

For the Patient: GUPDOCADT

BCCA Protocol Summary for First-Line Treatment of Castration Sensitive, Metastatic Prostate Cancer Using Docetaxel and Androgen Deprivation Therapy

GU = GenitoUrinary (tumor group)

Uses:

- Docetaxel is an intravenous drug treatment given as therapy for metastatic prostate cancer. This treatment may improve your overall survival and help reduce your symptoms.
- Androgen Deprivation Therapy is a medical or surgical therapy to stop testosterone production (a male sex hormone). Medical therapy is usually initiated with a tablet for 2-4 weeks and an injection of a slow release medication, which would then be repeated every few months.

Treatment Plan:

- Your treatment plan would usually consist of 6 cycles (about 5 months), depending on whether you are tolerating it well and your cancer is responding to it. A cycle length is 3 weeks. Docetaxel will be given intravenously at every visit. For each cycle, you will need to have a blood test and see your oncologist before the treatment. The dose and timing of your chemotherapy may be changed based on your blood counts and/or other side effects.
- Each treatment will take about an hour. You will be asked to take dexamethasone 8 mg (usually 2 x 4 mg pills), twice daily for three days, starting one day prior to each dose of Docetaxel. This medication helps to prevent allergy to Docetaxel and also helps to prevent some of the side effects that might occur after using Docetaxel, such as edema, or limb swelling.
- The injections (goserelin or leuprolide or busserelin) consist of small rods that are injected under the skin. They are usually injected every 2 to 3 months.

- You may also need to take a tablet by mouth daily (bicalutamide or flutamide or nilutamide). It is often used with the injection to help reduce testosterone levels in the body.

Instructions:

- If you need an anti-nausea drug, bring your pills with you to take before each treatment. You may also need to take your anti-nausea pills at home after therapy. Nausea, however, is not a frequent problem with this regimen.
- Drink reasonable amounts of fluids for the first day or two after chemotherapy (6-8 cups a day).
- Check with your doctor or pharmacist before you start taking any new drugs. Other drugs such as Phenytoin (DILANTIN®), Warfarin (COUMADIN®), and Digoxin (LANOXIN®) may interact with GUPDOCADT.
- You may drink small amounts of alcohol, as it will not affect the safety or usefulness of your treatment.
- Tell other doctors or dentists that you are being treated with GUPDOCADT before you receive any treatment from them.

Serious Risks of Treatment:

Unexpected and unlikely side effects can occur with any drug treatment. The ones listed below are particularly relevant to your treatment plan:

During treatment:

- **Infection:** The number of white blood cells that help fight infections will be lowered by the chemotherapy drugs, usually starting after about day 7 of each cycle. Your blood count is expected to return to normal by day 1 of the next cycle, and will be normal after the 5 months of chemotherapy drugs. If your white blood cell count becomes very low you could get a serious infection. **If you have a fever over 38°C or 100°F, call your cancer doctor immediately (24 hours a day) or go immediately to your nearest Hospital Emergency and tell the doctor you are on chemotherapy.**
- **Increased risk of bleeding:** The number of platelets (special blood cells that help your blood to clot normally after injury) may be lowered by the treatment. They are expected to return to normal by day 1 of next cycle. When the platelet count is low you may be more likely to bruise or bleed. Notify your cancer doctor promptly if you develop large or numerous bruises, or unusual bleeding (eg. nosebleed that won't stop, blood in stool, urine, or sputum). Try to avoid using aspirin or ibuprofen, if other pain medications could be used. Talk to your doctor if you feel you need to use

one of these medications while on chemotherapy. For patients receiving Warfarin, a modification of the dose may be required based on blood test results (increased INR due to possible interaction with chemotherapy).

- **Tissue or vein injury:** Docetaxel can cause tissue injury if it leaks out of the vein while being given. Report any sensation of burning or pain to your nurse immediately. Chemotherapy may cause some inflammation and/or scarring in the veins, which may make it difficult to start an IV. Your nurse will help your doctor assess whether a special intravenous device (PICC line or portacath) needs to be considered for your therapy. Pain or tenderness may occur where the needle was placed in your vein. If so, apply cool compresses or soak in cool water for 15-20 minutes several times a day.

During or after treatment:

- **Neuropathy:** Docetaxel can cause you to develop damage to the peripheral nerve endings (the nerves to the hands and feet, and rarely, the face). This can result in feelings of numbness and tingling, or sometimes painful burning sensations. You will need to be careful when handling things that are sharp, hot, or very cold. The majority of the time, these feelings develop after a number of treatments, are not severe, and will resolve fully over a period of months once treatment stops. Infrequently (<5%), these feelings might occur early, might be severe, or might not entirely resolve.

Common chemotherapy side effects and management:

SIDE EFFECT	MANAGEMENT
<p>Nausea and vomiting can occasionally occur with Docetaxel and you may need to take anti-nausea drugs at the time of the injections and on days 2 and 3 while at home.</p>	<p>You will be given a prescription for anti-nausea drugs to take before your IV treatment and afterwards at home, if needed.</p> <ul style="list-style-type: none"> • It is easier to prevent nausea than treat it once it has occurred, so follow directions closely. • Refer to pamphlets on how to deal with nausea and vomiting given to you by your nurse at your centre.
<p>Allergic reactions may occur during or after the administration of Docetaxel. Signs of an allergic reaction are flushing, rash, itching, dizziness, swelling or breathing problems, or sudden chest or back pain.</p>	<ul style="list-style-type: none"> • Dexamethasone is used to help prevent allergic reactions. Doses of anti-allergic medications may be given if you have an allergic reaction despite this. • Your nurse will check your heart rate (pulse) and blood pressure if needed. • Tell your nurse or doctor <i>immediately</i> if you have any sign of an allergic reaction
<p>Hair loss. Your hair will fall out 2-4 weeks after treatment begins. Your scalp may feel tender. You may lose hair on your face and body. In most cases, your hair will grow back once your chemotherapy treatments are over and sometimes between treatments. Rarely, hair may not grow back for more than two years. The color and texture of the new hair growth may be different.</p>	<ul style="list-style-type: none"> • Avoid hair spray, bleaches, dyes and perms. • Apply mineral oil to your scalp to reduce itching. • If you lose your eyelashes and eyebrows, protect your eyes from dust and grit with a broad-rimmed hat and glasses. • Ask your nurse about information on wigs and head coverings.

SIDE EFFECT	MANAGEMENT
<p>Fatigue is common especially in the first week after your treatment. As the number of chemotherapy cycles increases, fatigue may get worse or last longer.</p>	<ul style="list-style-type: none"> • Your energy level will improve with time after treatment is completed. • You may obtain a suggestion pamphlet for handling fatigue from nursing staff in your facility • Your fatigue may improve more quickly, or be less significant, if you are able to keep up some regular physical activity throughout your treatment plan.
<p>Mouth sores may occur a few days after chemotherapy treatment and may last days or weeks. Mouth sores can occur on the tongue, gums, and the sides of the mouth or in the throat.</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. • Try baking soda mouth rinses (using 1/4 tsp baking soda in 1 cup warm water) and rinse several times a day. Try ideas in <i>Easy to chew, easy to swallow food ideas*</i>. • Tell your doctor about a sore mouth, as your chemotherapy doses may need to be decreased if mouth sores are severe. Call your doctor if you are having difficulty eating or drinking due to pain.
<p>Nail changes such as change in colour may occur. Rarely, nails will loosen or fall off, or the nailbeds will be painful.</p>	<ul style="list-style-type: none"> • You may be given frozen gloves to wear on your hands during your treatment to help prevent nail changes. • Take acetaminophen (e.g. TYLENOL®) every 3-4 hours if nails are painful.

SIDE EFFECT	MANAGEMENT
<p>Diarrhea may occur between treatments.</p>	<p>To help diarrhea:</p> <ul style="list-style-type: none"> • Drink plenty of liquids. • Eat and drink often in small amounts. <p>Avoid high fiber foods as outlined in <i>Food ideas to help with diarrhea during chemotherapy</i>.</p>
<p>Pain affecting joints or muscles may occur for a few days after docetaxel. After you stop chemotherapy altogether, you may also feel increased joint aching or stiffness for a few months.</p>	<ul style="list-style-type: none"> • Take ibuprofen (e.g., ADVIL®) or acetaminophen (e.g. TYLENOL®) for mild to moderate pain. Contact your cancer doctor if your pain is severe. • Your family doctor can help you to manage symptoms of joint pain after chemotherapy.

*available through your nurse or nutritionist

Side effects of the dexamethasone premedication and management:

SIDE EFFECTS	MANAGEMENT
<p>Heartburn may occur.</p>	<ul style="list-style-type: none"> • Take your dexamethasone after eating. • Take an antacid one hour before or two hours after dexamethasone if you have heartburn. Antacids can reduce the amount of dexamethasone absorbed when taken at the same time. • When possible avoid ASA (eg, ASPIRIN®) or ibuprofen (eg, ADVIL®), as this can increase heartburn or stomach irritation also. • Notify your oncologist if you have had ulcers, hiatus hernia, or reflux problems.
<p>Blood sugar may be elevated, especially in diabetics.</p>	<ul style="list-style-type: none"> • Check your blood sugar regularly if you are diabetic. Seek medical advice if your readings are poorly controlled. • If you have an unexpected degree of thirst and have to urinate very frequently, you should contact your treatment clinic to get your blood sugar tested.
<p>You may have difficulty in falling asleep on the days you take dexamethasone. You may feel restless or anxious, or find that your moods are more variable.</p>	<ul style="list-style-type: none"> • Mild exercise before bed (such as a walk around the block) may help. Avoid caffeine and other stimulants. If the problem seems very difficult, discuss this with your oncologist.

SIDE EFFECTS	MANAGEMENT
<p>Swelling of hands, feet or lower legs occur if your body retains extra fluid. This is usually temporary. This may arise after you have stopped docetaxel, and resolve gradually over weeks or a couple of months.</p> <p>If only one limb swells, you should inform your cancer treatment team right away, in case this is a signal of a blood clot in that limb.</p>	<ul style="list-style-type: none"> • Elevate your feet when sitting. • Avoid tight clothing. • Avoid food with high salt or sodium.

Side effects of androgen deprivation therapy:

SIDE EFFECTS	MANAGEMENT
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.
Increased bone pain may occur for the first 1-2 weeks if your cancer has spread to your bones.	This should improve as your body adjusts to the therapy. You may take acetaminophen (e.g., TYLENOL®) or ibuprofen (e.g., ADVIL®) for mild to moderate pain. Tell your doctor if the pain interferes with your activity.
Hot flashes (sudden sweating and feelings of warmth) may commonly occur	If hot flashes are troublesome: <ul style="list-style-type: none">• Some people find it helpful to avoid alcohol, spicy food, and caffeine (coffee, tea, colas, chocolate).• Follow a regular exercise program.• Try staying in a cool environment.• Wear layers so that if you do experience a hot flash, the outer layers may be removed.• Ask your doctor for more advice if your hot flashes continue to bother you. There may be medications available.
Tiredness and lack of energy may commonly occur.	<ul style="list-style-type: none">• Do not drive a car or operate machinery if you are feeling tired.• Try the ideas in <i>Your Bank of Energy Savings: How People with Cancer Can Handle Fatigue.*</i>
Impotence (loss of sexual ability) may commonly occur.	Sexual ability may return when you stop taking the therapy

SIDE EFFECTS	MANAGEMENT
Decreased libido (loss of sexual desire) may commonly occur.	Sexual desire may return when you stop taking the therapy
Headache may commonly occur.	Take acetaminophen (e.g., TYLENOL®) every 4-6 hours if needed, to a maximum of 4 g (4000 mg) per day.
Weight changes may rarely occur. A small amount of weight gain may occur.	To maintain your weight: <ul style="list-style-type: none"> • Keep active. • Modify your diet as necessary.
Sugar control may be affected in diabetics. Some people may be at risk for developing problems with blood sugar over time.	Check your blood sugar regularly if you are diabetic. Talk to your doctor if you feel an unusual degree of thirst and experience frequent urination, as these can be signs of high blood sugar.
Increase in cholesterol or triglycerides may rarely occur.	Discuss this with your doctor if you have: <ul style="list-style-type: none"> • A history of heart disease, high blood pressure, or elevated triglycerides. • You may need to have your cholesterol and triglyceride levels checked a few months after starting goserelin.
Bone loss happens gradually and normally with age, but may happen more quickly with this medication. Over time, your risk of breaking a bone may be higher.	Refer to <i>Guidelines for the Prevention of Osteoporosis for Men with Prostate Cancer on Hormone Therapy</i> .*

***Please ask your chemotherapy nurse or pharmacist for a copy.**

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 _____