Cyclophosphamide Oral for Prostate Cancer

Indication: Hormone Resistant Prostate Cancer

Regimen details: Cyclophosphamide 50mg/m² PO Continuous

(initiation should only be after discussion with a consultant or senior SpR)

Administration: Available as 50mg tablets. Tablets to be swallowed whole, preferably on an empty stomach. In severe gastric irritation, may be taken with meals. Recommended to be taken early on the day and bladder voided frequently.

Premedication: Not applicable

Frequency: 28 day cycle (continuous treatment). Continue until progression or until tolerated.

Extravasation: Not applicable

Anti-emetics: Mildly emetogenic

Supportive medication: Not applicable

Regular investigations: FBC D1 of each cycle, LFTs D1 of each cycle, U&Es D1 of each cycle, Calcium When indicated

Dose Modifications

Haematological Toxicity

Neutrophils (x 10⁹/L) & Lymphocytes (x 10⁹/L) & Platelets (x 10⁹/L) & Cyclophosphamide
<1.5 x 10⁹/L & <1.0 x 10⁹/L & < 100 x 10⁹/L Delay until normalized

Renal Impairment
If GFR <50ml/min consider 25% dose reduction, if <10ml/min consider 50% dose reduction. Dose reduction should be a clinical decision depending on inter-patient variation.

Hepatic Impairment
Consider dose reduction if liver transaminases 2-3 x ULN. Clinical decision.

Doses reduced for toxicity should not be re-escalated

Toxicities/side-effects: Myelosuppression, nausea, skin rash and pigmentation, azoospermia, haematuria, secretion of anti-diuretic hormone, alopecia, mucosal ulceration

Drug interactions: Oral hypoglycaemic agents may be potentiated by cyclophosphamide
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Comments: To be supplied to the patient for oral self-administration.
Ensure that the patient has an information pack and the treatment plan.
Please ensure that patient has emergency contact card.

Ensure that patient is informed that they must be adequately hydrated during treatment
with oral cyclophosphamide i.e. ensure a recommended intake of at least 2 litres a day of
oral fluids.

References: www.medicines.org.uk, accessed April 08

Journal of Clinical Oncology, 2005 ASCO Annual Meeting Proceedings. Vol 23, No. 16S,
Part I of II (June 1 Supplement), 2005: 4781
A single centre retrospective review of oral cyclophosphamide in
hormone-refractory prostate cancer