CABAZITAXEL

A treatment option for men with hormone-relapsed metastatic prostate cancer which has previously been treated with at least 225mg/m^2 docetaxel in the hormone-refractory setting, and PS 0 or 1
NICE approved May 2016

Blueteq registration is required before treatment may start

Drugs / Dosage:	Cabazitaxel	25 mg/m^2	IV	Day 1
	Prednisolone	5 mg	PO	BD throughout treatment

Administration: Cabazitaxel in 250ml 0.9% sodium chloride over 1 hour via PVC-free giving set with a 0.2 micron in-line filter

Pre-medication:

Dexamethasone	8mg	IV at least 30 mins prior to administration
Chlorphenamine	10mg	IV at least 30 mins prior to administration
Ranitidine	50mg	IV at least 30 mins prior to administration

Frequency: 3 weekly cycle for a maximum of 10 cycles

Main Toxicities: myelosuppression; hypersensitivity (infusion-related & ↑ risk with 1st/ 2nd treatment); alopecia; peripheral neuropathy; diarrhoea; infertility

Anti-emetics: moderately emetogenic

Extravasation: not known, but has potential to be a vesicant. In the absence of data, manage as for paclitaxel and docetaxel.

Regular Investigations:	FBC	Day 1
	LFTs	Day 1
	U&Es	Day 1
	PSA	Day 1

Interactions: Strong inducers or strong inhibitors of CYP3A should be avoided while on cabazitaxel. However, if patients require co-administration of a strong CYP3A inhibitor (e.g. itraconazole, clarithromycin), a 25% cabazitaxel dose reduction should be considered.

Dose Modifications

Haematological Toxicity:
Neutrophils < 1.5 x 10^9/l
or
Platelets < 100 x10^9/l
Delay treatment for 1 week, then repeat FBC

In the event of febrile neutropenia or neutrophils < 1.0 x 10^9/l for more than 1 week, give cabazitaxel 20mg/m^2 for all further cycles, once neutrophils recovered to > 1.5 x 10^9/l.
If the patient continues to experience these side effects at the lower dose, treatment should be discontinued.

Reason for Update: NICE approval May 2016; blueteq funding still required; WBC cut-off removed	Approved by Consultant: Dr S Khaksar
Version: 3	Approved by Lead Chemotherapy Nurse: P Deery
Supersedes: Version 2	Date: 25.1.17
Prepared by: S Taylor	Checked by: C Tucker

Hepatic Impairment: Note that a raised ALP in isolation is usually indicative of bone metastases, and in those circumstances is not an indication for a dose reduction.

Liver Function	Cabazitaxel Dose
Bilirubin 1.1 - 1.5 x ULN or AST > 1.5 x ULN	20mg/m^2
Bilirubin 1.6 - 3 x ULN	15mg/m^2 (N.B. Limited efficacy data available for this dose)
Bilirubin > 3 x ULN	Cabazitaxel is contra-indicated

Renal Impairment: Cabazitaxel is extensively metabolised, with minimal excretion via the kidney. No dosage adjustment is required for patients with renal impairment not requiring dialysis.

Non-Haematological Toxicities: If persistent Grade 2 + neuropathy, once patient recovered, reduce dose to 20mg/m^2.

If Grade 3+ diarrhoea, or diarrhoea persisting despite appropriate management, delay treatment until diarrhoea resolved to Grade 1 – 0, then reduce dose to 20mg/m^2.

Discontinue cabazitaxel if any of the above symptoms return at the reduced dose.

References: de Bono, JS et al; Lancet 2010; 376: 1147 – 1154