

BC Cancer Protocol Summary for Therapy for Prostate Cancer using LHRH Agonist (**Goserelin or Leuprolide**)

Protocol Code

GUPLHRH

Tumour Group

Genitourinary

Contact Physician

Dr. Christian Kollmannsberger

ELIGIBILITY:

Patients must have:

- Locally advanced* or metastatic prostate adenocarcinoma and decline orchiectomy, or
- Locally advanced* prostate adenocarcinoma to be treated in combination with radiation therapy or brachytherapy

* Local disease with intermediate or high risk features

TESTS:

- If clinically indicated: PSA

TREATMENT:

goserelin long acting (ZOLADEX) (ZOLADEX LA)	<ul style="list-style-type: none">▪ 3.6 mg subcutaneous every month or▪ 10.8 mg subcutaneous every 3 months
OR	
leuprolide long acting (LUPRON DEPOT) (ELIGARD)	<ul style="list-style-type: none">▪ 7.5 mg IM every month, or▪ 22.5 mg IM every 3 months, or▪ 30 mg IM every 4 months, or ▪ 7.5 mg subcutaneous every month, or▪ 22.5 mg subcutaneous every 3 months, or▪ 30 mg subcutaneous every 4 months, or▪ 45 mg subcutaneous every 6 months

Duration: Depends on the indication for medical orchiectomy.

SPECIAL PRECAUTIONS:

In order to cover for the disease flare during the first few days when the testosterone level may be elevated, patients should receive a non-steroidal or steroidal anti-androgen for one month.

SIDE EFFECTS:

Hot flushing, impotence, gynecomastia, erythema and irritation of the injection site. Muscle weakness and weight gain. Adverse CNS effects occur in 3% or more patients, including dizziness, pain, headache and paresthesias. Mood changes. Prolonged suppression of testosterone may occur in the elderly (over 75 years) and with the longer lasting preparations. Long-term use accelerates osteoporosis.

Call Dr. Kollmannsberger or tumour group delegate at (604) 877-6000 or 1-800-663-3333 with any problems or questions regarding this treatment program.