**SHARED CARE GUIDELINES**  
**FLUTAMIDE (Drogenil and generic brands) – PROSTATE CANCER**

### Introduction

**Indication:** Management of patients with advanced prostate cancer:
- In long term palliative treatment where LHRH analogues or surgery are contra-indicated, not tolerated or where oral therapy preferred.
- As adjuvant therapy in patients already receiving LHRH analogue therapy.

### Dosage, administration & duration:

Flutamide 250mg 3 times a day, orally.

### Hospital specialist responsibilities

**Initial prescribing:**
By hospital consultant. Continuation of therapy may be requested by formal communication with GP when patient stabilised.

**Monitoring undertaken:**
- Baseline FBC & U&Es, including LFTs & prostate-specific antigen (PSA).
- Clinical response to therapy, eg. bone pain and performance status.
- Radiology and radioisotopes (CT scans of abdomen and pelvis and bone scans may be performed).

**Frequency of hospital review:**
To be tailored to each patient.

**Contact details:**
See Consultant or Hospital specialist letter for details. Contact details will be provided to patients in prostate diaries.

### GP responsibilities

**Prescribing**
Long term prescribing of drug.

**Monitoring (using GP 3-monthly patient review checklist)**
- 3-monthly review of general well-being (ECOG), prostate symptoms (I-PPS), pain & analgesic requirements & adverse effects of drug therapy.
- PSA, U&Es, LFTs and FBC every 3 months.
- If patient reports signs or symptoms of hepatotoxicity, measure LFTs promptly and proceed according to results.

**Criteria for prompt referral to hospital specialist:**
- Deterioration in performance (ECOG)
- Significant urinary symptoms (I-PPS score > 20)
- Increasing pain or analgesic requirements
- Signs of cord compression or neurological deficit
- If PSA doubles or if there are 3 consecutive increases in PSA or if PSA > 20μg/L
- Significant drop in Hb
- If potassium or serum creatinine (unless known to have chronic renal failure) are significantly raised.
- If LFTs rise beyond the upper limit of normal.
- Intolerance to drug therapy
### Product information

**Side effects:** *

#### Common
- **Monotherapy**
  Gynaecomastia and/or breast tenderness. Diarrhoea, nausea, vomiting, increased appetite, insomnia, tiredness, transient abnormal liver function and hepatitis.
- **Combination therapy**
  Hot flushes, decreased libido, impotence, diarrhoea, nausea and vomiting. With the exception of diarrhoea, these adverse effects are known to occur with LHRH agonists alone and at comparable frequency.

#### Rare
Anaemic, leukopaenia, jaundice and thrombocytopaenia.

**Important drug interactions:** *

Increases in prothrombin time have been reported in patients receiving long term Warfarin therapy after flutamide monotherapy. Close monitoring of INR is recommended. Adjustment of anticoagulation dose may be necessary with concomitant Warfarin therapy.

**Licensed status:** POM

**Availability:** From community pharmacies

**Preparation and storage:**
250mg tablets; store at room temperature.

**Basic NHS cost per month:**
250mg tds @ £70.00

### Communication

**Hospital specialist to GP:**
- Write to inform the GP when therapy has been initiated, supply a copy of the Shared Care Guideline and request agreement to shared care.
- Inform the GP of baseline test results and intended duration of treatment.
- Continue to prescribe & monitor the patient until GP has confirmed date for transfer of care.

**Information given to patient:**
- Patients will be provided with appropriate information including commercially available leaflets, eg. “A Patient’s Guide to Prostate Cancer” and a diary including contact telephone numbers.
- Advised of signs and symptoms of hepatotoxicity and need to contact GP promptly.
- Advise the GP of any medication changes.

**GP to Hospital specialist:**
- Reply to request for shared care as soon as practicable.
- Contact the hospital specialist as soon as possible if concerns over prescribing, treatment efficacy, and intolerance or disease progression.
- Inform hospital specialist of relevant changes in concomitant medication.

**Authorship & date prepared**
Mr P Weston & Mr K Sundaram, Consultant Urologists and Anne Fonseca, Principal Pharmacist – Medicines Information, The Mid Yorkshire Hospitals NHS Trust.
Approved by NKWAPC Nov’2006 subject to local shared care model.

**Review date**
November 2008

*This information is not inclusive of all prescribing information and potential adverse effects. Please refer to the SPC ([www.emc.medicines.org.uk](http://www.emc.medicines.org.uk)) or current BNF for further prescribing information.*