

## ABIRATERONE

Most patients treated with Abiraterone will experience adverse effects, but the effects will differ from one patient to the next.

### ADVERSE DRUG REACTION MANAGEMENT GUIDE

#### 1. **Myelosuppression**

#### 2. **Myalgia (Muscle pain)**

#### 3. **Diarrhea**

#### 1. **Hot flashes**

#### 1. **Myelosuppression**

Abiraterone may cause suppression of the blood cell production in the myeloid tissues of the bone marrow. This can result in lowering of white blood cells and platelets. It is important to have a Complete Blood Count (CBC) blood test prior to the start of each cycle of this agent. If any blood cell component is reduced below an acceptable level, the drug may need to be held until the blood cells recover. **Abiraterone must NOT be dispensed** until the CBC test is completed and verified prior to each cycle of the treatment. Verification will be done by an oncology health professional.

#### 2. **Myalgia (Muscle pain)**

Aching muscles and muscle cramps can be very disruptive, lowering patient quality of life. Muscle cramps may occur in the hands, feet, calves, or thighs. Cramps have been described as sustained muscular contractions that follow a consistent pattern, frequency, and severity. Muscle cramps may be related to exertion or could happen at night. Patients should avoid using quinine or drinking tonic water (contains quinine).

**Management:** The following may provide relief from muscle aches or cramps:

- Mild pain medications- Acetaminophen preferred; do NOT use non-steroidal anti-inflammatory agents, prescription or OTC due to risk of bleeding (e.g. ibuprofen, ASA, naproxen)
- Use of a muscle relaxant may be considered (e.g. cyclobenzaprine- prescription, or acetaminophen/methocarbamol combinations-OTC)

#### 3. **Diarrhea**

Diarrhea is very common in patients treated with Abiraterone. Dietary modifications are not recommended in anticipation of diarrhea, but must be considered if diarrhea occurs.

**Management:**

For mild diarrhea (less than 4 loose stools per day)

- Follow instructions on loperamide (e.g., Imodium®) package insert: 2 tablets immediately, then 1 tablet after each liquid bowel movement (maximum: 8 tablets/24 hours)

For moderate diarrhea (more than 4 to 6 loose stools per day or night-time diarrhea), tell the patient to be more aggressive with loperamide (e.g., Imodium®) for early-onset diarrhea

- Take 2 tablets immediately, then 1 tablet every 2 hours during the day and 2 tablets every 4 hours during the night until bowel movements are normal for at least 12 hours
- This dosage is higher than packaging recommendations.

Replace lost fluids: Fluid intake is more important than eating in patients with diarrhea. To replace lost fluid, advise patients to increase fluids by up to 3 to 4 litres per day (unless there is a known

contraindication to increased fluid intake). The patient may drink several types of fluid, including plain water and electrolyte-containing drinks, such as clear broth, gelatin desserts, sports drinks, flat soft drinks, or decaffeinated tea

Anal care: Recommend to your patient to:

- Clean the anal area with mild soap and warm water after each bowel movement to prevent irritation
- Apply a barrier cream or ointment, such as petroleum jelly or Isle's paste
- Soak in a warm bathtub or sitz bath to relieve discomfort

Dietary changes during diarrhea: Advise your patients to change their diet while diarrhea is a problem:

- Eat and drink small quantities of food often
- Avoid spicy, greasy, or fried foods
- Follow the BRAT (banana, rice, applesauce, toast) diet, along with clear liquids, until diarrhea begins to resolve
- Follow a lactose-free diet
- Avoid cabbage, brussel spouts, and broccoli, which may produce stomach gas, bloating and cramps

#### **4. Hot flashes**

Hot flashes (or hot flushes) can be very troublesome for many patients. Waves of heat sensation may occur without warning, similar to the hot flashes from female menopause.

**Prevention:** Advise the patient to:

- Keep room temperature lower, if possible
- Dress in layers, so layers can be removed if hot flushes become uncomfortable
- Natural health products may be tried, such as black cohosh, phytoestrogen supplements, evening primrose oil, dong quai, or ginseng. Evidence of benefit is lacking for most of these products. Watch for potential drug-drug interactions with the herbal product before advising use.
- Acupuncture has been tried for relief of hot flushes, but there is no evidence of effectiveness
- Psychoeducational interventions, as sometimes offered by psychosocial support teams in the cancer centres, may help patients to find ways to improve these symptoms

**Management:**

- Try systemic treatment with clonidine, venlafaxine, paroxetine or gabapentin (prescription); evidence of benefit is minimal, and drug side effects may limit use for some patients.

#### **REFERENCES:**

ONTarget Resource Guide, Common Side Effects from Targeted Therapy. The Groupe d'étude en oncologie and The Canadian Association of Pharmacy in Oncology, 2012.

Systemic Therapy Manual for Cancer Treatment, Cancer Care Nova Scotia, 2013

Patient Self-Care. Helping Your Patients Make Therapeutic Choices. Canadian Pharmaceutical Association , 2010

Therapeutic Choices, Sixth Edition, Canadian Pharmaceutical Association , 2011