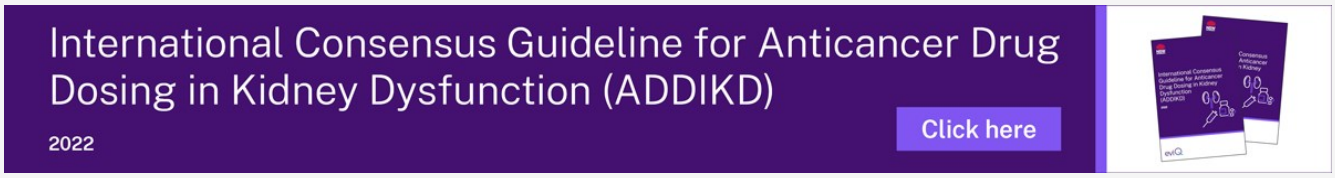
Prostate metastatic cyproterone

ID: 1480 v.2 **Endorsed**

Check for clinical trials in this patient group. Link to Australian Clinical Trials website

The anticancer drug(s) in this protocol may have been included in the ADDIKD guideline. Dose recommendations in kidney dysfunction have yet to be updated to align with the ADDIKD guideline. Recommendations will be updated once the individual protocol has been evaluated by the reference committee. For further information refer to the ADDIKD guideline. To assist with calculations, use the eviQ Estimated Glomerular Filtration Rate (eGFR) calculator.



Related pages:

- Prostate metastatic goserelin
- Prostate metastatic leuprorelin (Eligard)
- Prostate metastatic leuprorelin (Lucrin)
- Androgen deprivation therapy (ADT) for prostate cancer

Treatment schedule - Overview

Drug	Dose	Route
Cyproterone	100 mg TWICE a day *	PO

*or 100mg THREE times a day

Continuous until disease progression or unacceptable toxicity (if used for preventing tumour flare, for 4 to 6 weeks)

Notes:
The dose of cyproterone can be increased to a maximum of 100 mg THREE times daily if deemed necessary

Drug status: **Cyproterone** is PBS authority

Cost: ~ $60 per month

Treatment schedule - Detail

The supportive therapies (e.g. antiemetics, premedications, etc.), infusion times, diluents, volumes and routes of administration, if included, are listed as defaults. They may vary between institutions and can be substituted to reflect individual institutional policy.

*Antiemetics if included in the treatment schedule are based upon recommendations from national and international guidelines. These are **defaults only** and may be substituted to reflect individual institutional policy. Select here for recommended doses of alternative antiemetics.*

Continuous treatment		
Cyproterone	100 mg (PO)	TWICE a day with or after food (may be given as 100 mg THREE times a day)

Continuous treatment		

Continuous until disease progression or unacceptable toxicity (if used for preventing tumour flare, for 4 to 6 weeks)

Indications and patient population

- Locally advanced inoperable prostate cancer in combination with radiation therapy
- Locally advanced or metastatic castrate resistant prostate cancer in combination with LHRH agonist
- Short term prevention of tumour flare associated with initiation of an LHRH agonist

Clinical information

Emetogenicity MINIMAL	No antiemetics should be routinely administered before treatment in patients without a history of nausea and vomiting. If patients experience nausea and/or vomiting, consider using the low antiemetic prophylaxis regimen.
Cardiovascular Risk	There may be a relation between androgen deprivation therapy (ADT) and cardiovascular events and death. The metabolic effects of ADT (increased body weight and abdominal girth, increased cholesterol and triglycerides, hyperinsulinaemia) may contribute to cardiovascular risk. Monitoring of blood pressure, lipid profile and blood glucose is recommended.
Thromboembolism	Both arterial and venous thromboembolic events have been observed in patients with this treatment. Therefore, use with caution in patients at increased risk or with a history of thrombotic events (i.e., cerebrovascular and cardiovascular disease)
Meningioma	Meningiomas (single and multiple) have been associated with long-term use (years) of cyproterone at doses of 25 mg/day and above. If neurological symptoms develop, CT brain is recommended due to the increased risk of meningioma with this drug. Cease cyproterone if meningioma develops.
Hepatotoxicity	Severe hepatotoxicity (including fatal outcomes) has been observed with this treatment. Onset of hepatic dysfunction typically occurs within 3 to 6 months of starting treatment. Monitor for abnormal liver function tests (LFTs), jaundice and tiredness. Refer to blood tests and dose modification sections for specific recommendations.
Bone mineral density (BMD)	Baseline BMD and repeat as clinically indicated. Lifestyle modification including regular exercise, particularly weight bearing exercises should be encouraged.
Depression	This treatment should be used with caution in patients with a history of depression or psychiatric disorder. Drug discontinuation should be considered in patients who develop any persistent signs and symptoms of depression.
Blood tests	FBC, EUC, LFTs, BSL, calcium, vitamin D, lipid studies, adrenocortical function baseline, and repeat as clinically indicated.
Vaccinations	Live vaccines are contraindicated in cancer patients receiving immunosuppressive therapy and/or who have poorly controlled malignant disease. Refer to the recommended schedule of vaccination for immunocompromised patients, as outlined in the Australian Immunisation Handbook. Read more about COVID-19 vaccines and cancer.
Fertility and fathering a child	Cancer treatment can have harmful effects on fertility and this should be discussed with all patients of reproductive potential prior to commencing treatment. It is important that all patients of reproductive potential use effective contraception whilst on therapy and after treatment finishes. Effective contraception methods and contraception timeframe should be discussed with all patients of reproductive potential. Read more about the effect of cancer treatment on fertility

Dose modifications

Evidence for dose modifications is limited, and the recommendations made on eviQ are intended as a guide only. They are generally conservative with an emphasis on safety. Any dose modification should be based on clinical judgement, and the individual patient's situation including but not limited to treatment intent (curative vs palliative), the anti-cancer regimen (single versus combination therapy versus chemotherapy versus immunotherapy), biology of the cancer (site, size, mutations, metastases), other treatment related side effects, additional co-morbidities, performance status and patient preferences.Suggested dose modifications are based on clinical trial findings, product information, published guidelines and reference committee consensus . The dose reduction applies to each individual dose and not to the total number of days or duration of treatment cycle unless stated otherwise. Non-haematological gradings are based on Common Terminology Criteria for Adverse Events (CTCAE) unless otherwise specified. Renal and hepatic dose modifications have been standardised where possible. For more information see dosing considerations & disclaimer .

The dose recommendations in kidney dysfunction (i.e.renal impairment) displayed may not reflect those in the ADDIKD guideline and have been included for historical reference only. Recommendations will be updated once the individual protocol has been evaluated by the reference committee, with this version of the protocol then being archived. Clinicians are expected to refer to the ADDIKD guideline prior to prescribing in kidney dysfunction.
International Consensus Guideline for Anticancer Drug Dosing in Kidney Dysfunction (ADDIKD).

Renal impairment
No dose modification necessary

Hepatic impairment
Cyproterone is contraindicated in patients with liver disease or hepatic dysfunction

Interactions

Drug interactions in eviQ protocols are under review and being updated to align with current literature. Further site-wide updates and changes will occur in due course. References & Disclaimer

The drug interactions shown below are not an exhaustive list. For a more comprehensive list and for detailed information on specific drug interactions and clinical management, please refer to the specific drug product information and the following key resources:

- *MIMS - interactions tab (includes link to a CYP-450 table) (login required)*
- *Australian Medicines Handbook (AMH) – interactions tab (login required)*
- *Micromedex Drug Interactions (login required)*
- *Cancer Drug Interactions*
- *Cytochrome P450 Drug Interactions*

Cyproterone		
	Interaction	**Clinical management**
CYP3A4 inhibitors (e.g. aprepitant, azole antifungals, ritonavir, erythromycin, grapefruit juice etc.)	Increased toxicity of cyproterone possible due to decreased clearance	Avoid combination or monitor for cyproterone toxicity
CYP3A4 inducers (e.g. carbamazepine, phenytoin, phenobarbitone, rifampicin, St John's Wort etc.)	Reduced efficacy of cyproterone possible due to increased clearance	Avoid combination or monitor for decreased clinical response to cyproterone
Atorvastatin, fluvastatin, simvastatin	Increased risk of statin associated myopathy or rhabdomyolysis due to reduced clearance (compete with cyproterone for shared metabolic pathway)	Avoid combination
Alcohol	Reduced efficacy of cyproterone possible; mechanism uncertain	Avoid combination
Oral hypoglycaemics, insulin	Hypoglycaemia or hyperglycaemia	Monitor blood glucose levels. Adjustment of the dose of antidiabetic medication may be required

Administration

eviQ provides safe and effective instructions on how to administer cancer treatments. However, eviQ does not provide every treatment delivery option, and is unable to provide a comprehensive list of cancer treatment agents and their required IV line giving set/filter. There may be alternative methods of treatment administration, and alternative supportive treatments that are also appropriate. Please refer to the individual product information monographs via the TGA website for further information.

Administration

This is a continuous oral treatment

Cyproterone

- administer orally TWICE or THREE times daily
- swallow tablets whole
- to be taken with or soon after food with a glass of water.

Note: missed doses should not be replaced, if a tablet is forgotten or vomited, normal dosing should be resumed at the next scheduled dose.

Discharge information

Patient information

- Ensure patient receives patient information sheet.

Side effects

The side effects listed below are not a complete list of all possible side effects for this treatment. Side effects are categorised into the approximate onset of presentation and should only be used as a guide.

Immediate (onset hours to days)	
Nausea and vomiting	
Headache	

Early (onset days to weeks)	
Hot flushes	
Fluid retention and oedema	An excess amount of fluid around the cells, tissues or serous cavities of the body, leading to swelling.
Hepatotoxicity	Anti-cancer drugs administered either alone or in combination with other drugs and/or radiation may cause direct or indirect hepatotoxicity. Hepatic dysfunction can alter the metabolism of some drugs resulting in systemic toxicity.
Thromboembolism	Arterial and venous thromboembolic events, including pulmonary embolism, deep vein thrombosis and cerebrovascular accidents can occur. Patients should be carefully assessed for risk factors, and consideration given for antithrombotic prophylaxis in high risk patients.
Fatigue	Read more about fatigue
Dizziness	Feeling faint or lightheaded, weak or unsteady. Advise patients to stand up slowly from sitting down or lying down positions and increase fluid intake if dehydrated.

Late (onset weeks to months)	
Gynaecomastia	Enlargement of male breast tissue usually due to hormone imbalance or hormone therapy
Reduced libido and sexual dysfunction	Lowered sexual desire as well as any physical or psychological problem that interferes with the ability to have and/or enjoy sex.
Depression	
Mood changes	

Delayed (onset months to years)	
Osteoporosis	
Risk of coronary artery disease	

Evidence

The evidence supporting this protocol is provided by a phase III multicentre randomised trial involving 310 men with previously untreated metastatic prostate cancer and favourable prognostic factors. Between February 1990 and March 1996, 154 patients were randomised to receive flutamide 250mg TDS and 156 to receive cyproterone acetate 100mg TDS. Characteristics between the groups were similar except age which was significantly younger in the cyproterone group and the presence of visceral metastases (cyproterone 6 patients and flutamide 0).The primary endpoint was overall survival and the secondary endpoints were disease specific survival, time to progression and side effects.[1]

Efficacy

The median follow up was 8.6 years, 245 patients died, 158 (64.5%) from prostate cancer. There was no significant difference between the treatment arms with respect to overall survival, specific survival or time to progression. Median overall survival was 3.51 years with flutamide and 2.99 years with cyproterone (HR 1.22; 95% CI 0.95- 1.57 p=0.1252). Side effects profile favoured cyproterone with particular respect to gynaecomastia, diarrhoea and nausea.[1]

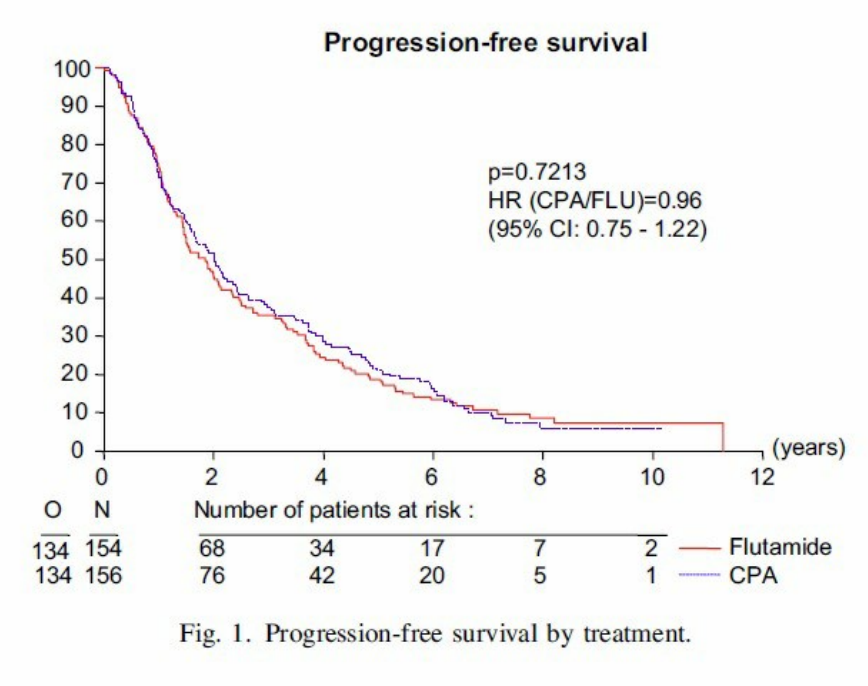


Fig. 1. Progression-free survival by treatment.

Toxicity[1]

Statistically significant toxicity was observed in men receiving flutamide with respect to gynaecomastia, nausea and diarrhoea. Toxicity resulting in treatment cessation was experienced in 27 patients receiving flutamide and 11 patients receiving cyproterone (p=0.0085).

Table 3
Toxicity (worst grade) and complications under treatment (only patients who started treatment are displayed)

	FLU ($N = 151$) N (%)	CPA ($N = 152$) N (%)	p-value
Gynecomastia			<0.001
Without pain	34 (22.5)	35 (23.0)	
Painful	65 (43.0)	11 (7.2)	
Hot flushes			0.442
<3×/day	38 (25.2)	48 (31.6)	
>3×/day	10 (6.6)	9 (5.9)	
Nausea	26 (17.2)	13 (8.6)	0.025
Diarrhea	35 (23.2)	19 (12.5)	0.016
Liver function detoriation	15 (9.9)	8 (5.3)	0.128
Cardiovascular problems	9 (6.0)	12 (7.9%)	0.5177

Table 4
Toxicity requiring definitive stop of treatment

	FLU ($N = 151$)	CPA ($N = 152$)
Diarrhea, nausea	9	–
Gynaecomastia	2	1
Liver toxicity	13	3
Thrombosis, angina	–	2
Extreme fatigue	2	–
Others (dyspnea, dizziness, diabetes, unknown)	1	5
Total	27 (17.9)	11 (7.2) ($p = 0.0085$)

References

1 Schroder, F. H., P. Whelan, T. M. de Reijke, et al. 2004. "Metastatic prostate cancer treated by flutamide versus cyproterone acetate. Final analysis of the "European Organization for Research and Treatment of Cancer" (EORTC) Protocol 30892." Eur Urol 45(4):457-464.

History

Version 2

Date	Summary of changes
09/05/2014	New protocol taken to Medical Oncology Reference Committee meeting.
20/07/2014	Approved and published on eviQ.
27/03/2015	Reviewed electronically by Medical Oncology Reference Committee. No change. Review 2 years.
15/05/2015	Skin rash (Dryness, Erythema and Pruritus) side effect removed.
31/03/2017	Protocol discussed and decided to have a 5 year review period. Next due for review in 2020.
31/05/2017	Transferred to new eviQ website. Protocol version number changed to V.2.
30/11/2017	Link to Androgen Deprivation Therapy (ADT) patient information sheet added to protocol and patient information.
30/06/2020	Protocol reviewed electronically by Medical Oncology Reference Committee. No changes. Review 2 years.

First approved: 20 July 2014
Last reviewed: 30 June 2020
Review due: 30 June 2022

The currency of this information is guaranteed only up until the date of printing, for any updates please check:
https://www.eviq.org.au/p/1480
19 Jun 2023

Patient information - Prostate cancer metastatic - Cyproterone

Patient's name:

Your treatment

The treatment schedule below explains how the drug for this treatment is given.

Cyproterone		
This treatment is continuous. Your doctor will advise you how long to take the treatment for.		
Day	**Treatment**	**How it is given**
Continuous	**Cyproterone** (*sye-pro-ter-one*)	Take orally TWO to THREE times a day with a glass of water, with or soon after food. Do not break or crush tablets. If you forget to take a tablet or vomit a tablet, take your normal dose the next time it is due. Do not take an extra dose. Do not stop taking the tablets without telling your doctor.

When to get help

Anticancer drugs (drugs used to treat cancer) can sometimes cause serious problems. It is important to get medical help immediately if you suddenly become unwell.

IMMEDIATELY go to your nearest hospital Emergency Department, or contact your doctor or nurse if you have any of the following at any time:	**Emergency contact details** Ask your doctor or nurse from your treating team who to contact if you have a problem
• pain or swelling in your legs or arms • chest pain • yellowing of the skin or eyes • darkening of the urine • severe abdominal pain • nausea or vomiting	Daytime: Night/weekend: Other instructions:

- Tell your doctor if you have had, or have a family history of blood clots or osteoporosis

Other information about your treatment

Changes to your dose or treatment delays

Sometimes a treatment may be started at a lower dose or the dose needs to be changed during treatment. There may also be times when your treatment is delayed. This can happen if your doctor thinks you are likely to have severe side effects, if you get

severe side effects, if your blood counts are affected and causing delays in treatment, or if you are finding it hard to cope with the treatment. This is called a dose reduction, dose change or treatment delay. Your doctor will explain if you need any changes or delays to your treatment and the reason why.

Blood tests and monitoring

You may need to have blood tests while you are receiving this treatment. Your doctor or nurse will tell you when to have these blood tests.

Androgen deprivation therapy (ADT)

For more information see the eviQ patient information sheet on Androgen deprivation therapy (ADT) for prostate cancer.

Side effects

Cancer treatments can cause damage to normal cells in your body, which can cause side effects. Everyone gets different side effects, and some people will have more problems than others.

The table below shows some of the side effects you may get with this treatment. You are unlikely to get all of those listed and you may also get some side effects that have not been listed.

Tell your doctor or nurse about any side effects that worry you. Follow the instructions below and those given to you by your doctor or nurse.

Immediate (onset hours to days)	
Nausea and vomiting	• You may feel sick (nausea) or be sick (vomit). • Drink plenty of fluids (unless you are fluid restricted). • Eat small meals more frequently. • Try food that does not require much preparation. • Try bland foods like dry biscuits or toast. • Gentle exercise may help with nausea. • Anti-sickness medication is usually not needed but may help in some people. • Ask your doctor or nurse for eviQ patient information - Nausea and vomiting during cancer treatment. • **Tell your doctor or nurse immediately, or go to the nearest hospital Emergency Department if you have uncontrolled vomiting or feel dizzy or light-headed.**
Headache	• You can take paracetamol if you have a headache. • **Tell your doctor or nurse immediately, or go to the nearest hospital Emergency Department if you get a very bad headache that is not helped by pain medication.**

Early (onset days to weeks)	
Hot flushes	• You may get flushing of your face, sweating and sensations of heat. • Avoid alcohol, coffee, tea and spicy foods, as they can make hot flushes worse. • Wear lightweight clothes made from natural fibres; dress in layers. • Put a cold, wet towel against your neck during hot flushes. • Talk to your doctor or nurse about other ways to manage these symptoms.
Extra fluid in the body (fluid retention)	• You may gain weight over a short amount of time. • Your hands and feet may become swollen, appear red or feel hot and uncomfortable. • Wear loose clothing and shoes that are not too tight. • Try not to stand up or walk around too much at one time. • If your ankles or legs get swollen, try raising them. • Make sure that any cuts or areas of broken skin are treated as soon as possible. • **Tell your doctor or nurse as soon as possible if you get any of the symptoms listed above or gain 1 to 2 kg in a week.** • **Tell your doctor or nurse immediately or go to the nearest hospital Emergency Department if you become short of breath.**

Liver problems	• You may get: ◦ yellowing of your skin or eyes ◦ itchy skin ◦ pain or tenderness in your stomach ◦ nausea and vomiting ◦ loss of appetite • You will have regular blood tests to check how well your liver is working. • **Tell your doctor or nurse as soon as possible if you notice that your urine is a dark colour, the whites of your eyes look yellow, or if you have stomach pain.**
Blood clots (thromboembolism)	• Blood clots can occur with this treatment. • **Tell your doctor or nurse immediately, or go to the nearest hospital Emergency Department if you get any of the following signs or symptoms:** ◦ **redness, heat or pain in your leg(s)** ◦ **numbness or weakness in your face, arm or leg** ◦ **chest pain** ◦ **sudden shortness of breath** ◦ **dizziness** ◦ **trouble speaking** ◦ **blurred vision** ◦ **severe headache** ◦ **unexplained falls or loss of balance.**
Tiredness and lack of energy (fatigue)	• You may feel very tired, have no energy, sleep a lot, and not be able to do normal activities or things you enjoy. • Do not drive or operate machinery if you are feeling tired. • Nap for short periods (only 1 hour at a time) • Prioritise your tasks to ensure the best use of your energy. • Eat a well balanced diet and drink plenty of fluids (unless you are fluid restricted). • Try some gentle exercise daily. • Allow your friends and family to help. • **Tell your doctor or nurse if you get any of the symptoms listed above.**
Dizziness or feeling light-headed	• You may feel dizzy or light-headed. • These symptoms may be caused by your treatment, or other problems like dehydration. • If you are feeling dehydrated, drink plenty of fluids (unless you are fluid restricted) as this can be a cause of dizziness. • If you are feeling dizzy, try lying down until the dizziness passes. • When you want to get up from a sitting or lying down position, get up slowly to let your body adjust to the new position. • Tell your doctor or nurse if you get any of the symptoms listed above.

Late (onset weeks to months)	
Breast tissue enlargement in men (gynaecomastia)	• You may get swelling and tenderness in the breast area. • This is not harmful but may be upsetting to some men.
Low sex drive	• This treatment lowers the amount of sex hormone in your body. • You may lose interest in sex, or have trouble having sex. • Talk to your doctor or nurse about ways to manage these symptoms.
Depression	• You may find that you: ◦ have a low mood ◦ are tired ◦ don't have much energy ◦ lose interest in everyday activities ◦ have trouble concentrating or making decisions. • Keep a diary of how you are feeling once your treatment has started. • Let your friends and family know how you are feeling. • Tell your doctor or nurse if you get any of the signs or symptoms listed above.
Changes in your mood	• You may become tearful, angry or more emotional than usual. • Tell your doctor or nurse if you get any of these symptoms.

Delayed (onset months to years)	
Weak and brittle bones (osteoporosis)	• Your bones may fracture easily and may become painful. • You may have trouble moving around. • You may find it hard to perform daily chores. • Try to do some weight-bearing exercise for 30 minutes at least three times a week. • Watch out for slippery floors and make sure walkways are well lit. • Take calcium and vitamin D supplements if prescribed by your doctor. • You may have regular tests to check your bones both before and during treatment. • Tell your doctor or nurse if you get any of the signs or symptoms listed above.
Heart problems and high blood pressure	• You may get: ◦ chest pain ◦ shortness of breath ◦ an abnormal heartbeat ◦ swelling in your hands, arms, legs and feet • If you have a history of high blood pressure, heart disease or stroke, tell your doctor. • **Tell your doctor or nurse immediately, or go to the nearest hospital Emergency Department if you get any of the symptoms listed above.**

General advice for people having cancer treatment

Blood clot risk

- Cancer and anticancer drugs can increase the risk of a blood clot (thrombosis).
- Tell your doctor if you have a family history of blood clots.
- A blood clot can cause pain, redness, swelling in your arms or legs, shortness of breath or chest pain.
- If you have any of these symptoms go to your nearest hospital Emergency Department.

Medications and vaccinations

- Before you start treatment, tell your doctor about any medications you are taking, including vitamins or herbal supplements.
- Don’t stop or start any medications during treatment without talking to your doctor and pharmacist first.
- Vaccinations such as flu and tetanus vaccines are safe to receive while you are having treatment. If you are unsure, check with your doctor before you have any vaccinations.

Other medical and dental treatment

- If you go to hospital or any other medical appointment (including dental appointments), always tell the person treating you that you are receiving anticancer drugs.
- Before you have any dental treatment, talk to your doctor.

Diet

- While you are receiving this treatment it is important that you try to maintain a healthy diet.
- Speak to your doctor or nurse about whether drinking alcohol is safe with your treatment.
- If you have any concerns about recent weight loss or weight gain or questions about your diet, ask to speak to a dietitian.

Fertility

- Some cancer treatments can reduce your fertility. This can make it difficult or impossible to father a child.
- Talk to your doctor or nurse before you start any treatment. Depending on your situation there may be fertility sparing options available to you and/or your partner, discuss these with your doctor or nurse.

Fathering a child

- Some cancer treatments can be dangerous to unborn babies. Talk to your doctor or nurse if you think there is any chance that your partner could be pregnant.
- Do not try to father a child during this treatment. Contraception should be used during treatment and after stopping treatment. Ask your doctor or nurse about what type of contraception you should use.
- If you are planning fatherhood after completing this treatment, talk to your doctor. Some doctors advise waiting between 6 months and 2 years after treatment.

Sex life and sexuality

- The desire to have sex may decrease as a result of this treatment or its side effects.
- Your emotions and the way you feel about yourself may also be affected by this treatment.
- It may help to discuss your concerns with your partner and doctor or nurse.

Quitting smoking

- It is never too late to quit smoking. Quitting smoking is one of the best things you can do to help your treatment work better.
- There are many effective tools to improve your chances of quitting.
- Talk to your treating team for more information and referral to a smoking cessation support service.

Staying active

- Research shows that exercise, no matter how small, has many benefits for people during and after cancer treatment.
- Talk to your doctor before starting an exercise program. Your doctor can advise whether you need a modified exercise program.

For more information about cancer treatment, side effects and side effect management see our Patient and carers section.

Where to get more information

Telephone support

- Call Cancer Council on 13 11 20 for cancer information and support

Prostate cancer information

- Continence Foundation of Australia – continence.org.au
- Healthy Male Andrology Australia – healthymale.org.au
- National Continence Management Strategy – bladderbowel.gov.au/ncp/ncms
- National Public Toilet Map – toiletmap.gov.au
- Prostate Cancer Foundation of Australia – prostate.org.au
- South Australian Prostate Cancer Clinical Outcome Collaborative – prostatehealth.org.au

General cancer information and support

- Australian Rare Cancer (ARC) Portal – arcportal.org.au/
- Beyondblue – beyondblue.org.au

- Cancer Australia – canceraustralia.gov.au
- Cancer Council Australia – cancer.org.au
- Cancer Voices Australia – cancervoicesaustralia.org
- CanTeen – canteen.org.au
- Carers Australia – carersaustralia.com.au
- CHILL Cancer related hair loss - scalpcooling.org
- eviQ Cancer Treatments Online – eviQ.org.au
- LGBTQI+ People and Cancer - cancercouncil.com.au/cancer-information/lgbtqi
- Look Good Feel Better – lgfb.org.au
- Patient Information – patients.cancer.nsw.gov.au
- Radiation Oncology Targeting Cancer – targetingcancer.com.au
- Redkite – redkite.org.au
- Return Unwanted Medicines – returnmed.com.au
- Staying active during cancer treatment – patients.cancer.nsw.gov.au/coping-with-cancer/physical-wellbeing/staying-active

Quit smoking information and support

Quitting smoking is helpful even after you have been diagnosed with cancer. The following resources provide useful information and support to help you quit smoking. Talk to your treating team about any other questions you may have.

- Call Quitline on 13 QUIT (13 78 48)
- iCanQuit – iCanQuit.com.au
- Patient Information – patients.cancer.nsw.gov.au/coping-with-cancer/physical-wellbeing/quitting-smoking
- Quitnow – quitnow.gov.au

Additional notes:

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