NHS Forth Valley

Prescriberfile

From the Primary Care Prescribing Group

Use of LHRH analogues in prostate cancer

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Please Circulate to All Staff

Prostate Cancer Special Issue

Inside this issue:

Decapeptyl SR® (triptorelin) is the LHRH analogue of choice for the treatment of **prostate cancer** in Forth Valley (FV).

This is in line with advice* from the West of Scotland Cancer Network (WOSCAN) and has the full support of local urologists (Mr Seamus Teahan) , oncologists (Dr Norma Sidek), clinical nurse specialists (Mrs Maureen Hamill) and Dr Paul Baughan (FV Lead GP for Cancer & Palliative Care).

Decapeptyl SR® (triptorelin) is the LHRH analogue of choice for the treatment of **prostate cancer** in FV.

The main advantages **Decapeptyl SR®** (triptorelin) are:

- administration using a smaller needle size compared to goserelin LA, which may be less painful for patients.
- It is the only LHRH analogue available in a 6 monthly formulation, which reduces the number of practice appointments required and is likely to be more convenient for patients.
- It costs approximately £100 per annum less than its comparator drugs (based on current prices)

Primary Care Pharmacists have been supporting GPs in undertaking reviews of patients currently receiving goserelin (Zoladex LA®) and leuprorelin (Prostap SR®) for prostate cancer, to assess their suitability for a change to triptorelin (Decapeptyl SR®).

Further support in reviewing individual patient cases as regards their potential suitability to change is available via email from: seamus.teahan@nhs.net and maureen.hamill@nhs.net

The reviews to date have identified a sub-set of patients in whom intermittent androgen deprivation may be the most appropriate option (rather than a change in LHRH agent). These patients require review on a case by case basis by local urologists.

*Clinical Management Guideline for Androgen Deprivation Therapy in Prostate Cancer. WOSCAN http://www.test.woscan.scot.nhs.uk/UserFiles/Prostate%20cancer%20ADT%20CMG%20v1.0%20July%202011.pdf

New Models of Follow-up for Prostate Cancer Patients

Due to our ageing population and advances in treatment, more men are being diagnosed with prostate cancer and these men are also likely to live longer with their cancer.

The traditional model of hospital-based follow up is not appropriate for everyone and so WOSCAN has recommended that men with prostate cancer are stratified according to risk with those at highest risk of recurrence being followed up regularly in hospital consultant led clinics, and those at lower risk being followed up in the community. *(Article provided by Dr Paul Baughan)*

- NHS Forth Valley will be starting community hospital Clinical Nurse Specialist (CNS)-led clinics for patients at low risk of recurrence of prostate cancer.
- Patients will be asked to attend their GP practice for a PSA test prior to attending these hospital consultant or CNS led clinics. GP practices are thanked for their cooperation with this.
- A small proportion of men who have been disease-free for many years may be discharged completely from follow up. They will be discharged with a comprehensive 'Treatment Summary Record' which will list all treatments to date and any potential long term sequelae. These men should not require any additional GP appointments and further PSA testing will only be recommended if they develop a change in / new symptoms.

Key Points of interest:

- **Decapeptyl SR®** is the product of choice for **Prostate Cancer**
- Prescribe by **brand name**
- Ensure correct route **(intramuscular)**and frequency of administration
- New models of follow-up being developed for Prostate Cancer patients
- Lower risk patients will be followed up in the community by Clinical Nurse Specialists

Safety issues relating to LHRH analogue use

Local and national reviews[§] of LHRH analogue prescribing have identified a number of safety issues worthy of consideration.

Route of administration:

- The different LHRH analogues are administered by differing routes.
- Care should be taken to ensure that patients subject to a change in their LHRH treatment, receive their injection via the appropriate licensed route.
- **Decapeptyl SR® (triptorelin)** is licensed for **intramuscular** administration in the UK.

There have been local instances where Decapeptyl SR® (triptorelin) has been incorrectly administered via the subcutaneous route.

Frequency of administration/selection of appropriate product:

- Each LHRH analogue is available in a variety of strengths (and in some cases different salts) with differing licensed indications and intended frequency of administration.

In other areas, there have been several cases of patients having received LHRH analogues for prostate cancer at the wrong intervals.

- Triptorelin should be **prescribed by brand name, as Decapeptyl SR®** for prostate cancer.

This should avoid confusion and inadvertent prescribing and dispensing of other triptorelin brands which have different licensed indications.

- **Prescriptions should include dosage instructions** stating the administration frequency appropriate to the strength prescribed.

Decapeptyl SR® (triptorelin) is available in the following strengths:

3mg (administer every 28 days)

11.25mg (administer every 3 months)

22.5mg (administer every 6 months)

Correlation between prescription issue dates and injection administration dates:

- Local audit indicates that prescription issue dates on EMIS do not necessarily correlate with actual injection administration dates.
- Prescription issue dates as a marker of compliance can give misleading information.

This may be due to:

use of ‘stock’ injections for administration to individual patients who attend injection appointments without having ordered their medication in advance.

or

district nursing teams having omitted to record the administration of the injection within the shared consultation notes in EMIS.

- Where possible, practices should consider implementing recall systems to ensure patients requiring regular LHRH analogue injections order their own medication in a timely fashion, in advance of their injection appointments, and that administration of the medicine is recorded in the shared consultation notes in EMIS by all relevant members of staff.

[§] PostScript 74 (March 2013). Greater Glasgow and Clyde Prescribing Bulletin. http://www.ggcprescribing.org.uk/blog/postscript-74-march-2013/

Contact Information:
General Primary Care Prescribing Advice:
Contact your Primary Care Pharmacist; or alternatively
Primary Care Prescribing Support Team on 01786-431200
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For Advice Related to Management of Controlled Drugs:
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