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 for bicalutamide or flutamide or niLUTAmide)

TREATMENT:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>BCCA Administration Guideline</th>
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</thead>
<tbody>
<tr>
<td>bicalutamide*</td>
<td>50 mg daily</td>
<td>PO*</td>
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<tr>
<td>flutamide</td>
<td>250 mg TID</td>
<td>PO</td>
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<td></td>
<td></td>
<td>Do LFT's q3 months. Discontinue if diarrhea develops</td>
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<tr>
<td>niLUTAmide</td>
<td>150 mg daily</td>
<td>PO</td>
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<td></td>
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<td>For patients intolerant to bicalutamide or flutamide</td>
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</tbody>
</table>

* bicalutamide is the **preferred anti-androgen** for prostate cancer as per Genitourinary Cancer Management Guidelines (see: www.bccancer.bc.ca/health-professionals/professional-resources/cancer-management-guidelines/genitourinary/prostate#Indications-for-Antiandrogen-Use)

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 revised: 01 Jul 2016 (Class II registration deleted, TALLman lettering formatted, hyperlink updated)

References: