



Provincial Health Services Authority

For the Patient: GUPMX

Palliative Therapy for Hormone Refractory Prostate Cancer
Using mitoXANTRONE and predniSONE

GU = GenitoUrinary

P = Prostate

MX = MitoXantrone

ABOUT THIS MEDICATION

What are these drugs used for?

- Mitoxantrone (NOVANTRONE®) in combination with prednisone is used to treat advanced prostate cancer that no longer responds to certain other treatments.

How do these drugs work?

- Mitoxantrone is an intravenous drug treatment given as therapy for advanced prostate cancer. This treatment may improve your overall survival and help reduce your symptoms.

TREATMENT SUMMARY

How are these drugs given?

- **Mitoxantrone** is given into a vein (IV) and **prednisone** is given as a tablet taken by mouth (either 10 mg once daily or 5 mg twice daily)
- The mitoxantrone will be injected at the clinic on the first day of treatment. This will be repeated every 21 days (this is called a “cycle”).
- Prednisone will be given to you by a pharmacist to take home. Take the prednisone tablets with food to avoid any stomach upset.
- If you forget to take a dose of prednisone, take it as soon as you remember. If you do not remember until the next day, skip the missed dose and continue your scheduled dosing. Do not double the dose.

What will happen when I get my drugs?

- A blood test is done each cycle, on or before the first day of each treatment cycle. The dose and timing of your treatment may be changed based on your blood tests and/or other side effects.

SIDE EFFECTS AND WHAT TO DO ABOUT THEM

Your doctor will review the risks of treatment and possible side effects with you before starting treatment.

Side effects that can occur with **MITOXANTRONE** are listed in the following table in the order in which they may occur. Tips to help manage the side effects are included.

SIDE EFFECTS	MANAGEMENT
Mitoxantrone burns if it leaks under the skin.	<ul style="list-style-type: none"> • Tell your nurse or doctor immediately if you feel burning, stinging, or any other change while the drug is being given. • If mitoxantrone leaks under the skin, your skin may turn blue. Your skin will return to its usual colour.
Pain or tenderness may occur where the needle was placed.	Apply cool compresses or soak in cool water for 15-20 minutes several times a day.
Nausea and vomiting may occur after your treatment and may last for 24-48 hours. Most people have little or no nausea.	<p>You may be given a prescription for antinausea drug(s) to take before your chemotherapy treatment and/or at home. It is easier to prevent nausea than treat it once it has occurred, so follow directions closely.</p> <ul style="list-style-type: none"> • Drink plenty of fluids. • Eat and drink often in small amounts.
Your urine may be blue-green for 24 hours after your treatment.	<ul style="list-style-type: none"> • This is expected as mitoxantrone is blue and is passed in your urine. • Rarely the whites of your eyes may turn a slight blue colour during treatment
Fever may commonly occur shortly after treatment with mitoxantrone. Fever should last no longer than 24 hours.	<ul style="list-style-type: none"> • Take acetaminophen (e.g., TYLENOL®) every 4-6 hours, to a maximum of 4 g (4000 mg) per day. • Fever (over 100°F or 38°C by an oral thermometer) which occurs more than a few days after treatment may be a sign of an infection. Report this to your doctor immediately.
Diarrhea may commonly occur.	<p>If diarrhea is a problem:</p> <ul style="list-style-type: none"> • Drink plenty of fluids. • Eat and drink often in small amounts. • Avoid high fibre foods
Constipation may sometimes occur.	<ul style="list-style-type: none"> • Exercise if you can. • Drink plenty of fluids.

SIDE EFFECTS	MANAGEMENT
<p>Headache may rarely occur.</p>	<p>Take acetaminophen (e.g., TYLENOL®) every 4-6 hours if needed, to a maximum of 4 g (4000 mg) per day.</p>
<p>Your white blood cells may decrease 10 days after your treatment. They usually return to normal 3 weeks after your last treatment. White blood cells protect your body by fighting bacteria (germs) that cause infection. When they are low, you are at greater risk of having an infection.</p>	<p>To help prevent infection:</p> <ul style="list-style-type: none"> • Wash your hands often and always after using the bathroom. • Avoid crowds and people who are sick. • Call your doctor immediately at the first sign of an infection such as fever (over 100°F or 38°C by an oral thermometer), chills, cough, or burning when you pass urine.
<p>Your platelets may decrease 10 days after your treatment. They usually return to normal 3 weeks after your last treatment. Platelets help to make your blood clot when you hurt yourself. You may bruise or bleed more easily than usual.</p>	<p>To help prevent bleeding problems:</p> <ul style="list-style-type: none"> • Try not to bruise, cut, or burn yourself. • Clean your nose by blowing gently. Do not pick your nose. • Avoid constipation. • Brush your teeth gently with a soft toothbrush as your gums may bleed more easily. Maintain good oral hygiene. <p>Some medications such as ASA (e.g., ASPIRIN®) or ibuprofen (e.g., ADVIL®) may increase your risk of bleeding.</p> <ul style="list-style-type: none"> • Do not stop taking any medication that has been prescribed by your doctor (e.g., ASA for your heart). • For minor pain, try acetaminophen (e.g., TYLENOL®) first, to a maximum of 4 g (4000 mg) per day, but occasional use of ibuprofen may be acceptable.
<p>Sore mouth may sometimes occur a few days after treatment. Mouth sores can occur on the tongue, the sides of the mouth, or in the throat. Mouth sores or bleeding gums can lead to an infection.</p>	<ul style="list-style-type: none"> • Brush your teeth gently after eating and at bedtime with a very soft toothbrush. If your gums bleed, use gauze instead of a brush. Use baking soda instead of toothpaste. • Make a mouthwash with ½ teaspoon baking soda or salt in 1 cup warm water and rinse several times a day. • You can also request a prescription for Magic Mouthwash from your doctor.

SIDE EFFECTS	MANAGEMENT
Loss of appetite and weight loss may sometimes occur and may persist after discontinuation of mitoxantrone.	<ul style="list-style-type: none"> • Increase high calorie/protein fluids such as full-fat milk, homemade smoothies, nutritional supplements • Limit fluid intake prior to meals • Increase intake of high calorie foods
Tiredness and lack of energy may sometimes occur.	<ul style="list-style-type: none"> • Do not drive a car or operate machinery if you are feeling tired.
Hair loss sometimes occurs with mitoxantrone. Complete hair loss is rare, but thinning may occur. If you lose hair, it will grow back once you stop treatment with mitoxantrone. Colour and texture may change.	Speak to your doctor for suggestions.

Side effects for PREDNISONE are listed in the table below:

SIDE EFFECTS	MANAGEMENT
Heartburn or nausea may occur. There may be an increased risk of stomach problems such as bleeding ulcers especially if you have had stomach problems before.	<ul style="list-style-type: none"> • Take your prednisone after eating. • Take antacids one hour before or two hours after prednisone. Antacids can reduce the amount of prednisone absorbed when taken at the same time. <p>Some medications such as ASA (e.g., ASPIRIN®) or ibuprofen (e.g., ADVIL®) may increase your risk of stomach problems.</p> <ul style="list-style-type: none"> • Do not stop taking any medication that has been prescribed by your doctor (e.g., ASA for your heart). • For minor pain, try acetaminophen (e.g., TYLENOL®) first, but occasional use of ibuprofen may be acceptable.
Increased appetite and weight gain may occur. With long-term use, your face and shoulders may become rounded even without weight gain. This will return to normal once you stop taking prednisone.	<ul style="list-style-type: none"> • Eat healthy, well balanced meals.
Swelling of hands, feet or lower legs may occur if your body retains extra fluid especially with long-term use.	<ul style="list-style-type: none"> • Elevate your feet when sitting. • Avoid tight clothing. • Avoid foods with high salt or sodium.

SIDE EFFECTS	MANAGEMENT
Your body's ability to handle illness or injury is weakened by prednisone. This will return to normal after you stop taking prednisone, but may take up to a year after long-term use with high doses.	<ul style="list-style-type: none"> • Check with your doctor if you have an infection, illness or injury. • You may need extra steroids to help you get better.
High blood pressure may occur with long-term use.	<ul style="list-style-type: none"> • Check your blood pressure regularly. • Avoid foods with high salt or sodium.
Bone loss (osteoporosis) may occur with long-term use.	<ul style="list-style-type: none"> • Discuss the risk of bone loss with your doctor.
Sugar control may be affected in diabetic patients. Some people may become diabetic when treated with prednisone. (See below for "signs of blood sugar problems".)	<ul style="list-style-type: none"> • Check your blood sugar regularly if you are diabetic.

INSTRUCTIONS FOR THE PATIENT:

SEE YOUR DOCTOR OR GET EMERGENCY HELP IMMEDIATELY IF YOU HAVE:

- Signs of **heart or lung problems** such as fast or uneven heartbeat, chest pain, chest pressure, shortness of breath or difficulty in breathing, or fainting.
- Signs of an **infection** such as fever (over 100°F or 38°C by an oral thermometer), shaking chills; severe sore throat, productive cough (coughing up thick or green sputum); cloudy or foul smelling urine; painful, tender, or swollen red skin wounds or sores.
- Signs of **bleeding problems** such as black, tarry stools; blood in urine; pinpoint red spots on skin; extensive bruising.
- Signs of an **allergic reaction** (rare) soon after a treatment including dizziness, fast heart beat, face swelling, or breathing problems.
- **Seizures** or **loss of consciousness**.
- Repeated **vomiting** and cannot keep fluids or medications down.

SEE YOUR DOCTOR AS SOON AS POSSIBLE (DURING OFFICE HOURS) IF YOU HAVE:

- Signs of **anemia** such as unusual tiredness or weakness.
- Signs of **liver problems** such as yellow eyes or skin, white or clay-coloured stools.
- Signs of **kidney problems** such as lower back or side pain, swelling of feet or lower legs.
- **Numbness or tingling** in feet or hands.
- Signs of **gout** such as joint pain.
- **Changes in eyesight** or sore red eyes.
- Signs of **bladder problems** such as changes in urination, painful burning sensation, presence of blood, or abdominal pain.
- Increased **sore throat or mouth** that makes it difficult to swallow comfortably.
- Signs of **blood sugar problems** such as thirst and frequent need to pass urine. **For**

diabetics: uncontrolled blood sugars.

- Signs of **bleeding ulcers** such as continuing stomach or abdominal pain, blood in stool or black, tarry stool.
- Signs of **fluid problems** such as shortness of breath or difficulty breathing, swelling of feet or lower legs, rapid weight gain.
- Signs of **low potassium** such as vomiting, muscle cramps or weakness, numbness or tingling of the lower legs and feet, mental confusion.
- Signs of **bone problems** such as pain in back, ribs, arms or legs.

If you experience symptoms or changes in your body that have not been described above but worry you, or if any symptoms are severe, contact _____ at telephone number _____