



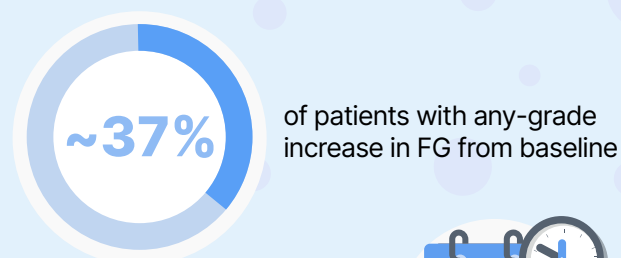
Hyperglycemia on Capivasertib: Key Steps for Prevention, Monitoring, and Treatment

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Oncol AMJ. 2026; <https://doi.org/10.33590/oncolamj/77ABVMXF>

Hyperglycemia with Capivasertib: Clinical Data in Context

Glucose elevations were manageable in the CAPitello-291 trial.^{1,2}



15 days median time to first occurrence

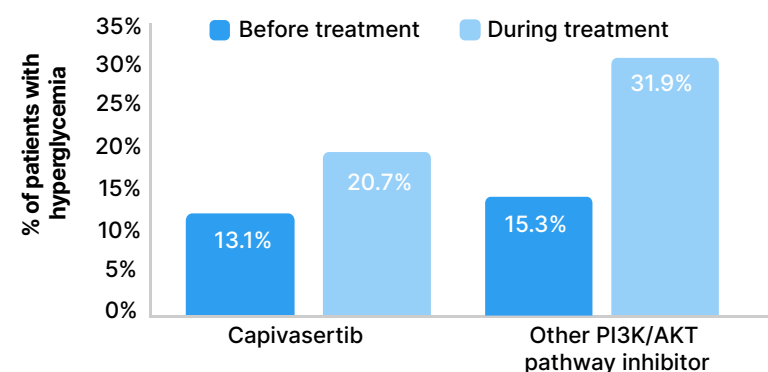


0.6% each dose reductions and permanent discontinuations due to hyperglycemia

Real-World Evidence Insights³

Both the occurrence of hyperglycemia and the requirement for antihyperglycemic medications were lower in patients with mBC treated with capivasertib compared to other PI3K/AKT pathway inhibitors in a recent US real-world observational study (Figure 1).^{3a}

Figure 1: Real-world hyperglycemia rates in patients treated with capivasertib and other PI3K/AKT pathway inhibitors.³



^aRetrospective cohort study using an insurance claims dataset of patients with HR+/HER2- mBC treated with capivasertib (n=411) or alternative PI3K/AKT pathway inhibitor (n=144) between November 16, 2023–July 31, 2024. Index date was defined as treatment start date.

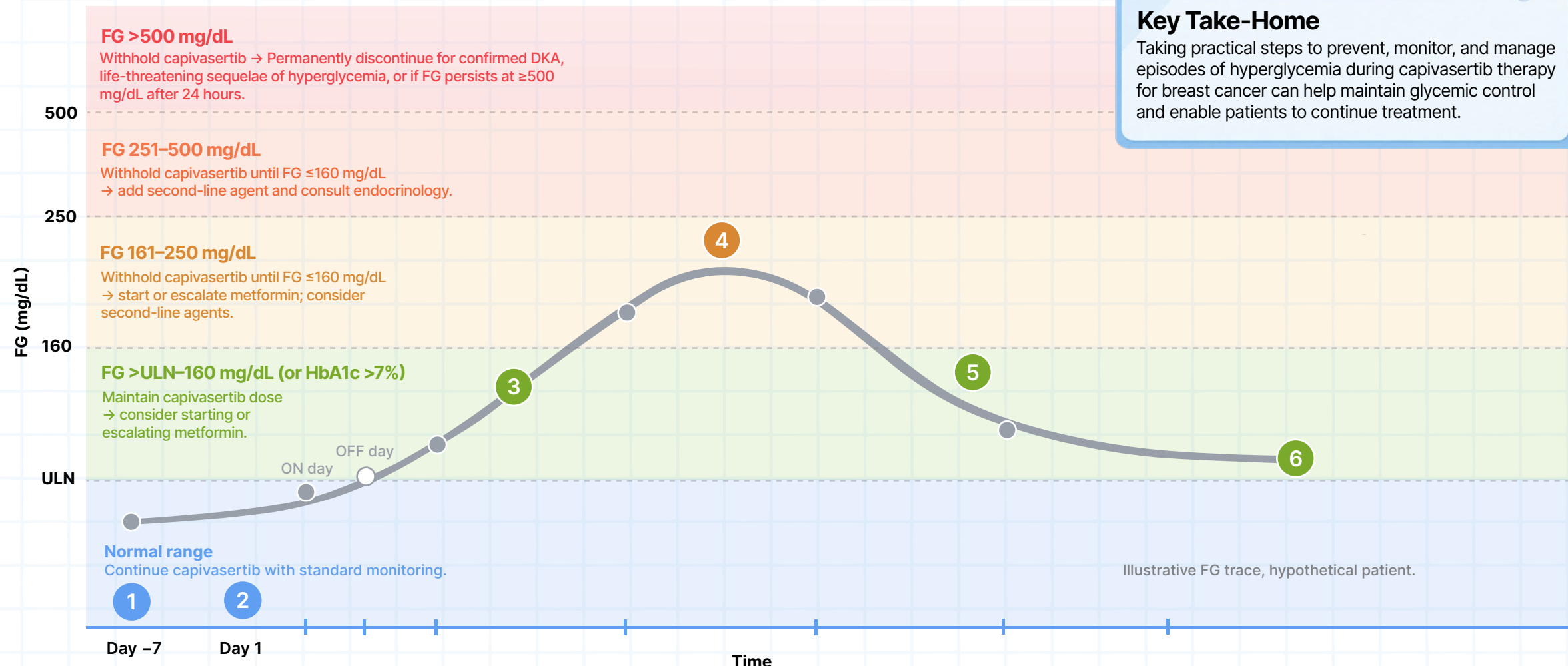
Abbreviations:

AKT: protein kinase B; DKA: diabetic ketoacidosis; DPP-4: dipeptidyl peptidase-4; eGFR: estimated glomerular filtration rate; FG: fasting glucose; GLP-1 RA: glucagon-like peptide-1 receptor agonist; HbA1c: glycated hemoglobin; HER2-: human epidermal growth factor receptor 2 negative; HR+: hormone-receptor positive; mBC: metastatic breast cancer; PI3K: phosphoinositide 3-kinase; SGLT2: sodium glucose cotransporter-2; TZD: thiazolidinedione; ULN: upper limit of normal. eGFR: estimated glomerular filtration rate.

References:

1. Turner NC et al. N Engl J Med. 2023;388(22):2058-70.
2. TRUQAP (capivasertib). Available at: https://drd9vrh9yh09.cloudfront.net/50fd68b9-106b-4550-b5d0-12b045f8b184/841065f2-fcba-4795-b92a-3afc2ba47325/841065f2-fcba-4795-b92a-3afc2ba47325_viewable_rendition_v.pdf. Last accessed: September 2, 2026.
3. Iyengar N et al. Poster 140. Annual Miami Breast Cancer Conference, March 5-8, 2026.
4. Iyengar NM et al. NPJ Breast Cancer. 2026;12:16.

Example: How to Manage Your Patient If They Develop Hyperglycemia



Key Take-Home

Taking practical steps to prevent, monitor, and manage episodes of hyperglycemia during capivasertib therapy for breast cancer can help maintain glycemic control and enable patients to continue treatment.

1

Prepare Proactively Before Day 1^{2,4}

- Check FG at baseline and optimize glucose control before capivasertib initiation
- If possible, identify capivasertib candidates during first-line breast cancer therapy
- Consider metformin prophylaxis in higher-risk patients
- Provide diet and physical activity advice to all patients

Hyperglycemia risk factors:

Prediabetes, HbA1c ≥5.7%, BMI ≥30 kg/m², elevated baseline FG, and glucose-raising medications (e.g., corticosteroids)⁴

2

Monitor FG and Counsel Patients^{2,4}

- Check FG pre-dose on Day 3 or 4 during early treatment cycles (Weeks 1, 2, 4, 6, and 8), then monthly

Test FG on both an **ON** and **OFF** day during Week 1 to avoid misleadingly high/low readings^b

- Educate patients on hyperglycemia symptoms: thirst, frequent urination, blurred vision, increased appetite (with weight loss), and fatigue

- Provide clear instructions to patients on when/how to seek help (e.g., any home FG reading ≥160 mg/dL)⁴

3

Start or Increase Metformin^{2,4}

- Standard or extended-release metformin^c as a first-line treatment
- Check eGFR first: contraindicated <30 mL/min/1.73 m², not recommended at 30–45 mL/min/1.73 m²
- Increase dose as needed/ tolerated for patients already on prophylaxis



4

Withhold Capivasertib Until FG ≤160 mg/dL, then:^{2,4}

- Second-line agent if FG stays high on metformin: SGLT2 inhibitor first^b
- Counsel on euglycemic DKA; check ketones if symptomatic
- Alternatives: TZD or α-glucosidase inhibitor^b
- Involve endocrinology when adding a second-line agent
- Insulin (short-duration) if FG >400 mg/dL^b
- Avoid: sulfonylureas, GLP-1 RAs, DPP-4 inhibitors, meglitinides

Potential DKA warning signs: Nausea/vomiting, abdominal pain, rapid breathing, confusion, fruity breath.⁴

^bKey recommendations based on expert panel consensus.

5/6

Follow Resume Rules^{2,4}

- Resume capivasertib on recovery to FG ≤160 mg/dL
- After FG 161–250 mg/dL: recovery ≤28 days, same dose; >28 days, one dose level lower
- After FG 251–500 mg/dL: recovery ≤28 days, one dose level lower; >28 days, permanently discontinue
- Optimize antihyperglycemic therapy before resuming

Withhold capivasertib in clinical situations known to increase the risk of severe hyperglycemia or ketoacidosis (e.g., suspected serious infection or acute illness).²

Permanently discontinue for confirmed DKA, life-threatening sequelae of hyperglycemia, or if FG persists at ≥500 mg/dL after 24 hours.²

6 Keep Patients on Capivasertib Treatment²

- Continue ongoing FG monitoring as per Step 2
- Manage any subsequent hyperglycemia episodes as recommended