

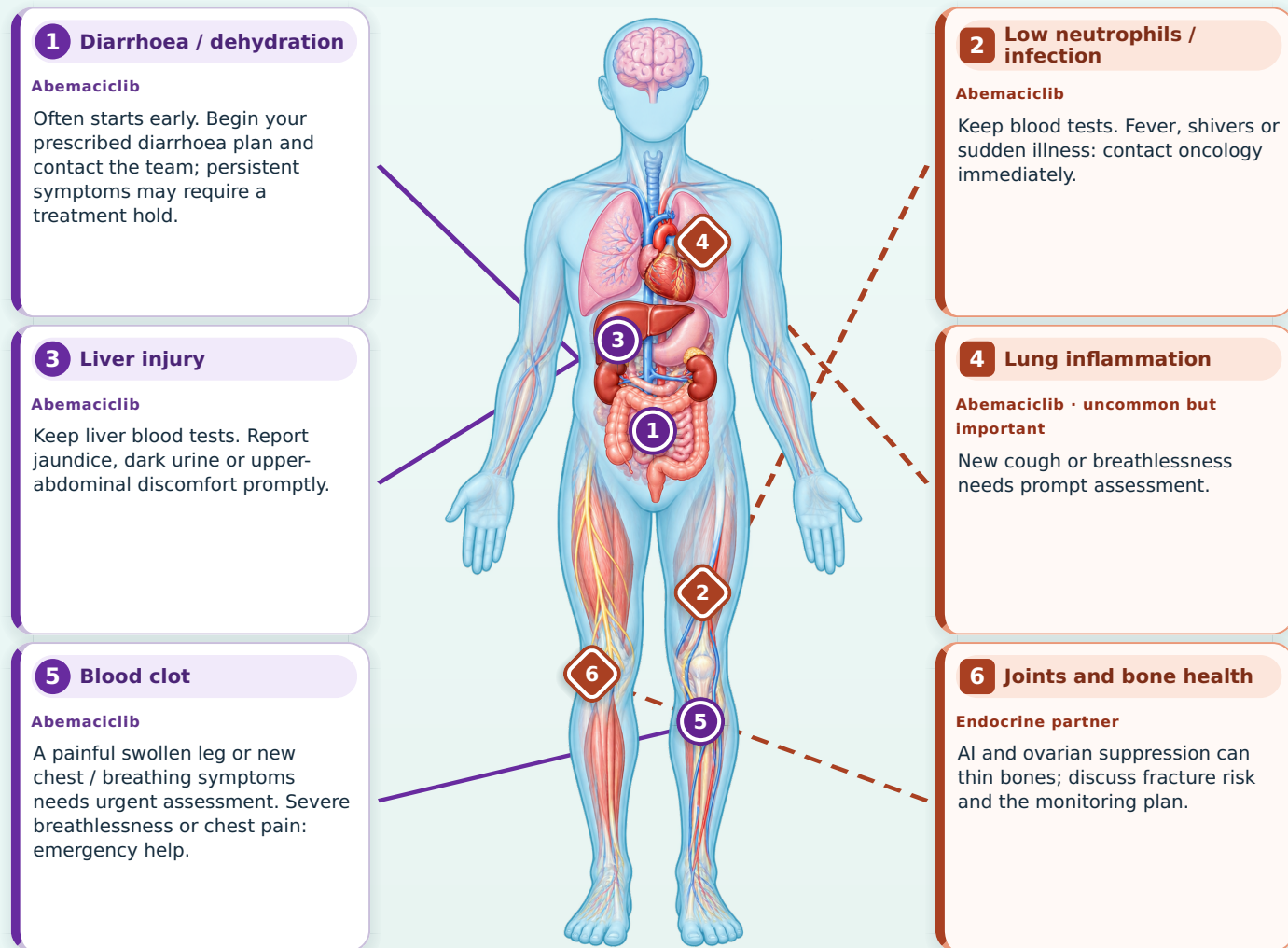
Adjuvant abemaciclib + endocrine therapy

The usual abemaciclib starting dose is 150 mg twice daily; a lower dose or altered schedule may be prescribed. Abemaciclib is taken twice daily continuously for up to two years with endocrine therapy, unless recurrence or unacceptable toxicity requires an earlier change. A four-week dispensing block is not a rest cycle. Endocrine treatment normally continues beyond abemaciclib.

· 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 abemaciclib starting dose is 150 mg twice daily; a lower dose or altered schedule may be prescribed. Abemaciclib is taken twice daily continuously for up to two years with endocrine therapy, unless recurrence or unacceptable toxicity requires an earlier change. A four-week dispensing block is not a rest cycle. Endocrine treatment normally continues beyond abemaciclib.

Take abemaciclib twice daily at regular times with or without food. Swallow whole; do not split, chew or crush. Avoid grapefruit. Do not replace a missed or vomited dose. A clinical hold and restart require the treating team's instructions.

Checks and follow-up

FBC, renal, liver and bone profile; ECG as clinically indicated. Confirm node-positive high-risk eligibility, definitive surgery and timing: within 16 months of resection and up to 12 weeks of endocrine treatment after the last non-endocrine treatment before starting. Assess VTE history, bowel function, all medicines, endocrine partner, ovarian suppression if using an AI before menopause, and bone/reproductive health. FBC, renal, liver and bone profile every two weeks for the first two months, monthly for the next two months, then as clinically indicated. More frequent liver monitoring for grade 2 or worse liver abnormalities. ECG is driven by clinical need; no routine ribociclib Day-14 ECG schedule. Early and ongoing diarrhoea review, hydration/intake, infection, clots, breathlessness and adherence; prompt action between appointments. Creatinine can rise through inhibited tubular secretion without a true fall in filtration; assess the clinical context and alternative renal measures if needed.

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

Support between reviews

Diarrhoea rescue from the first loose stool

Have the prescribed antidiarrhoeal treatment available before starting. Begin the agreed plan at the first loose stool, increase fluids as advised and contact the team early; persistent symptoms or dehydration may require a treatment hold.

Nausea support

NCCP classifies abemaciclib as oral moderate-high emetic risk. Agree preventive or rescue antiemetics using individual risk and local oral-SACT policy.

Blood, liver and symptom checks

Attend early two-weekly then monthly checks even when tablets are taken at home. Seek prompt advice for infection, jaundice, new breathing symptoms or possible blood clots.

Endocrine and bone support

Discuss symptoms and bone protection for the actual endocrine partner. Ovarian suppression is required with an AI before menopause. Endocrine treatment normally continues after the two-year abemaciclib course.

Medicines and supply

Take tablets whole at the prescribed regular times. There is no routine week off. Check grapefruit/CYP3A interactions and do not double a missed or vomited dose.

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/00619/>

Public information only. No personal information is encoded.