

# BCCA Protocol Summary for Androgen-Independent Prostate Cancer using Estramustine Phosphate (Interim Version)

**Protocol Code** *GUEMCYT*

**Protocol Group** *Genitourinary*

**Contact Physician** *Dr. Kim Chi*

**GU Systemic Therapy Contacts** *CCSI Drs Susan Ellard, Judy Sutherland  
VCC Drs Nevin Murray, Kim Chi  
VICC Drs Heidi Martins, Catherine Fitzgerald*

## ELIGIBILITY/TESTS:

- **This drug is not approved for use in combination with chemotherapy.**
- Biopsy proven prostate cancer
- Metastatic disease or local progression after radiation
- Progressive evaluable disease despite castrate testosterone from orchiectomy or a medical equivalent
- Progression is defined as a 50% increase in an evaluable parameter such as a clinical or radiological mass, or PSA
- Commitment to remeasure the evaluable parameter at 1-2 month intervals and discontinue EMCYT® if there is a 50% rise from baseline or from best remission level achieved
- Documentation of the evaluable parameter to be available on request of the BCCA Tumour Group Chair or alternate
- Asymptomatic patients should consider delayed therapy

## TREATMENT:

Estramustine phosphate 14 mg per kg bodyweight per day PO; i.e., one 140 mg capsule per 10 kg/day in 3-4 divided doses  
Do not take with food, milk products or calcium antacids

## DOSE MODIFICATIONS:

- If WBC **less than**  $3.5 \times 10^9/L$  or platelets **less than**  $100 \times 10^9/L$ , discontinue until recovery.

## PRECAUTIONS:

- Monthly CBC, LFT, clinical & lab re-evaluation

## CONTRAINDICATIONS:

- History of thromboembolic disease or heart failure
- WBC **less than**  $3.5 \times 10^9/L$  or platelets **less than**  $100 \times 10^9/L$

## SIDE-EFFECTS:

See BCCA Cancer Drug Manual

## **BENEFITS:**

In a double-blind Phase 3 study of estramustine phosphate 280 mg bid, there was no significant difference from placebo in subjective response rate (9 of 50 vs 4 of 57,  $p=0.15$ ), nor in time to progression or death. A higher proportion on estramustine had a PSA response (**greater than** 25% decrease in 29 of 61 vs 3 of 68). Interpretation is limited by small numbers. It remains unclear if estramustine has clinical benefit, and if so whether this is superior to other options such as high dose estrogen.

**Call Dr. Kim Chi or tumour group delegate at (604) 877-6000 or 1-800-663-3333 with any problems or questions regarding this treatment program.**

Date activated: 17 Jul 1993

Date revised: 01 May 2009 (unsafe abbreviations and symbols replaced)

## **REFERENCES**

1. Iversen P, Rasmussen F, Asmussen C, et al. Estramustine phosphate versus placebo as second line treatment after orchiectomy in patients with metastatic prostate cancer: DAPROCA study 9002. *J Urol* 1997; 157:929-34.
2. Band PR, Banerjee TK, Patwardhan VC, Eid TC. High-dose diethylstilbestrol diphosphate therapy of prostatic cancer after failure of standard doses of estrogens. *Can Med Assoc J* 1973;109:697-9.