Abiraterone and prednisoLONE Therapy (mHSPC)

INDICATIONS FOR USE:

INDICATION	ICD10	Regimen Code	HSE approved Reimbursement Status*
Abiraterone is indicated with predniSONE or prednisoLONE for: the treatment of newly diagnosed high risk metastatic hormone sensitive prostate cancer (mHSPC) in adult men in combination with androgen deprivation therapy (ADT)	C61	00577a	N/A

*This applies to post 2012 indications

TREATMENT:

The starting dose of the drugs detailed below may be adjusted downward by the prescribing clinician, using their independent medical judgement, to consider each patients individual clinical circumstances.

Abiraterone is administered as a single oral daily dose until disease progression or unacceptable toxicity develops (1 cycle = 28 days).

Androgen ablative therapy (e.g. LHRH agonist, LHRH antagonist) should be maintained during treatment in patients not surgically castrated.

Drug	Dose	Route	Cycle
Abiraterone	1000mg daily	PO **without food** at the same time each day[1]. Tablets should be swallowed whole with water.	Continuous therapy
PredniSONE or PrednisoLONE	5mg daily	PO with food	Continuous therapy
In the event of a missed daily dose of either abiraterone, predniSONE or prednisoLONE, treatment should be resumed the following day with the usual daily dose.			
[1]Abiraterone should be taken at least one hour before or at least two hours after eating. Abiraterone is commonly available as 250mg and 500mg tablets.			

ELIGIBILITY:

- Indication as above
- ECOG 0-2
- Patients are required to have at least two of the three following high-risk factors associated with poor prognosis:
  - Gleason score ≥8
  - ≥Three bone lesions
  - Presence of measurable visceral metastasis. (RECIST 1.1)

EXCLUSIONS:

- Hypersensitivity to abiraterone or any of the excipients
- Known brain metastasis
- Active or symptomatic viral hepatitis or chronic liver disease
- Severe hepatic impairment
- History of adrenal dysfunction
- Abiraterone with predniSONE or prednisoLONE is contraindicated in combination with Ra-223

CAUTIONS:

- Hypertension should be adequately controlled before treatment is commenced
- Clinically significant heart disease (LVEF < 50% at baseline)

PRESCRIPTIVE AUTHORITY:

- The treatment plan must be initiated by a Consultant Medical Oncologist

TESTS:

Baseline tests:

- FBC, renal and liver profile
- Blood Glucose
- Blood pressure
- ECG if clinically indicated or if history of cardiac problems

Regular tests:

- FBC, renal and liver profile, glucose and blood pressure every 2 weeks for cycles 1-3 and every 4 weeks thereafter
- ECG if clinically indicated or if history of cardiac problems

Disease monitoring:
Disease monitoring should be in line with the patient's treatment plan and any other test/s as directed by the supervising Consultant.

DOSE MODIFICATIONS:

- Any dose modification should be discussed with a Consultant.

Renal and Hepatic Impairment:

Table 1: Dose modification of abiraterone in renal and hepatic impairment

Renal Impairment	Hepatic Impairment	
No dose adjustment is needed	**Impairment level**	**Dose**
	Mild (Child-Pugh A)	No dose adjustment is needed
Haemodialysis: No dose adjustment is needed	Moderate (Child-Pugh B)	25% of the original dose
	Severe (Child Pugh C)	Avoid
Renal and hepatic dose modifications taken from Giraud et al 2023		

Management of adverse events:

Table 2: Dose Modification of Abiraterone for Adverse Events

Adverse reactions	Recommended dose modification
Grade ≥ 3 toxicities including hypertension, hypokalaemia, oedema and other non-mineralocorticoid toxicities	Withhold treatment 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

Hypokalemia Management:

Patients with pre-existing hypokalaemia or those that develop hypokalaemia while treated with abiraterone, consider maintaining the patient's potassium level at ≥4.0mM.

SUPPORTIVE CARE:

EMETOGENIC POTENTIAL

- As outlined in NCCP Classification Document for Systemic Anti Cancer Therapy (SACT) Induced Nausea and Vomiting- Available on the NCCP website

Abiraterone: Minimal (**Refer to local policy).**

Within NCIS regimens, antiemetics have been standardised by Medical Oncologists and Haemato-oncologists and information is available in the following documents:

- NCCP Supportive Care Antiemetic Medicines for **Inclusion in NCIS** (Medical Oncology) - Available on the NCCP website
- NCCP Supportive Care Antiemetic Medicines for **Inclusion in NCIS** (Haemato-oncology) - Available on the NCCP website

PREMEDICATIONS: Not usually required

OTHER SUPPORTIVE CARE:

Patients who stop abiraterone may require a gradual withdrawal of the prednisoLONE.

ADVERSE EFFECTS:

- Please refer to the relevant Summary of Product Characteristics (SmPC) for details.

DRUG INTERACTIONS:

- Current SmPC and drug interaction databases should be consulted for information.

REFERENCES:

1. Fizazi K. et al. Abiraterone plus Prednisone in Metastatic, Castration-Sensitive Prostate Cancer. N Engl J Med. 2017 Jul 27;377(4):352-360. doi: 10.1056/NEJMoa1704174. Epub 2017 Jun 4. Including supplementary material.
2. Fizazi K. et al. Abiraterone acetate plus prednisone in patients with newly diagnosed high-risk metastatic castration-sensitive prostate cancer (LATITUDE): final overall survival analysis of a randomised, double-blind, phase 3 trial. Lancet Oncol. 2019 May;20(5):686-700. doi: 10.1016/S1470-2045(19)30082-8.
3. Giraud E L, Lijster B D, et al. Dose recommendations for anticancer drugs in patients with renal or hepatic impairment: an update. Available at: https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(23)00216-4/fulltext
4. NCCP Classification Document for Systemic AntiCancer Therapy (SACT) Induced Nausea and Vomiting. V6 2025. Available at: https://www.hse.ie/eng/services/list/5/cancer/profinfo/chemoprotocols/nccp-classification-document-for-systemic-anti-cancer-therapy-sact-induced-nausea-and-vomiting.pdf
5. Abiraterone (Zytiga®) SmPC. Accessed February 2025.Last updated: 31/01/25 Available at: https://www.ema.europa.eu/en/documents/product-information/zytiga-epar-product-information_en.pdf

Version	Date	Amendment	Approved By
1	08/01/2020		Prof Maccon Keane
2	06/01/2021	Amended adverse effects	Prof Maccon Keane
3	14/05/2025	Regimen reviewed. Updated title. Updated excusions sectin. Addition of cautions section. Updated renal and hepatic dose modifications table to align with Giraud et al 2023. Updated regimen in line with NCCP standardisation.	Prof Maccon Keane

Comments and feedback welcome at oncologydrugs@cancercontrol.ie.