







CLINICALLY RELEVANT DRUG-DRUG INTERACTION EVENTS IN PATIENTS WITH ABIRATERONE, ENZALUTAMIDE OR APALUTAMIDE TREATMENT

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BACKGRAUND AND AIMS



P-cytochrome plays a key role in drug metabolism and it is essential to understand some interactions.
Optimizing pharmacotherapy through the identification of drug interactions between antiandrogenic therapy and usual prostate cancer patient's medication.

MATERIALS AND METHODS

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MICROMEDEX

The evaluation of **abiraterone** and **enzalutamide** interactions with the usual medication was performed with **Liverpool®** and **Uptodate®** databases. For **apalutamide**, **Micromedex®** and **Uptodate®** were used. Clinically **relevant interactions were reported to the urologist**, performing the pertinent **pharmaceutical interventions**.



RESULTS

PROSTATE CANCER PATIENTS WITH ANTIANDROGENIC TREATMENT N=32 • 21 (65.6%) abiraterone • 8 (25%) enzalutamide • 3 (9.4%) apalutamide MEDIAN OF • Age: 79 years (53-90) • Concomitant treatments: 7 (3-13) RELEVANT DETECTED INTERACTIONS N=18 • 2 (11,1%) abiraterone • 10 (55,6%) enzalutamide • 6 (33,3%) apalutamide	THERAPEUTIC GROUP	INTERACTION	PHARMACEUTICAL RECOMENDATION
	CARDIOVASCULAR SYSTEM	BISOPROLOL + ABIRATERONE/APALUTAMIDE	REDUCE BISOPROLOL DOSES
		ENZALUTAMIDE + DOXAZOSIN, LECARDIPINE, TORASEMIDE OR NEVIBOLOL	CHANGE THERAPY TO HYDRALAZINE, ANGIOTENSIN CONVERTING ENZYME INHIBITORS, FUROSEMIDE OR ATENOLOL
		STATINS + ENZALUTAMIDE/APALUTAMIDE	REPLACED BY EZETIMIBE OR FIBRATES
	ANTITHROMBOTICS	DABIGATRAN, APIXABAN OR ACENOCOUMAROLARE CONTRAINDICATED WITH ANTIANDROGENIC THERAPY	USE OF HEPARINS OR ORAL ANTICOAGULANTS WITH STRICT INR CONTROL
	PROTON PUMP INHIBITORS (PPIS)	ENZALUTAMIDE + PPIS	USE OF PANTOPRAZOLE OR CHANGING TO AN ANTIH2
	ANALGESICS	METAMIZOLE/TRAMADOL+ ABIRATERONE/APALUTAMIDE	USE OTHER ANALGESIC DRUG

A discrepancy of 25% was found in the consulted databases

CONCLUSION AND RELEVANCE

- Abiraterone, apalutamide and enzalutamide interactions may modify treatment's efficacy and/or its safety
- Multiple concomitant medication is a risk factor that increases the possibility of hospitalization and mortality
- The pharmacist must review drug interactions in at least two databases to optimize patient's treatment

