

BNSSG Shared Care Guidance

Please complete all sections

Section 1: Heading

Drug	Degarelix
Amber <i>one month</i>	
Indication	Men with Advanced Hormone Dependant Prostate Cancer. Diagnosis from either clinical, radiological or pathological interventions
Speciality / Department	Uro-oncology
Trust(s)	North Bristol NHS Trust
	Weston Area Health Trust
	University Hospitals Bristol NHS Foundation Trust

Section 2: Treatment Schedule

Usual dose and frequency of administration	240mgs initial dose, administered as two consecutive injections of 120mg each. Followed one month later by 80mgs and then monthly thereafter.
Route and formulation	Subcutaneous injection
Duration of treatment	Ongoing, until cancer progression or end of life care.

Section 3: Monitoring

Please give details of any tests that are required before or during treatment, including frequency, responsibilities (please state whether they will be undertaken in primary or secondary care), cause for adjustment and when it is required to refer back to the specialist.

Baseline tests - where appropriate
Histopathology from prostate may be indicated (advice from consultant oncologist suggested). Where possible CT chest abdomen and pelvis, bone scan pre-treatment to fully stage cancer, PSA blood test pre first injection of degarelix. It is anticipated that these tests will be done primarily in secondary care, or instigated in primary care with urgent referral to urology service in secondary care.

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Subsequent tests - where appropriate
1. PSA blood test 3 monthly initially and then as indicated by consultant oncologist.

Section 4: Side Effects

Please list the most common side effects and management. Please provide guidance on when the GP should refer back to the specialist.

Side effects and management	Very common-hot flushes and injection site adverse reaction. Common-anaemia, weight increase, insomnia, headaches, diarrhoea. Manage with lifestyle advice and medications as needed. Effect on bone density with long term use, assess as per guidelines and treat as indicated.
Referral back to specialist	If side effects are problematic. If PSA begins to rise. If symptoms of worsening metastatic disease arise.

Section 5: Drug Interactions

Please list clinically significant drug interactions ([eMC link](#) please click here)

Significant Drug Interactions	No formal drug interaction studies have been performed.
Reminder to ask patient about specific problems	Changes to any lower urinary tract symptoms, any new or recurring pain and side effects.

Section 6: Contra-indications, Cautions and Special Recommendations

Please list

1. Hypersensitivity to any of the active substance or excipients.

Section 7: Advice to the patient

Advice for prescribing clinician to inform patient

1. Warn patient and family of side effects, particularly sore injection site.

Section 8: Responsibilities for Secondary Care

Core responsibilities <ol style="list-style-type: none">1. Initiating treatment and prescribing for the first month2. Undertaking the clinical assessment and monitoring for the first month.3. Communicate details of the above in 1 and 2 to GP within the first month of treatment. This information should be transferred in a timely manner.4. Refer patients to GP and provide information of further action where appropriate e.g. blood test is due.5. To provide advice to primary care when appropriate.

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6. Review concurrent medications for potential interaction prior to initiation of Degarelix.
7. Stopping treatment where appropriate or providing advice on when to stop.
8. Reporting adverse events to the MHRA.
9. Reminder to ask patients about particular problems see section 5.

Other specific to drug

Assess injection sites

Section 9: Responsibilities for Primary Care

Core responsibilities

1. Responsible for taking over prescribing after the first month
2. Responsible for the clinical assessment and monitoring after the first month
3. Review of any new concurrent medications for potential interactions.
4. Reporting adverse events to the MHRA.
5. Refer for advice to specialist where appropriate.
6. Reminder to ask patients about particular problems see section 5.

Other specific to drug

1. Assess injection site.

Section 10: Contact Details

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Section 11: Document Details

Date prepared	14.05.2017
Prepared by	Helen Chilcott Uro-oncology Clinical Nurse Specialist, Updated to add Weston and UBH Jan 2019
Date approved by JFG	Nov 2017
Date of review	Nov 2019
Document Identification: Version	V1

Section 12: Collaboration

Specialists in any one discipline are encouraged to collaborate across the health community in preparing shared care guidance. Please give details

1. Click here to enter details

Section 13: References

Please list references

1. Timothy N. Clinton, Solomon L. Woldu & Ganesh V. Raj (2017): Degarelix versus luteinizing hormone-releasing hormone agonists for the treatment of prostate cancer, Expert Opinion on Pharmacotherapy, DOI: 10.1080/14656566.2017.1328056
To link to this article: <http://dx.doi.org/10.1080/14656566.2017.1328056>