# CABAZITAXEL

## INDICATION (ICD10) C61

**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.<br>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<br>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 >1.5x$10^9$/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 >1.5x$10^9$/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/1.73$m^2$ should be treated with caution and monitored carefully during treatment

## REFERENCES