MITOXANTRONE AND PREDNISOLONE (or DEXAMETHASONE)

Symptom control in hormone-resistant metastatic prostate cancer, only for patients not suitable for docetaxel

Drug /Dosage:	Mitoxantrone	12mg/m^2	IV	Day 1
	Prednisolone	5mg	PO	twice daily throughout treatment
	or			
	Dexamethasone	0.5mg to 1mg[1]	PO	once daily throughout treatment

Administration: mitoxantrone diluted in 0.9% sodium chloride and administered as a bolus injection via fast running infusion 0.9% sodium chloride.

Frequency: 3 weekly cycle
continue to a minimum of 6 cycles if showing PR, or if improved biochemical parameters.

Main toxicities: myelosuppression; mucositis; alopecia (mild); steroid side effects; cardiomyopathy; infertility

Anti-emetics: moderately emetogenic

Extravasation: non-vesicant

Regular Investigations:	FBC	Day 1
	LFTS	Day 1
	U&Es	Day 1
	PSA	Day 1
	MUGA scan	see Comments

Comments: Maximum cumulative dose of mitoxantrone = 160mg/m^2

A baseline MUGA scan should be performed where the patient is considered at risk of having impaired cardiac function e.g. significant cardiac history, hypertension, obese, smoker, elderly, previous exposure to anthracyclines, previous thoracic radiotherapy. MUGA scan should be repeated if there is suspicion of cardiac toxicity at any point during treatment.

Use of an H_2 antagonist or proton pump inhibitor is recommended during treatment with steroids.

Dose Modifications

Haematological Toxicity:	WBC < 3.0 x 10^9/l or Neutrophils < 1.5 x 10^9/l or Platelets < 100 x 10^9/l	Delay for 1 week. Repeat FBC and continue treatment if results within normal parameters

Reason for Update: general review	Approved by Consultant: Dr J Money-Kyrle
Version: 3	Approved by Lead Chemotherapy Nurse: P Deery
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Prepared by: S Taylor	Checked by: C Tucker

Hepatic Impairment:	Bilirubin > 60 μmol/l and patient with good performance status;	give 60% mitoxantrone dose.
	Bilirubin > 60 μmol/l and patient with poor performance status;	mitoxantrone not recommended.

Reference: Tannock, I et al; JCO 1996; 14 (6): 1756 - 1764
[1]Choice of dose via personal communication from RMH