

Consultant:

Patient details:

Date

Dear Doctor,

Your patient has been diagnosed with advance hormone-dependent prostate cancer and his androgen deprivation therapy has been initiated today in clinic with Degarelix (Firmagon) 240mg (2x120mg) subcutaneously. This has been chosen as the most appropriate treatment for this patient in line with NICE TA404. We would advise you to continue Degarelix 80mg monthly subcutaneously (maintenance does). There is no requirement to administer anti-androgens for tumour flare.

Please also note that there is currently no guidance or evidence to support the switching from the GnRH antagonist Degarelix to an LHRH agonist.

Below is a summary of the clinic evidence to support the use of Degarelix as maintenance therapy.

- Please note that Firmagon has a different mode of action to the LHRH agonist you may be familiar with and is the only GnRH antagonist licenced for advanced hormone-dependent prostate cancer in the UK.
- Degarelix offer significantly faster reduction in prostate specific antigen (PSA) compared to Leuprorelin.
- Improved PSA progression free survival (PFS) compared to Leuprorelin
- Better serum alkaline phosphate (S-ALP) control compared to Leuprorelin
- Lower probability of CV events than agonist in patients with history of cardiovascular disease at baseline

If you would like further information and training regarding this therapy, please contact Urology Oncology CNS nurses on 01733 677476.

Yours sincerely,