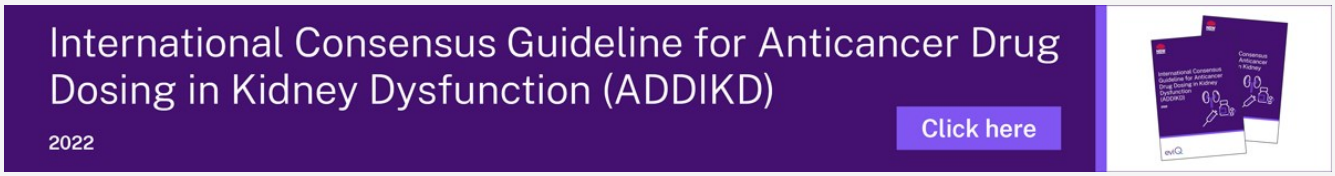
Neuroendocrine advanced telotristat ethyl

ID: 3636 v.1 **Endorsed**

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

For patients with progressive disease, consider referral to or discussion with a centre experienced in NET management.

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:

- Neuroendocrine advanced octreotide (sandostatin LAR)
- Neuroendocrine advanced lanreotide (somatuline autogel)

- WHO 2019 classification of tumours of the digestive system

Treatment schedule - Overview

Drug	Dose	Route
Telotristat ethyl	250 mg THREE times a day	PO

Continuous as clinically indicated or until unacceptable toxicity

Notes:

- Telotristat ethyl does not have any proven effect on control of the underlying disease.
- Clinical response is usually achieved within 12 weeks of treatment. Continuing treatment should be reassessed if there is no response within 12 weeks.[1]

Drug status: Telotristat ethyl is TGA registered but not PBS listed

Cost: cost unavailable

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		

Continuous treatment		
Telotristat ethyl	250 mg (PO)	THREE times a day with food

- Telotristat ethyl does not have any proven effect on control of the underlying disease.
- Clinical response is usually achieved within 12 weeks of treatment. Continuing treatment should be reassessed if there is no response within 12 weeks.[1]

Continuous as clinically indicated or until unacceptable toxicity

Indications and patient population

Indications:

- Treatment of carcinoid syndrome diarrhoea in combination with somatostatin analog (SSA) therapy in adults inadequately controlled by SSA therapy.
  - Treatment should only be commenced after discussion with NET specialist and/or multidisciplinary team, and after other options are considered e.g. peptide receptor radionuclide therapy.

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.
Carcinoid syndrome	Neuroendocrine tumours may be associated with carcinoid syndrome. Read more about the management of carcinoid syndrome in the COSA and NCCN guidelines.
Blood tests	EUC and LFTs at baseline and repeat as clinically indicated.
Hepatitis B screening and prophylaxis	Routine screening for HBsAg and anti-HBc is NOT usually recommended for patients receiving this treatment. Read more about hepatitis B screening and prophylaxis in cancer patients requiring cytotoxic and/or immunosuppressive therapy
Vaccinations	Live vaccines should be used with caution in cancer patients. For cancer patients who are not receiving immunosuppressive therapy, there is currently no data as to the safety of giving live vaccines. 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, pregnancy and lactation	Cancer treatment can have harmful effects on fertility and this should be discussed with all patients of reproductive potential prior to commencing treatment. There is a risk of foetal harm in pregnant women. A pregnancy test should be considered prior to initiating treatment in females of reproductive potential if sexually active. It is important that all patients of reproductive potential use effective contraception whilst on therapy and after treatment finishes. Effective contraception methods and adequate contraception timeframe should be discussed with all patients of reproductive potential. Possibility of infant risk should be discussed with breastfeeding patients. 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	
Mild to moderate	Use with caution
Severe	Not recommended based on limited clinical data

Hepatic impairment	
Mild	Consider reducing the dose to 250 mg twice a day according to tolerability
Moderate	Consider reducing the dose to 250 mg once a day according to tolerability
Severe	Not recommended as no data are available

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*

Telotristat ethyl		
	Interaction	**Clinical management**
Short-acting octreotide	Reduced efficacy of telotristat ethyl possible due to reduced exposure	If using in combination, administer short-acting octreotide at least 30 minutes after telotristat ethyl dose
CYP3A4 and CYP2B6 substrates (e.g. dexamethasone, antiretroviral agents, ciclosporin, fentanyl, sertraline, simvastatin, sirolimus, valproate etc.)	Reduced efficacy of these drugs possible due to increased clearance	Avoid combination or monitor for reduced efficacy of the interacting drugs

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.

Day 1

This is a continuous oral treatment

Safe handling and waste management (unknown risk)

Safe administration (unknown risk)

General patient assessment prior to each day of treatment.

Treatment - Time out

Telotristat ethyl

- administer orally THREE times a day
- to be swallowed whole with a glass of water; do not break, crush or chew
- to be taken with food

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

Discharge information

Telotristat ethyl tablets

- Telotristat ethyl tablets with written instructions on how to take them.

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	
Fever	

Early (onset days to weeks)	
Abdominal pain	Dull ache, cramping or sharp pains are common with some anti-cancer drugs. These are caused by either increased or decreased gastrointestinal motility and can be associated with diarrhoea or constipation.
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.
Constipation	
Fluid retention and oedema	An excess amount of fluid around the cells, tissues or serous cavities of the body, leading to swelling.
Anorexia	Loss of appetite accompanied by decreased food intake. Read more about anorexia
Fatigue	Read more about fatigue

Late (onset weeks to months)	
Depression	

Evidence

Evidence for the use of telotristat ethyl for refractory carcinoid syndrome comes from two companion phase III double-blind, international randomised controlled studies, the TELESTAR and TELECAST studies.[2, 3]

TELESTAR study

Between January 2013 and March 2015, 135 patients with carcinoid syndrome refractory to SSA therapy and experiencing ≥ 4 bowel movements (BMs) per day were randomised 1:1:1 to receive placebo, telotristat ethyl 250 mg or telotristat ethyl 500 mg orally three times a day for 12 weeks. Patients continued to receive their baseline SSA therapy during this period. There was a 36 week open-label extension, where 115 patients subsequently received telotristat ethyl 500 mg.[2]

The primary endpoint was mean change from baseline BM frequency. Secondary endpoints included change from baseline in urinary 5-HIAA, the number of daily flushing episodes, and abdominal pain severity.

TELECAST study

The companion TELECAST study included 76 patients experiencing < 4 BMs per day on SSA therapy (or ≥ 1 symptom or ≥ 4 BMs per day if not on SSAs).[3]

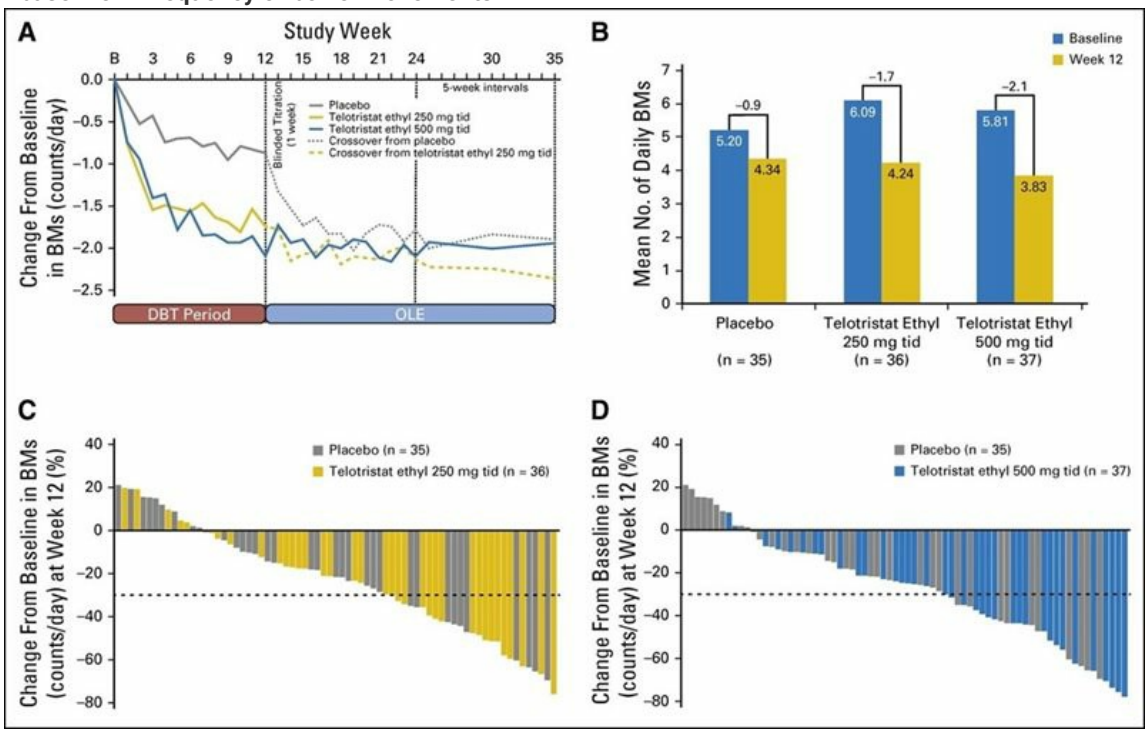
The primary endpoints were percentage change from baseline in urinary 5-HIAA level and incidence of treatment-emergent adverse events.

Efficacy

TELESTAR study

After 12 weeks of treatment, daily BMs had reduced significantly more with telotristat ethyl (1.7 fewer with 250 mg dose and 2.1 fewer with 500 mg dose) compared to placebo (0.9 fewer). More patients had a response to treatment in the telotristat ethyl groups (defined as at least a 30% reduction in BMs from baseline). The telostristat ethyl groups were associated with a statistically significant reduction in urinary 5-HIAA level and improved health-related quality of life compared with placebo. There were no statistically significant differences between groups in the small number of patients experiencing flushing and abdominal pain.[2]

Change from baseline in frequency of bowel movements[2]



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TELECAST study

After 12 weeks of treatment, the urinary 5-HIAA levels had increased in the placebo group and reduced significantly in the two telotristat ethyl groups.[3]

Toxicity

TELESTAR study

Patients in the telotristat ethyl groups had a higher incidence of dose-related nausea (31% in the 500 mg group, compared to 13% in the 250 mg group and 11% in the placebo group). Dose-related increases in hepatic enzymes, particularly GGT, were observed in both telotristat ethyl groups. In the open-label extension, depression was more common with the higher dose of telotristat ethyl.[2]

Adverse events[2]

Table A3. All AEs Occurring in ≥ 5% of Patients in Any Study Arm in the DBT Period

AE (system organ class preferred term)	Placebo (n = 45)	Telotristat Ethyl (three times per day) 250 mg (n = 45)	500 mg (n = 45)	Total (N = 135)
GI disorders				
Nausea	5 (11.1)	6 (13.3)	14 (31.1)	25 (18.5)
Abdominal pain	8 (17.8)	5 (11.1)	10 (22.2)	23 (17.0)
Vomiting	4 (8.9)	2 (4.4)	5 (11.1)	11 (8.1)
Upper abdominal pain	0	2 (4.4)	5 (11.1)	7 (5.2)
Abdominal distension	3 (6.7)	2 (4.4)	1 (2.2)	6 (4.4)
Diarrhea	3 (6.7)	3 (6.7)	0	6 (4.4)
Flatulence	1 (2.2)	3 (6.7)	2 (4.4)	6 (4.4)
Dyspepsia	3 (6.7)	1 (2.2)	1 (2.2)	5 (3.7)
General disorders and administration site conditions				
Fatigue	4 (8.9)	4 (8.9)	7 (15.6)	15 (11.1)
Asthenia	3 (6.7)	2 (4.4)	1 (2.2)	6 (4.4)
Peripheral edema	1 (2.2)	3 (6.7)	1 (2.2)	5 (3.7)
Pyrexia	2 (4.4)	3 (6.7)	0	5 (3.7)
Infections and infestations				
Nasopharyngitis	1 (2.2)	2 (4.4)	3 (6.7)	6 (4.4)
Pneumonia	0	0	3 (6.7)	3 (2.2)
AEs relating to investigations				
Increased gamma-glutamyl transferase*	0	4 (8.9)	4 (8.9)	8 (5.9)
Increased ALT†	0	1 (22.2)	3 (6.7)	4 (3.0)
Increased alkaline phosphatase‡	0	0	3 (6.7)	3 (2.2)
Metabolism and nutrition disorders				
Decreased appetite	2 (4.4)	3 (6.7)	7 (15.6)	12 (8.9)
Hypokalemia	3 (6.7)	3 (6.7)	5 (11.1)	11 (8.1)
Nervous system disorders				
Headache	2 (4.4)	5 (11.1)	4 (8.9)	11 (8.1)
Dizziness	2 (4.4)	0	4 (8.9)	6 (4.4)
Memory impairment	3 (6.7)	0	1 (2.2)	4 (3.0)
Psychiatric disorders				
Depression-related§	3 (6.7)	3 (6.7)	7 (15.6)	13 (9.6)
Confusional state	0	0	3 (6.7)	3 (2.2)
Respiratory, thoracic, and mediastinal disorders				
Dyspnea	0	2 (4.4)	4 (8.9)	6 (4.4)
Cough	1 (2.2)	1 (2.2)	3 (6.7)	5 (3.7)
Epistaxis	0	0	3 (6.7)	3 (2.2)
Vascular disorders (new or worsening)				
Flushing	2 (4.4)	3 (6.7)	3 (6.7)	8 (5.9)

NOTE. Adverse events (AEs) were graded according to a standard severity grading scheme as mild, moderate, or severe. All data are presented as No. (%).
Abbreviation: DBT, double-blind treatment.
*Mean changes from baseline at week 12 in gamma-glutamyl transferase (U/L ± standard deviation [SD]) for all patients studied were 4.4 ± 31.6 in the placebo group, 130.0 ± 204.4 in the telotristat ethyl 250 mg three times per day group, and 242.4 ± 358.1 in the telotristat ethyl 500 mg three times per day group.
†Mean changes from baseline to week 12 in ALT (U/L ± SD) for all patients studied were –0.1 ± 6.2 in the placebo group, 7.1 ± 16.4 in the telotristat ethyl 250 mg three times per day group, and 17.4 ± 42.6 in the telotristat ethyl 500 mg three times per day group.
‡Mean changes from baseline to week 12 in alkaline phosphatase (U/L ± SD) for all patients studied were 16.1 ± 57.6 in the placebo group, 22.8 ± 41.8 in the telotristat ethyl 250 mg three times per day group, and 57.5 ± 140.8 in the telotristat ethyl 500 mg three times per day group.
§Depression-related AEs include depression, depressed mood, and decreased interest.

References

1 Ipsen Pty Ltd. Telotristat ethyl product information. 2018.

2 Kulke, M. H., D. Hörsch, M. E. Caplin, et al. 2017. "Telotristat Ethyl, a Tryptophan Hydroxylase Inhibitor for the Treatment of

Carcinoid Syndrome." J Clin Oncol 35(1):14-23.

3 Pavel, M., D. J. Gross, M. Benavent, et al. 2018. "Telotristat ethyl in carcinoid syndrome: safety and efficacy in the TELECAST phase 3 trial." Endocr Relat Cancer 25(3):309-322.

History

Version 1

Date	Summary of changes
19/12/2020	Protocol reviewed and approved electronically by Medical Oncology Reference Committee.
10/02/2021	Protocol published. Review 1 year.
20/01/2022	Protocol reviewed electronically by Medical Oncology Reference Committee. No changes. Next review 2 years.

First approved: 19 December 2020
Last reviewed: 31 December 2021
Review due: 31 December 2023

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https://www.eviq.org.au/p/3636
15 Jul 2023

Patient information - Neuroendocrine cancer advanced - Telotristat ethyl

Patient's name:

Your treatment

Telotristat ethyl is **not** chemotherapy. It is used to treat carcinoid syndrome diarrhoea.

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

Telotristat ethyl		
This treatment is continuous. Your doctor will advise you how long to take the treatment for.		
Day	**Treatment**	**How it is given**
Continuous	**Telotristat ethyl** (*tel-OH-tri-stat ETH-il*)	Take orally THREE times a day with food. Swallow whole - do not break, crush or chew the 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.

When to get help

Emergency contact details

Ask your doctor or nurse from your treating team when you should get help and who to contact if you have a problem

Daytime: .....

Night/weekend: .....

Other instructions: .....

.....

.....

Other information about your treatment

Changes to your dose

Sometimes a treatment may be started at a lower dose or the dose needs to be changed during treatment. This can happen if your doctor thinks you are likely to have severe side effects, if you get severe side effects, or if you are finding it hard to cope with the treatment. This is called a dose reduction or dose change. Your doctor will explain if you need any changes 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.

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.**
Fever	• You may feel warm. • Tell your doctor or nurse if you get this symptom.

Early (onset days to weeks)	
Stomach pain	• You may get: ◦ dull aches ◦ cramping or pain ◦ bloating or flatulence (gas). • **Tell your doctor or nurse immediately, or go to the nearest hospital Emergency Department if you have stomach pain that you are unable to control.**
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.**
Constipation	• You may have bowel motions (stools, poo) that are less frequent, harder, smaller, painful or difficult to pass. • You may also get: ◦ bloating, cramping or pain ◦ a loss of appetite ◦ nausea or vomiting. • Drink plenty of fluids (unless you are fluid restricted). • Eat plenty of fibre-containing foods such as fruit, vegetables and bran. • Take laxatives as directed by your doctor. • Try some gentle exercise daily. • **Tell your doctor or nurse if you have not opened your bowels for more than 3 days.**
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.**
Appetite loss (anorexia)	• You may not feel like eating. • Try to avoid drinking fluids at meal times. • Try to eat small meals or snacks regularly throughout the day. • Try to eat food that is high in protein and calories. • If you are worried about how much food you can eat, or if you are losing weight, ask to speak to a dietitian.
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.**

Late (onset weeks to months)	
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.

General advice for people having cancer treatment

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 get pregnant or 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.

Pregnancy and breastfeeding

- Some cancer treatments can be dangerous to unborn babies. Talk to your doctor or nurse if you think there is any chance that you could be pregnant.
- Do not try to get pregnant or 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 pregnancy/fatherhood after completing this treatment, talk to your doctor. Some doctors advise waiting between 6 months and 2 years after treatment.
- Do not breastfeed if you are on this treatment, as anti-cancer medications can also pass into breast milk.

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

Neuroendocrine tumour information

- NeuroEndocrine Cancer Australia – neuroendocrine.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:

First approved: 19 December 2020
Last reviewed: 31 December 2021
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