

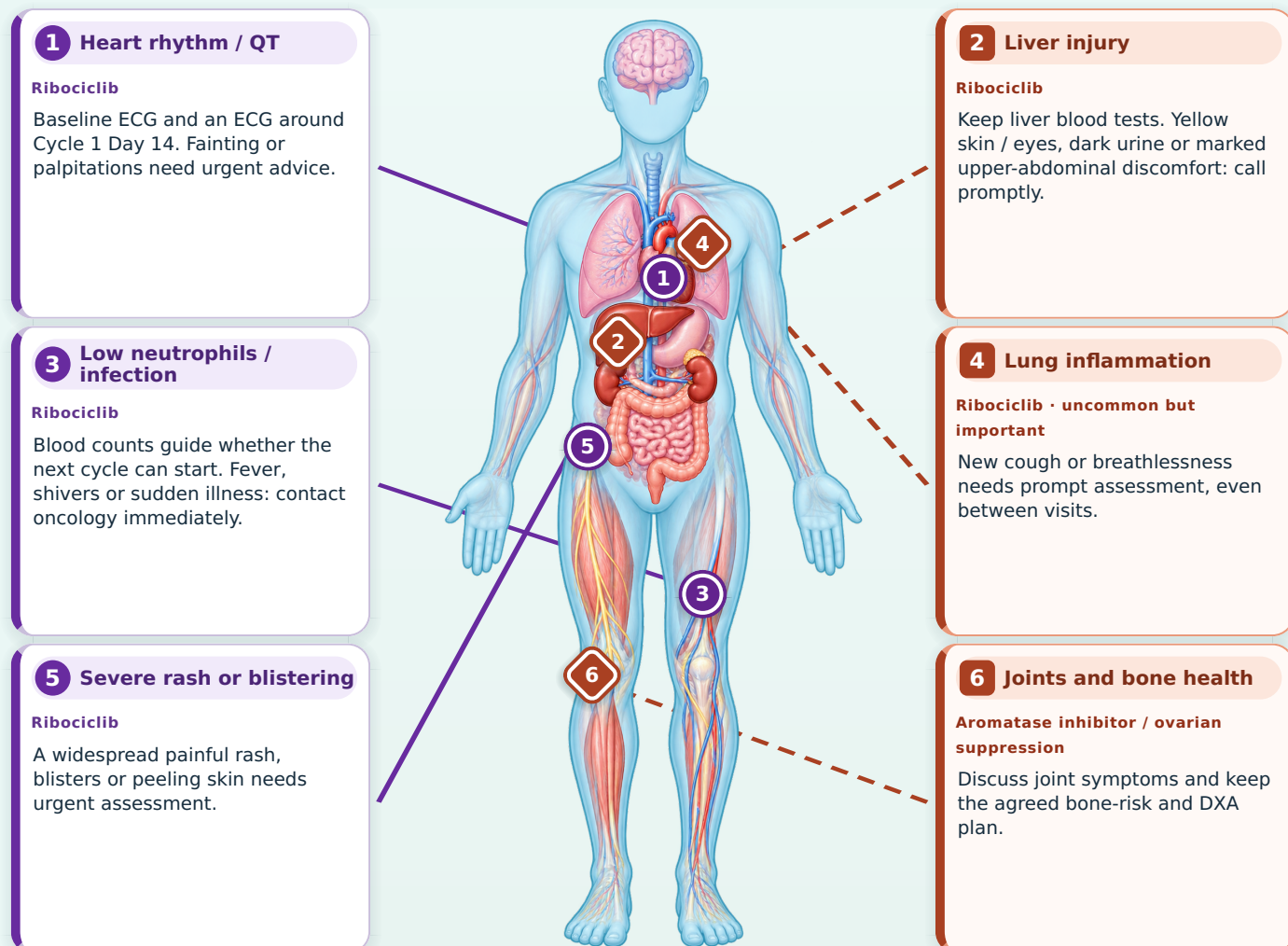
Ribociclib + endocrine therapy · metastatic

The usual metastatic starting dose is ribociclib 600 mg once daily on Days 1–21 followed by Days 22–28 off. Continue the prescribed AI daily or fulvestrant on its own injection schedule; add ovarian suppression when indicated. Continue while beneficial and tolerated.

· selected medicine-specific effects. Full details and sources are in the complete reference.

A picture of side effects

Numbered symptom boxes connect to the anatomical illustration. The medicine responsible may be uncertain; report the symptom.



Selected effects, not every possible effect or a prediction. Blood-count, skin and line markers are schematic. Number and text carry meaning; colour is decorative.

Report new breathlessness, chest symptoms, severe diarrhoea, inability to drink, jaundice, a painful swollen leg or a severe rash promptly. You do not need to identify which medicine caused the symptom. Severe chest pain, major breathing difficulty, collapse or stroke symptoms: 112 / 999.

Know the next step.

Taking treatment

The usual metastatic starting dose is ribociclib 600 mg once daily on Days 1–21 followed by Days 22–28 off. Continue the prescribed AI daily or fulvestrant on its own injection schedule; add ovarian suppression when indicated. Continue while beneficial and tolerated.

Take ribociclib once daily with or without food; swallow whole. Avoid grapefruit. If a dose is missed or vomited, do not take an extra dose; take the next scheduled dose. Confirm any clinical hold and restart with the team. The endocrine partner follows a separate prescription.

Checks and follow-up

FBC, renal and liver profile, potassium, calcium, magnesium and phosphorus. ECG before initiation; QTcF must be below 450 ms. Correct electrolyte abnormalities and review QT/CYP3A interactions. Confirm endocrine partner, menopause/ovarian suppression, prior treatment and the NCCP indication/eligibility discrepancy. FBC, renal and liver profile every two weeks for cycles 1–2, then before cycles 3–6, then as clinically indicated. Electrolytes before each of the first six cycles, then as clinically indicated; correct abnormalities. Repeat ECG around Day 14 of cycle 1, then as clinically indicated. Increase liver monitoring for grade 2 or worse abnormalities. Review fever, jaundice, palpitations/fainting, pulmonary and severe skin symptoms; response imaging follows the advanced-disease plan.

The [whole-treatment map](#) shows the checks for this exact treatment setting.

Support between reviews

Nausea support

NCCP classifies ribociclib as oral moderate–high emetic risk. The team chooses preventive or rescue antiemetics using local policy, symptoms, QT risk and drug interactions; do not reuse another regimen's prescription.

Electrolytes and heart rhythm

Correct abnormal potassium, calcium, magnesium and phosphate as directed. Attend the baseline and cycle 1 Day-14 ECG; fainting or palpitations need urgent advice.

Counts and liver tests

Keep the early two-weekly blood tests and subsequent monitoring. Report fever, shivers, jaundice or dark urine promptly.

Endocrine treatment

The AI or fulvestrant, and ovarian suppression when prescribed, continue on their own timetable. Discuss joint, menopausal, bone and injection-site symptoms.

Daily administration

Avoid grapefruit and check interactions. Do not replace a missed or vomited dose. A clinical hold requires explicit instructions about which medicine stops and who authorises restart.

Oncology daytime: Insert numbers here. **Out of hours:** Insert numbers here. Follow your own hospital's urgent-care plan. Emergency: 112 / 999.



Your complete treatment reference

<https://sactcheck.com/patient/00525/>

Public information only. No personal information is encoded.