

## Regimen Monograph

[Regimen Name](#) | [Drug Regimen](#) | [Cycle Frequency](#) | [Premedication and Supportive Measures](#) | [Dose Modifications](#) | [Adverse Effects](#) | [Interactions](#) | [Drug Administration and Special Precautions](#) | [Recommended Clinical Monitoring](#) | [Administrative Information](#) | [References](#) | [Other Notes](#) | [Disclaimer](#)

## A - Regimen Name

# ABIROLAPPRED Regimen

Abiraterone-Olaparib-Prednisone

**Disease Site**      Genitourinary  
Prostate

**Intent**              Palliative

**Regimen Category**      **Evidence-informed :**

Regimen is considered appropriate as part of the standard care of patients; meaningfully improves outcomes (survival, quality of life), tolerability or costs compared to alternatives (recommended by the Disease Site Team and national consensus body e.g. pan-Canadian Oncology Drug Review, pCODR). Recommendation is based on an appropriately conducted phase III clinical trial relevant to the Canadian context OR (where phase III trials are not feasible) an appropriately sized phase II trial. Regimens where one or more drugs are not approved by Health Canada for any indication will be identified under Rationale and Use.

This **Regimen Abstract** is an **abbreviated** version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

**Rationale and Uses**      For the treatment of patients with deleterious or suspected deleterious germline and/or somatic BRCA-mutated metastatic castration-resistant prostate cancer (mCRPC).

Patients must have good performance status and confirmation of BRCA mutations before starting treatment. (Refer to full EAP criteria.)

**Supplementary  
Public Funding****[abiraterone](#)**ODB - General Benefit (abiraterone) ([ODB Formulary](#) )**[olaparib](#)**Exceptional Access Program (olaparib - In combination with abiraterone, and prednisone or prednisolone for the treatment of metastatic castration resistant prostate cancer (mCRPC), based on criteria) ([EAP Website](#))**prednisone**ODB - General Benefit (prednisone) ([ODB Formulary](#) )[back to top](#)**B - Drug Regimen**

Patients should continue to receive a GnRH agonist unless they have had prior bilateral orchiectomy.

<a href="#">abiraterone</a>	1000 mg	PO	Once Daily
<a href="#">olaparib</a>	300 mg	PO	BID
<b>prednisone*</b>	5 mg	PO	BID

\*or prednisolone

[back to top](#)**C - Cycle Frequency****CONTINUOUS TREATMENT**

Until disease progression or unacceptable toxicity

[back to top](#)

## D - Premedication and Supportive Measures

**Antiemetic Regimen:** Low – No routine prophylaxis; PRN recommended

- Also refer to [CCO Antiemetic Recommendations](#).

**Screen for hepatitis B virus in all cancer patients starting systemic treatment.** Refer to the [hepatitis B virus screening and management](#) guideline.

### Other Supportive Care:

- Control hypertension and correct hypokalemia before treatment.
- Patients may require increased corticosteroid dosage before, during and after periods of unusual stress such as surgery or trauma.

[back to top](#)

## J - Administrative Information

Outpatient prescription for home administration

[back to top](#)

## K - References

CADTH Reimbursement Recommendation: Olaparib (Lynparza). Canadian Journal of Health Technologies. February 2024.

Clarke Noel W, Armstrong Andrew J, Thiery-Vuillemin A, et al. Abiraterone and olaparib for metastatic castration-resistant prostate cancer. NEJM Evid 2022. June 3, 2022.

Saad F, Armstrong AJ, Thiery-Vuillemin A, et al. PROpel: Phase III trial of olaparib (ola) and abiraterone (abi) versus placebo (pbo) and abi as first-line (1L) therapy for patients (pts) with metastatic castration-resistant prostate cancer (mCRPC). Journal of Clinical Oncology. 2022/02/20 2022;40(6\_suppl):11-11.

**December 2024** New ST-QBP regimen

[back to top](#)

## M - Disclaimer

### **Regimen Abstracts**

*A Regimen Abstract is an abbreviated version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). It is intended for healthcare providers and is to be used for informational purposes only. It is not intended to constitute or be a substitute for medical advice, and all uses of the Regimen Abstract are subject to clinical judgment. Such information is provided on an “as-is” basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information’s quality, accuracy, currency, completeness, or reliability, and Cancer Care Ontario disclaims all liability for the use of this information, and for any claims, actions, demands or suits that arise from such use.*

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### **Regimen Monographs**

*Refer to the [New Drug Funding Program](#) or [Ontario Public Drug Programs](#) websites for the most up-to-date public funding information.*

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[back to top](#)