

BC Cancer Protocol Summary for Non-Steroidal Treatment of Prostate Cancer

Protocol Code: GUPNSAA
Tumour Group: Genitourinary
Contact Physicians: *Dr. Kollmannsberger*

ELIGIBILITY:

Patients must have:

- prostate cancer,
- medical or surgical orchiectomy, **and are using an anti-androgen:**
 - to block a clinical flare at the initiation of LHRH agonist therapy,
 - as a** second-line hormonal treatment if the patient has not previously received a non-steroid anti-androgen, **or**
 - as a** total androgen blockade **to treat localized prostate cancer with curative intent, or** advanced prostate cancer

Note: niLUTamide is reserved for patients intolerant to bicalutamide or flutamide

TESTS:

- If clinically indicated: PSA
- For patients taking flutamide: bilirubin, ALT, alkaline phosphatase every 3 months

TREATMENT:

Drug	Dose	BC Cancer Administration Guideline
bicalutamide*	50 mg daily	PO*
flutamide	250 mg TID	PO
niLUTamide	150 mg daily	PO

* bicalutamide is the preferred anti-androgen for prostate cancer as per Genitourinary Cancer Management Guidelines

Treatment duration:

- To block clinical flare:** treatment should be continued for 3 to 4 weeks.
- Total androgen blockade:** discontinue at progression of PSA or clinical symptoms or signs.

PRECAUTIONS:

- **Diarrhea:** discontinue flutamide if diarrhea develops.

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

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.