

BCCA Protocol Summary for Non-Steroidal Treatment of Prostate Cancer

Protocol Code:	GUPNSAA
Tumour Group:	Genitourinary
Contact Physicians:	Dr. Kim Chi Dr. T. Pickles

ELIGIBILITY/TESTS:

Treatment of prostate cancer where the addition of an anti-androgen in addition to medical or surgical orchiectomy is indicated as follows:

1. To block a clinical flare at the initiation of LHRH agonist therapy.
2. Second-line hormonal treatment if the patient has not previously received a non-steroid anti-androgen.
3. **Total androgen blockade** of advanced prostate cancer (approved indication only for **bicalutamide** or **flutamide**)

TREATMENT:

Class I Bicalutamide 50 mg PO daily*

Class I Flutamide 250 mg PO TID.
Do LFT's q3 months.
Discontinue if diarrhea develops

Class II Reimbursement for the use of nilutamide requires completion of a Class II drug registration form. Reimbursement is provided if the patient is intolerant to bicalutamide or flutamide. **Not approved for total androgen blockade.**

Nilutamide 150 mg PO daily

* Bicalutamide is the preferred anti-androgen for prostate cancer as per Genitourinary Cancer Management Guidelines (see: www.bccancer.bc.ca/HPI/CancerManagementGuidelines/Genitourinary/Prostate/Management/SystemicManagementofProstateCancer/IndicationsforAntiandrogenUse.htm)

Duration

Indication (1): Treatment should be continued for 3-4 weeks to block clinical flare.
Indication (2), (3): Discontinue at progression of PSA or clinical symptoms or signs.

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

Date activated: N/A

Date formatted: 11 Feb 1997

Date revised: 1 Jul 2009 (total androgen blockade added as an indication)

References:

1. Prostate Trialists' Collaborative Group. Maximum androgen blockade in advanced prostate cancer: an overview of the randomized trials. *Lancet* 2000;355:1491-98.
2. Schellhammer PR, Sharifi R, Block NL, et al. Clinical benefits of Bicalutamide compared with flutamide in combined androgen blockade for patients with advanced prostatic carcinoma: final report of a double-blind, randomized, multicenter trial. Casodex Combination Study Group. *Urology* 1997;50(3):330-6.
3. Usami M, Akaza H, Arai Y et al. Bicalutamide 80 mg combined with a luteinizing hormone-releasing hormone agonist (LHRH-A) versus LHRH-A monotherapy in advanced prostate cancer: findings from a phase III randomized, double-blind, multicenter trial in Japanese patients. *Prostate Cancer Prostatic Diseases* 2007;10(2):194-201.