) for the treatment of patients with newly diagnosed metastatic hormone-sensitive (proven histological or cytological diagnosis of adenocarcinoma of the prostate) prostate cancer and has currently received androgen deprivation therapy (ADT) for no longer than 3 months who are unsuitable for treatment with docetaxel and has not received any upfront docetaxel chemotherapy for metastatic hormone sensitive prostate cancer and has not previously received any androgen receptor targeted agent. PS 0, 1 or 2

REGIMEN

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

CYCLE FREQUENCY AND NUMBER OF CYCLES

Until disease progression. 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.

ADMINISTRATION

Available as 300mg tablets
Swallow whole with food.

ANTI-EMETICS

Minimal risk all days

CONCURRENT MEDICATION REQUIRED

Darolutamide	Androgen deprivation therapy
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EXTRAVASATION AND TYPE OF LINE / FILTERS

Not applicable

INVESTIGATIONS

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

MAIN TOXICITIES AND ADVERSE REACTIONS

Darolutamide	Cardiac affects Neutropenia Rash
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INTERACTIONS WHICH MAY REQUIRE DOSE MODIFICATIONS

(not exhaustive list check SPC/BNF/Stockleys)

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

Darolutamide

If a patient experiences a \geq 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 m²) not receiving haemodialysis, the recommended starting dose is 300mg twice daily.

REFERENCES

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