City and Hackney Clinical Commissioning Group
Homerton University Hospital Foundation Trust

Triptorelin 22.5mg
LHRH agonist in Prostate Cancer (six monthly preparation)

DOCUMENT TO BE SCANNED INTO ELECTRONIC RECORDS AS AND FILED IN NOTES

Patient Name:	**Date of Birth:**	**NHS No:**
Name of Referring Consultant:		**Contact number:** **020 8510 7962**

Diagnosis:	**Localised Prostate Cancer** ☐	**Locally advanced prostate cancer** ☐
	Metastatic prostate cancer ☐	**Clinical Prostate cancer** ☐
Your patient has been diagnosed with prostate cancer and requires treatment with Triptorelin 22.5mg injection every 6 months.		
Please start the treatment from (*date):*		

INTRODUCTION – Indication and Licensing

In prostate cancer medical castration is achieved by **L**uteinising **H**ormone **R**eleasing **H**ormone (LHRH) analogues such as Goserelin, Leuprorelin or Triptorelin.
LHRH analogues work at hypothalamic level leading to inhibition of testosterone via LHRH modulation. These drugs are also used to 'down-stage' prostate cancer prior to radiotherapy and for a period of time (usually 2 years) following radiotherapy for patients with high risk disease.

However, LHRH analogues initially elevate serum testosterone levels before suppressing its secretion causing the 'tumour flare' phenomenon. It is therefore important that the first injection is covered by an anti-androgen agent such as bicalutamide to prevent this. **This anti-androgen does not need to be repeated by you.**

The first LHRH agonist will be administered in the hospital and therefore the shared care guideline will come into effect for subsequent injections

In patients who are on LHRH with progressive disease a combination of LHRH analogues *and* anti-androgen treatment (Maximum androgen blockade) may be offered. If this is the case you will be informed in writing. **Patients on anti-androgens should have their liver function checked every 3 months by the GP.**

PATIENT PATHWAY

Patients will initiate treatment in secondary care. The period of treatment will be decided by secondary care and you will be updated as the patient is reviewed by us regularly. Patients are seen on a one, three, six or twelve month basis by secondary care.
The patient will receive the LHRH agonist in primary care to reduce the frequency of hospital visits.

DOSE AND ADMINISTRATION

Triptorelin 22.5mg intramuscular injection every **six months** administered into the gluteal muscle**.** For use in patients on long term, primary hormones or those suggested by the hospital team.

MONITORING STANDARDS FOR MEDICATION AT THE ACUTE NHS TRUST

There are no specific monitoring standards for LHRH analogues but it is good practice to monitor patients' risk of cardiac disease and diabetes risk/control when they are on hormone manipulation therapy.

For patients on maximum androgen blockade (LHRH analogue *plus* anti-androgen such as Bicalutamide) the following applies:

Parameter *	Liver Function test
Target level *	Normal parameters
Frequency of monitoring *	3 monthly by GP
Action *	Refer back to hospital in LFT's elevated (except alkaline phosphatase)

* only for patients on LHRH agonist AND anti-androgen. Patients on LHRH agonist do not require blood tests.

KEY ADVERSE EFFECTS & ACTIONS

Adverse effects	**Symptoms/signs** *(specify what would prompt action)*	**Actions (***what action should the GP take if identified in primary care)*
Skin rashes – generally mild and often regress	Rash on skin	Refer to hospital if no other cause identified.
Local reactions – mild bruising/bleeding may occur at injection site	Injection site sore, red.	Reassure patient injection site reaction will resolve
Hot flushes	Sweating, flushing	Reassure & refer to hospital if intolerable
Decrease libido & Erectile dysfunction	Loss of sexual interest or inability to achieve erection	Consider treatment for erectile dysfunction
Weight gain	Increased weight	Encourage exercise and healthy eating
Breast tenderness and gynaecomastia	Painful, enlarged breasts	Refer to hospital
Bone pain and loss of bone mineral density	Painful bones or osteoporosis	Hospital will manage
Hypersensitivity reactions, headaches, visual disturbances, dizziness	Patient reports symptoms but very rare	If persistent refer to hospital
Arthralgia, myalgia.	Aching joints and/or muscles	If persistent refer to hospital
Tiredness and low mood	Tiredness and low mood	Encourage exercise and reassure
Insulin resistance	Increased blood sugar levels	Monitor blood sugar in diabetic patients or those at risk of diabetes
Sudden cardiac death	Nil specific to treatment	Monitor cardiac risk factors

PREGNANCY AND BREAST FEEDING

Not applicable – this treatment is for men only

SHARED CARE

Shared care guideline*:* is a document which provides information allowing patients to be managed safely by primary care, secondary care and across the interface. It assumes a partnership and an agreement between a hospital specialist, GP and the patient and also sets out responsibilities for each party. The intention to shared care should be explained to the patient and accepted by them. Patients are under regular follow-up and this provides an opportunity to discuss drug therapy. Intrinsic in the shared care agreement is that the prescribing doctor should be appropriately supported by a system of communication and cooperation in the management of patients. The doctor who prescribes the medicine has the clinical responsibility for the drug and the consequence of its use**.**

Consultant

1. Ensure that the patient/carer is an informed recipient in therapy.
2. Ensure that patients understand their treatment regimen and any monitoring or follow up that is required (using advocacy if appropriate). Issue any local patient information leaflets where appropriate.
3. Ensure baseline investigations are normal before commencing treatment. Give the patient a patient held booklet for result monitoring if appropriate.
4. Initiate treatment and prescribe until the GP formally agrees to share care (as a minimum, supply the first month of treatment or until patient is stabilised).
5. Send a letter to the GP requesting shared care for this patient.
6. Clinical and laboratory supervision of the patient by blood monitoring and routine clinic follow-up on a regular basis.
7. Send a letter/results notification to the GP after each clinic attendance ensuring current dose, most recent blood results and frequency of monitoring are stated (unless otherwise covered by letter eg from Rheumatology Clinical Nurse Specialist or Pharmacy Drug Monitoring Service).
8. Where the GP is not performing the phlebotomy, the blood test form MUST be annotated to request that blood results are also copied to the GP
9. Evaluation of any reported adverse effects by GP or patient.
10. Advise GP on review, duration or discontinuation of treatment where necessary. Where urgent action is required following tests the hospital team will telephone the patient and inform GP.
11. Inform GP of patients who do not attend clinic appointments.
12. Counsel the patient on contraception and what to do if pregnancy occurs. Document in the notes.
13. Ensure that backup advice is available at all times.
14. Ensure, where timing is appropriate, that the patient has received a flu vaccine prior to commencing treatment that is likely to cause immunosuppression. Document this in the patient notes and inform the GP it has been given

General Practitioner

1. Ensure that the patient understands the nature, effect and potential side effects of the drug before prescribing it as part of the shared care programme and contact the specialist for clarification where appropriate.
2. Monitor patient's overall health and well-being.
3. Report any adverse events to the consultant, where appropriate.
4. Report any adverse events to the CSM, where appropriate.
5. Help in monitoring the progression of disease
6. Maintain a patient held monitoring booklet where used
7. Prescribe the drug treatment as described
8. **Return page 5 stating whether or not you agree to undertake shared care for this patient.**

Medicines Management Team

1. To provide feedback to acute trusts via Joint Prescribing and Medicines Management Group
2. To support GPs to make the decision whether or not to accept clinical responsibility for prescribing.
3. To support acute trusts in resolving issues that may arise as a result of shared care.

Patient/ Carer

1. Report any adverse effects to their GP and/or specialist
2. Ensure they have a clear understanding of their treatment.
3. Report any changes in disease symptoms to GP and/or specialist
4. Alert GP and/or specialist of any changes of circumstance which could affect management of disease e.g. plans for pregnancy
5. Take/ administer the medication as prescribed
6. Undertake any monitoring as requested by the GP and/or specialist

COSTS

Drug Product	Cost in primary care
Triptorelin 22.5mg	£496.80

Based on JAC at Homerton University Hospital on the 31/7/12.

RESOURCES AVAILABLE

Homerton University Hospital NHS Foundation Trust	
Uro-oncology Nurse Practitioner (Contact for more information if required)	020 8510 7962 or 0208 510 5555 bleep 599 Fax 020 8510 7387 Bruce.turner@homerton.nhs.uk
Consultant Urologist Consultant Clinical Oncologist	020 8510 7907 020 8510 7819
City and Hackney Medicines Management Team	020 3688 1037

References

SCG template adopted from NHS Tower Hamlets CCG and Barts Health NHS Trust

Template approved by Joint Prescribing Group on 09/07/2012. Guideline written by Bruce Turner. Review date 09/09/2014.

Shared care response letter

Please complete and return this form to:

Bruce Turner
Uro-oncology Nurse Practitioner
Homerton Hospital
Homerton Row
London E9 6SR

Fax 020 8510 7387
Email: bruce.turner@homerton.nhs.uk

Shared care prescribing response letter

Date:……

Re: Patient name…….. DOB ..... Hosp No ……

GP response – please circle one of the following

A I am willing to undertake shared care as set out in the Shared care guidelines

B I will prescribe this as required but I would prefer the hospital to administer the LHRH.

C I wish to discuss this request with you and I will contact you directly

Comments:

GP Name/Stamp

Signature:

Practice Nurse Response

A I am willing to administer the injection as set out in the shared care guidelines and arrange any tests required for monitoring as highlighted on page one of this document.

B I am unwilling to administer the injection or arrange and monitoring tests and this should continue in the hospital.

Practice Nurse Name/stamp:

Signature: