lower dose level; **grade 2 or 3 (AST/ALT 3.1–20× ULN) with total bilirubin greater than 2× ULN, in the absence of cholestasis:** discontinue; **grade 4 (AST/ALT >20× ULN):** discontinue

Available forms

Tabs 50, 100, 150, 200 mg

Administer

- With food at the same time every day
- Swallow tablets whole; do not chew, crush, or split. Do not take if broken, cracked
- If a dose is missed, do not replace missed dose; resume with the next scheduled daily dose

SIDE EFFECTS

GI: Diarrhea, abdominal pain, anorexia, nausea, vomiting, constipation, stomatitis, weight loss
CNS: Dizziness, drowsiness, fatigue, fever
MS: Arthralgia
INTEG: Rash, alopecia
GU: Renal failure (rare)
HEMA: Anemia, leukemia, neutropenia, thrombocytopenia
MISC: Infection

PHARMACOKINETICS

Protein binding 96.3%; half-life 18.3 hr; fecal excretion 97.1%; metabolized in liver by CYP3A4

INTERACTIONS

- **Increase:** abemaciclib effect—strong or moderate CYP3A4 inhibitors; avoid concomitant use
- **Decrease:** abemaciclib effect—strong or moderate CYP3A4 inducers; avoid concomitant use

NURSING CONSIDERATIONS

Assess:

- **Diarrhea:** at the first sign of loose stools, start antidiarrheal therapy, increase oral fluids
- **Neutropenia:** CBC baseline then q2wk for the first 2 mo, then monthly for the next 2 mo, and as needed
- **Venous thromboembolism:** monitor for signs, symptoms of thrombosis, pulmonary embolism; treat as needed
- **PE:** chest pain worse when breathing deeply or coughing, coughing up blood, dizziness, fainting, tachypnea, rapid heartbeat, irregular heartbeat, shortness of breath
- **Infection:** assess for urinary tract infection, lung infection, pharyngitis, conjunctivitis, sinusitis, vaginal infection, sepsis
- **Hepatotoxicity:** monitor LFTs baseline, then q2wk × 2 mo, monthly × next 2 mo, and then as needed; interruption in therapy or delay in treatment may be needed
- **Pregnancy/breastfeeding:** Avoid in females of reproductive potential during treatment and for at least 3 wk after last dose; can cause fetal harm or death; discontinue breastfeeding during treatment and for 3 wk after final dose. Presence in breast milk unknown. Obtain pregnancy test before treatment

Evaluate:

- Therapeutic outcome: decrease in size of cancerous tumor

Teach patient/family:

- **Infection:** to report the following to health care provider: increased temperature, fever, shaking, chills, cough, sore throat
- **Diarrhea:** to start antidiarrheal therapy at the first sign of loose stools, increase fluids, and notify health care provider
- **Thromboembolism:** to report immediately chest pain, worse when breathing deeply or coughing, coughing up blood, dizziness, fainting, tachypnea, rapid heartbeat, irregular heartbeat, shortness of breath, pain, swelling of the extremity with redness and warmth, discoloration including a bluish color
- **Pregnancy/breastfeeding:** not to use in pregnancy, breastfeeding; to use contraception during treatment and for at least 3 wk after last dose

⚠ HIGH ALERT

abiraterone (Rx)

(a′bir-a′ter-one)

Zytiga

Func. class.: Antineoplastic
Chem. class.: Androgen inhibitor