South West Yorkshire Area Prescribing Committee

FLUTAMIDE Shared Care Guideline

Introduction	
General statements	• The patient will receive supplies of the drug from the hospital until the transfer of shared care is agreed between consultant and GP • The GP must reply in writing to the request for shared care within two weeks if unwilling to participate. • The responsibility for prescribing and monitoring must be documented clearly in the patient's hospital and GP notes • Shared care should only be considered when the patient's clinical condition is stable or predictable
Indication	Advanced prostate cancer patients for: • Long term palliative therapy when LHRH analogues or orchidectomy is contraindicated, not tolerated or oral therapy preferred • Hot flushes with LHRH analogue therapy or after orchidectomy

Individual's Responsibilities	
Hospital specialist's responsibilities	Initial prescribing By hospital consultant Monitoring • Baseline FBC, U&E, including LFTs & prostate-specific antigen (PSA) • Clinical response to therapy, e.g. bone pain and performance status • Radiology and radio-isotopes (CT scans of abdomen and pelvis and bone scans may be performed) Frequency of PSA monitoring to be specified to GP as this differs between hospital trusts. Information from a literature search suggests that patients on androgen deprivation therapy may be at increased risk of adverse cardiovascular events. Consider baseline cardiac function and monitoring as required. The risk of breast changes can be reduced by the use of prophylactic low-dose irradiation of the breast area.
General Practitioner's responsibilities	• Ensure hospital is notified if unwilling to undertake monitoring when requested • Prescribing following written request from specialist care • Ensure monitoring is undertaken according to shared care guideline and only continue prescribing if patient is compliant with monitoring, blood test results are satisfactory, and no adverse or unwanted side effects. • Refer promptly to hospital specialist when any loss of clinical efficacy occurs or disease progression suspected or if intolerance to therapy occurs.
Monitoring required	Monitor for adverse effects of drug therapy. PSA every 3 months (as specified by hospital consultant). Contact Uro-oncology Services if: • patient has symptoms • if PSA doubles from baseline levels • if there are 2 consecutive increases in PSA • if PSA > 20µg/L U&Es and FBC every 12 months.

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	LFTs should be closely monitored - monthly for the first four months then every 6 months (not required when flutamide used for short-term prevention of tumour flare). If patient reports signs or symptoms of hepatotoxicity, measure LFTs promptly and proceed according to results (therapy should be stopped or dosage reduced if there is evidence of hepatotoxicity).
When and how to discontinue treatment	Consult with hospital specialist.
Information given to the patient	Patients will be provided with appropriate patient information leaflets
Contact details	Documented in letter from specialist care to GP

Product Information	
The information in this Shared Care Guideline should be used in conjunction with the latest edition of the BNF and Summary of Product Characteristics	
Dosage	• Long term palliative therapy when LHRH analogues or orchidectomy is contraindicated, not tolerated or oral therapy preferred: 250mg three times daily • Hot flushes with LHRH analogue therapy or after orchidectomy: 250mg three times daily
Serious adverse effects	Hepatic toxicity including jaundice, hepatitis and cholestatic jaundice, hepatic necrosis, and hepatic encephalopathy has been reported. See monitoring guidelines for further information. Common side effects include hot flushes and reversible gynaecomastia or breast tenderness, sometimes accompanied by galactorrhoea. Other adverse effects include diarrhoea, nausea, vomiting, increased appetite, insomnia and tiredness. Patients on androgen deprivation therapy may be at risk of adverse cardiovascular events. Refer to the current BNF and www.medicines.org.uk/emc for complete and up to date information.
Precautions and contra-indications	Contraindicated in patients with severe hepatic impairment. Use with caution in patients with • cardiovascular disease because of the possibility of fluid retention. • hepatic impairment and is contra-indicated in those with severe impairment. Regular liver function testing is recommended in all patients • impaired renal function Refer to the current BNF and www.medicines.org.uk/emc for complete and up to date information.
Clinically relevant drug Interactions and their management	INR should be closely monitored in patients taking warfarin. Refer to the current BNF and www.medicines.org.uk/emc for complete and up to date information.