

**NORTH DERBYSHIRE HEALTH PRESCRIBING AND CLINICAL
EFFECTIVENESS GROUP (PACE)**

SHARED CARE AGREEMENT

Anastrozole (Arimidex)

1. REFERRAL CRITERIA

- Shared Care is only appropriate if it provides the optimum solution for the patient.
- Prescribing responsibility will only be transferred when it is agreed by the consultant and the patient's GP that the patient's condition is stable or predictable.
- Patients will only be referred to the GP once the GP has agreed in each individual case.
- The patient will be given a supply of anastrozole sufficient for 4 weeks maintenance therapy.

2. AREAS OF RESPONSIBILITY

GP responsibilities <i>(include monitoring arrangements)</i>	Consultants responsibilities <i>(include monitoring arrangements)</i>
<ul style="list-style-type: none">• Prescribing following stabilisation of patient• Monitoring patients overall health and well-being• Monitoring adverse effects and reporting to specialist as appropriate	<ul style="list-style-type: none">• Initiation and stabilisation of treatment• Transfer of prescribing to GP ensuring patient has 4 weeks supply of drug• Stop treatment at any appropriate time

3. COMMUNICATION AND SUPPORT

i. Hospital contacts: Name: Mr D.Chadwick / Mr S.Holt Telephone No: 01246 277271 x 3197 / 3127 Fax No: Email:	ii. Out of hours contacts and procedures:
iii Specialist support/resources available to GP including patient information	

4. CLINICAL INFORMATION

i. Prescribed indications	Treatment of advanced breast cancer in post menopausal women May also be used adjuvant to surgery where tamoxifen is not tolerated
ii. Therapeutic summary	Anastrozole is a potent, highly selective non-steroidal aromatase inhibitor which reduces circulating oestradiol levels
iii. Dose & Route of administration	One 1mg tablet orally once a day. The menopause should be defined biochemically in any patient where there is doubt about hormonal status
iv. Duration of treatment	Until evidence of relapse / regression In adjuvant treatment – 5 years
v. Adverse effects	Adverse events have usually been mild to moderate with only few withdrawals from treatment due to undesirable events. These include hot flushes, vaginal dryness and hair thinning. Anastrozole may also be associated with gastrointestinal disturbances (anorexia, nausea, vomiting, and diarrhoea), asthenia, joint pain/stiffness, somnolence, headache or rash including very rare cases of mucocutaneous disorders such as erythema multiforme and Stevens-Johnson syndrome. Vaginal bleeding has been reported infrequently. If bleeding persists, further evaluation should be considered.
vi. Contraindications	<ul style="list-style-type: none"> • Pre-menopausal women • Pregnant or lactating women • Patients with severe renal impairment (creatinine clearance less than 20ml/min) • Patients with moderate or severe hepatic disease.
vii. Monitoring Requirements	None quoted.
viii. Clinically relevant drug interactions	Oestrogen containing therapies should not be co-administered with anastrozole as they would negate its pharmacological action.
ix. Supply of ancillary equipment eg. syringe drivers, tubing	N/A
x. Supply, storage and reconstitution instructions	Do not store above 30° C
xi. Prepared by	Peter Burrill Senior Pharmaceutical Advisor, North Derbyshire Health Authority and Jenni Hatton, Senior Clinical Pharmacist, CNDRH David Chadwick, Consultant Surgeon, CNDRH

This does not replace the SPC, which should be read in conjunction with it.

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