Provenge (Sipuleucel-T)

GEORGIA UROLOGY
Advanced Prostate Cancer Team

Dosing
- Approximately 300 ml Intravenous (IV) over one hour.

Administration
- One apheresis collection per infusion. Total of three treatments. Treatments are generally done every other week. The infusion must occur within 88 hours of the apheresis treatment.

Side Effects
- Generally side effects **rarely** occur. Common side effects: mild to moderate rigors approximately 10% of patients (during infusion), fever, and joint aches.
- Severe reactions but rare: Can occur within 24-48 hours of treatment. May include nausea, vomiting, fatigue, fever, shortness of breath, syncope, hypotension or hypertension, and tachycardia.

Missed Dose
- Can make up any missed doses within 14 weeks without reduction in the efficacy of overall treatment or survival rate.

Reproductive Considerations
- None

Monitoring
- Requires a CBC prior to **first** apheresis treatment. Provenge does not affect a patient's PSA values. Treatment with Provenge will significantly improve a prostate cancer patient's survival from prostate cancer. This improved survival effect is higher in African American patients.

Mechanism of Action
- Provenge is an autologous cellular (patient's own immune cells) immunotherapy. Patient's own immune cells are collected at the Red Cross and are activated against the patient's prostate cancer with a protein called prostate acid phosphatase (PAP). The patient's activated immune cells are then given back so that the activated immune cells can attack and destroy prostate cancer cells in the patient's body.

Storage
- Provenge is delivered on the day of infusion, and it is preserved on ice.

Other Considerations
- If a patient is taking abiraterone with steroids, the patient needs to stop that medication for two months prior to Provenge because of the immunosuppressive effects of steroids.
- The patient does not need to stop other oral oncolytics while undergoing treatment with Provenge.
- Patients who have CHF or on dialysis require clearances from their respective providers.
- Patients who have poor venous access may require central line placements.

The RN will follow up on each patient following their infusion to assess for any significant side effects which is reported to both the MD and Dendreon Medical.