Indication	Apalutamide in combination with androgen deprivation therapy (ADT) for the treatment of non-metastatic hormone resistant prostate cancer patients who are at high risk of developing metastatic disease. NB High risk is defined as a blood prostate specific antigen (PSA) level that has doubled in 10 months or less on continuous ADT. **NB** Patients should have not previously received any 2nd generation androgen receptor inhibitors (such as enzalutamide, darolutamide, apalutamide) or CYP17 enzyme inhibitors (such as abiraterone) unless the patient received darolutamide for non-metastatic hormone-resistant (castration-resistant) which had to be stopped because of dose-limiting toxicity in the clear absence of disease progression. OR Apalutamide in combination with androgen deprivation therapy (ADT) for the treatment of patients with newly diagnosed metastatic hormone-sensitive prostate cancer who are ineligible for chemotherapy with docetaxel or the patient has chosen not to be treated with docetaxel. **NB** Patients should have not previously received any androgen receptor targeted therapy **unless** they received darolutamide, enzalutamide or abiraterone for newly diagnosed metastatic hormone-sensitive prostate cancer which had to be stopped due to dose-limiting toxicity in the clear absence of disease progression or the patient has progressive disease following treatment with 2 years of ADT plus abiraterone with or without enzalutamide for high risk non-metastatic disease as part of the STAMPEDE trial and did not progress whilst on such treatment or the patient has progressive disease following treatment with 2 years of ADT plus abiraterone for high risk non-metastatic disease and did not progress whilst on such treatment.
Treatment Intent	Palliative/disease modification
Frequency and number of cycles	Repeat every 28 days continuously. Continue until disease progression, unacceptable toxicity or patient choice. A formal medical review as to how apalutamide is being tolerated and whether treatment with apalutamide should continue or not will be scheduled to occur at least by the start of the third 4-weekly cycle of treatment.
Monitoring Parameters pre-treatment	• **Virology screening:** All new patients referred for systemic anti-cancer treatment should be screened for hepatitis B and C and the result reviewed prior to the start of treatment. Patients not previously tested who are starting a new line of treatment, should also be screened for hepatitis B and C. Further virology screening will be performed following individual risk assessment and clinician discretion. • For **non-metastatic hormone resistant** treatment, confirm the patient's serum testosterone level is <1.7nmol/L on gonadotrophin releasing hormone agonist/antagonist therapy or after bilateral orchidectomy before starting treatment. • Patients must be prescribed androgen deprivation therapy (ADT). • Monitor **FBC, U&Es** and **LFTs** and **BP** with each cycle for 6 months and then every 3 months thereafter if clinically indicated. • Check **thyroid function** at baseline and then every 3 months. • Apalutamide is not recommended in patients with a history of seizures or predisposing factors including but not limited to underlying brain injury, recent stroke (within one year), primary brain tumours or brain metastases. Apalutamide should be permanently discontinued if a seizure occurs during treatment.

	• Patients should be monitored for signs and symptoms of ischaemic heart disease and ischaemic cerebrovascular disorders. Management of risk factors, such as hypertension, diabetes, or dyslipidaemia should be optimised. • If patients are at risk of falls and fractures, use of bone-targeted agents should be considered. • **Hepatic impairment:** No dose adjustment in mild (Child-Pugh class A) or moderate (Child-Pugh classes B) hepatic impairment. No data in severe hepatic impairment. • **Renal impairment:** No dose adjustment in mild to moderate renal impairment (CrCl >30 mL/min). Apalutamide has not been studied in patients with severe renal impairment treatment is at clinician discretion. • **Dose Modification:** If a patient experiences a >/= Grade 3 toxicity or an intolerable adverse reaction, apalutamide should be withheld until symptoms improve to </= Grade 1 or baseline. Treatment should be resumed at the same dose or reduced to 180mg or 120mg OD. • **Common drug interactions (for comprehensive list refer to BNF/SPC):** o **Caution:** Apalutamide has many drug interactions. o Apalutamide is a potent enzyme inducer and may lead to loss of efficacy of many commonly used medicinal products that are substrates of enzymes or transporters, close monitoring is recommended and evaluation of concomitant medicinal products should be conducted when apalutamide treatment is initiated (see SPC for further information). o Concomitant use of apalutamide with strong CYP2C8 inhibitors (e.g. gemfibrozil, clopidogrel) and strong CYP3A4 inhibitors (e.g. ketoconazole, ritonavir, clarithromycin) may require dose reduction of apalutamide depending on tolerability. o Co-administration of apalutamide with warfarin and coumarin-like anticoagulants should be avoided. o ADT may prolong QT interval, medicines that may prolong the QT interval should be prescribed with caution. • **Stevens-Johnson syndrome and Toxic Epidermal Necrolysis or DRESS** has been reported in patients receiving apalutamide. Patients should be informed of the possibility of such reactions and informed to seek urgent medical advice should any symptoms of a severe skin reaction occur. Treatment should be permanently discontinued in affected patients. • **Interstitial lung disease (ILD):** ILD has been reported in patients treated with apalutamide. Patients should report any new respiratory symptoms. Apalutamide should be interrupted pending investigation of these symptoms and if ILD is confirmed apalutamide should be discontinued and appropriate treatment should be initiated. • **Missed dose:** If a dose is missed it should be taken as soon as on the same day and then resume with the usual schedule the next day. Do not take 2 doses together to make up for a missed dose. • For oral self-administration: refer to local Trust policy on oral anti-cancer medicines and supply Patient Information Leaflet. • **Driving:** Seizures have been reported in patients taking apalutamide. Patients should be advised of this risk in regards to driving or operating machines.
References	SPC accessed online 25.03.2026 KMCC protocol URO-036 V6 CDF list V1.385

NB For funding information, refer to CDF and NICE Drugs Funding List

Repeat every 28 days

TTO	Drug	Dose	Route	Directions
Day 1	**APALUTAMIDE**	**240mg**	PO	OD. Available as 60mg and 240mg tablets Swallowed whole each day with or without food.
	Loperamide	2-4mg	PO	Take 4mg (2 capsules) initially, then 2mg (1 capsule) after each loose stool when required. Maximum 16mg (8 capsules) a day. Dispense 30 capsules on cycle 1 then only if required.
	NB ADT must be prescribed.			