NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

# Shared Care Guideline

# Triptorelin
## (Gonapeptyl Depot 3.75mg) 4 weekly administration/ (Decapeptyl SR 11.25mg) 12 weekly administration – Precocious Puberty


Executive Summary

- **Indication** – Triptorelin is a gonadorelin analogue used in the treatment of confirmed central precocious puberty.
- **Patient treatment group –** The hospital paediatric endocrinology team will have confirmed a diagnosis of precocious puberty.
- **Dosage adjustments to be carried out, where agreed –** Once the initial course of treatment (up to day 56) has been administered in hospital, the GP will be advised in writing of the dose and also any subsequent changes in dosage.
- **Monitoring: -**

  **GP -** The GP will:-
  - Prescribe the drug treatment as described.
  - Report any adverse events to the Paediatric Endocrinology Team where appropriate.

  **Hospital –** The hospital will ensure: -
  - A letter is sent to the GP after each paediatric endocrinology clinic attendance ensuring current dose, most recent blood results and frequency of monitoring.
  - Growth and pubertal assessment will be monitored regularly at clinic appointments.
  - Evaluation will take place of any reported adverse effects by G.P. or patient.
- **Criteria for treatment continuation and definition of treatment failure –** Treatment success will be monitored at clinic appointments, checking height and weight and using the Tanner puberty staging method bone age assessment and an LHRH test as necessary.
- **What to do in the event of treatment failure or adverse monitoring results –** Should the suppressive effect be insufficient, Gonapeptyl injections may be given every 3 weeks, Decapeptyl SR may be given every 10 weeks. The Paediatric Endocrinology Team will advise the G.P. in writing.
- **Discontinuation of drug if indicated –** The hospital team will be responsible for discontinuation of the drug.
- The responsibilities of the hospital specialist, GP and patient for this Shared Care Guideline can be found within this document here


Sharing of care depends on communication between the specialist, GP and the patient or their parent/carer. The intention to share 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. The doctor/healthcare professional who prescribes the medication has the clinical responsibility for the drug and the consequences of its use. Further information about the general responsibilities of the hospital specialist and GP can be found here

### 1. Scope
Trust-wide and general practice for paediatric patients up to 16 years of age.

### 2. Aim
Sharing of care assumes communication between the specialist, GP and the patient. The intention to shared care should be explained to and accepted by the patient. Patients are under regular follow-up and this provides an opportunity to discuss drug therapy. The doctor who prescribes the medication has the clinical responsibility for the drug and the consequences of its use.

## 3. Introduction

Triptorelin as Gonapeptyl Depot 3.7mg or Decapeptyl SR 11.25mg is a gonadorelin analogue used in the treatment of confirmed central precocious puberty and will be initiated by the Paediatric Endocrinology Team following the results of relevant investigations.

## 4. Abbreviations

- LHRH – Luteinising Hormone Releasing Hormone
- GnRH – Gonadotophin-releasing hormone

## 5. Dose and Administration

- At the beginning of treatment the appropriate dose for weight of Gonapeptyl 3.75mg will be given i.m. or subcutaneously on days 0, 14, 28 and 56.
- This initial course of treatment will be given at the hospital by the Clinical Nurse Specialist at the Paediatric Endocrinology Unit.
- Immediately prior to the 4th Gonapeptyl injection on day 56, a repeat endocrine blood test to check LH. FSH will be performed by the paediatric endocrine team to ensure stimulus for puberty has been suppressed.
- Thereafter, Gonapeptyl injections are administered every 28 days and can be administered by Paediatric Community Nursing teams or GP practice nurses.
- Once suppression of puberty has been achieved. Upon consultation with Endocrine specialist some patients may choose to swap to Decapeptyl 11.25mg which can be administered every 12 weeks
- If the injection cannot be given on the date it is due, it should be given early rather than late.
- Should the suppressive effect be insufficient, Gonapeptyl injections may be given every 3 weeks, Decapeptyl may be administered every 10 weeks. The Paediatric Endocrinology Team will advise the G.P. in writing in these cases.
- Gonapeptyl dosing should be based on body weight. Children weighing less than 20 kg should receive 1.875 mg (half dose), children between 20 and 30 kg receive 2.5 mg (2/3 dose), and children more than 30 kg body weight should receive 3.75 mg Triptorelin (full dose). Decapaptyl SR is set dose of 11.25mg The G.P. will be advised in writing of the appropriate dose and also if any changes in dosing are required.
- The injection sites should be varied each time.
- Treatment is continued and discontinued as per clinical requirements/needs as advised by specialist

Further information can be found in the Summary of Product Characteristics
https://www.medicines.org.uk/emc/product/2229
https://www.medicines.org.uk/emc/product/30/smpc

## 6. Adverse Effects

**Common (≥ 1 in 100 and < 1 in 10)**

- Mood changes, depression

**Uncommon (≥ 1 in 1000 and < 1 in 100)**

- Anaphylaxis
- Nausea
- Vomiting
- Vaginal bleeding, vaginal discharge

**Incidence unknown**

- Hypersensitivity reactions
- Headache
- Vision blurred
- Visual impairment
- Hot flushes
- Epistaxis
- Abdominal discomfort
- Rash
- Myalgia
- Malaise

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## 7. Cautions

- When Triptorelin is co-administered with drugs affecting pituitary secretion of gonadotrophins, caution should be taken and the patient's hormonal status should be supervised.
- The chronological age at the beginning of therapy should be under 9 years of age in girls.
- After finalising therapy, development of puberty characteristics will occur. Information regarding future fertility is still limited. In most girls menses will start on average one year after ending therapy, in most cases these are regular.
- Allergic and anaphylactic reactions have been reported in children. Patients should be monitored for signs of allergic or anaphylactic reaction.

Further information can be found in the Summary of Product Characteristics
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https://www.medicines.org.uk/emc/product/30/smpc

## 8. Contraindications

- Known hypersensitivity to Triptorelinpoly-d,l lactide coglycolide, dextran or to any of the excipients.
- Known hypersensitivity to gonadotrophin-releasing hormone (GnRH) or any other GnRH analogue

Further information can be found in the Summary of Product Characteristics
https://www.medicines.org.uk/emc/product/2229
https://www.medicines.org.uk/emc/product/30/smpc

## 9. Interactions

- When triptorelin is co-administered with drugs affecting pituitary secretion of gonadotrophins caution should be given and it is recommended that the patient's hormonal status should be supervised.

Further information can be found in the Summary of Product Characteristics
https://www.medicines.org.uk/emc/product/2229
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## 10. Monitoring Standards & Actions to take in the event of abnormal test results/symptoms

The Paediatric Endocrinology team will supervise treatment and perform all necessary monitoring which includes:

- Height
- Weight
- Assessment of pubertal development using the Tanner puberty staging method bone age assessment
- endocrine blood tests - including L.H.R.H. test as required.

## 11. Shared Care Responsibilities

**a) Hospital specialist:**

- The decision to start Gonapeptyl/Decapaptyl SR will be made by the Paediatric Endocrinology team. A copy of the shared care guidelines will be sent with a letter to the GP requesting shared care for the patient. If the GP has any queries about the prescribing of Gonapeptyl/ Decapaptly SR (triptorelin), they should contact the relevant hospital specialist as soon as possible.
- Routine paediatric endocrine clinic follow-up will take place on a regular basis.
- A letter will be sent to the GP after each paediatric endocrinology clinic attendance to confirm current dose, most recent blood results and frequency of monitoring.
- Growth and pubertal assessment will be monitored regularly at clinic appointments.
- Evaluation will take place of any reported adverse effects by G.P. or patient.
- G.P. will be advised on review, duration or discontinuation of treatment where necessary.
- G.P. will be informed of patients who do not attend clinic appointments.
- G.P. will be assured that backup advice is available at all times.
- To provide any advice to the patient/carer when requested.

**b) General Practitioner:**

- Agreement to shared care guideline by the GP.
- Prescribe the drug treatment as described.
- Report any adverse events to the Paediatric Endocrinology Team where appropriate.
- Request advice from the hospital specialist when necessary.

**c) Patient or parent/carer:**

- Report to the hospital specialist or GP if they do not have a clear understanding of their treatment.
- Patients must not exceed the recommended dose.
- Patients must attend their scheduled clinic and blood test appointments (where relevant).
- Must inform other clinical staff that they are receiving treatment.
- Report any adverse effects to the hospital specialist or GP.

## *12.* Contact numbers for advice and support

| Cambridge University Hospitals NHS Foundation Trust | | |
|---|---|---|
| **Specialist** | **Post** | **Telephone** |
| Dr.C.L. Acerini | Consultant - Paediatric Endocrinology and Diabetes | 01223 274311 |
| Dr Rachel Williams | Consultant - Paediatric Endocrinology & Diabetes | 01223 336885 |
| Specialist Registrar – paediatric endocrinology | On Call S.P.R. for Endocrinology | 01223 217495 |
| Karis Reyes & Susan Sparrow Clinical Nurse Specialist | Clinical Nurse Specialists, Paediatric Endocrinology | 01223 217496 |
| Pharmacy Medicines Information | | 01223 217502 / 217478 |

| North West Anglia NHS Foundation Trust (Peterborough City Hospital) | | |
|---|---|---|
| **Specialist** | **Post** | **Telephone** |
| Dr Vijith Reddy Puthi | Consultant Paediatrician with special Interest in Endocrinology and Diabetes | 01733 678000 ask for Bleep 1103 |

## 13. Monitoring compliance with and the effectiveness of this document

- The Paediatric Endocrinology team will continue to monitor feedback from GPs with regard to the guideline and the use of the drug on a regular basis (normally yearly) and make changes as appropriate.

## Equality and diversity statement

This document complies with the Cambridge University Hospitals NHS Foundation Trust service equality and diversity statement.

## Disclaimer

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## Document management

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**The information contained in this guideline is issued on the understanding that it is accurate based on the resources at the time of issue. For further information please refer to the most recent Summary of Product Characteristics**
https://www.medicines.org.uk/emc/product/2229
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