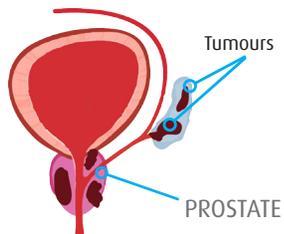


Understanding options after hormone therapy

This resource is for men whose prostate cancer has been treated and is no longer responding to hormone therapy. This is called **castration-resistant prostate cancer (CRPC)**. When this happens, prostate specific antigen (PSA) levels will continue to rise which shows that the cancer may be growing or spreading to other parts of the body.

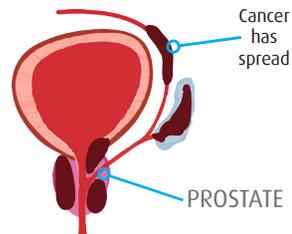
There are two types of CRPC:

NON-METASTATIC CASTRATION-RESISTANT PROSTATE CANCER (nmCRPC)



The cancer has not spread to other parts of your body.

METASTATIC CASTRATION-RESISTANT PROSTATE CANCER (mCRPC)



The cancer has spread or metastasized to other parts of your body such as the bones or lungs. The most common place for prostate cancer to spread is to nearby bones. You may experience bone pain and are at risk for fractures and spinal cord compression.

Treatment Goals:
keep cancer under control and manage symptoms including pain

How is CRPC treated?

Your treatments will depend on where the cancer has spread, how severe your symptoms are, your overall health, and the treatment you received before the cancer stopped responding. Your doctor will monitor your PSA levels and do imaging tests (such as MRI and bone scans) to see where the cancer is in your body. You may have to see your doctor more frequently based on how fast your PSA level is rising. If you stop responding to one treatment you may be offered other treatments that can slow the growth of the cancer or reduce your pain.

	Hormone therapy Androgen deprivation therapy	USED FOR: nmCRPC mCRPC	POTENTIAL SIDE EFFECTS
DRUG NAME	<ul style="list-style-type: none"> Luteinizing hormone-releasing hormone (LHRH) agonists <ul style="list-style-type: none"> Goserelin acetate Histrelin acetate Leuprolide acetate Triptorelin pamoate LHRH antagonist <ul style="list-style-type: none"> Degarelix 	BENEFITS OF TREATMENT	<ul style="list-style-type: none"> Low sex drive Difficulty getting and keeping an erection Hot flashes Mood swings Breast tenderness and growth of breast tissue Loss of muscle and physical strength Decrease in bone strength and risk of bone fractures
	New hormone drugs Antiandrogens	USED FOR: nmCRPC mCRPC	POTENTIAL SIDE EFFECTS
DRUG NAME	<ul style="list-style-type: none"> Abiraterone acetate Apalutamide Darolutamide Enzalutamide 	BENEFITS OF TREATMENT	<ul style="list-style-type: none"> Fatigue, physical weakness Fluid retention Joint swelling or pain Hot flashes Diarrhea Constipation High blood pressure Headache Decreased appetite, weight loss Dizziness

 Chemotherapy		USED FOR: mCRPC	POTENTIAL SIDE EFFECTS
DRUG NAME <ul style="list-style-type: none"> Docetaxel Cabazitaxel 	BENEFITS OF TREATMENT <ul style="list-style-type: none"> Docetaxel is the main chemotherapy offered to men with advanced prostate cancer. It can help men live longer, control the disease and symptoms and may improve quality of life Cabazitaxel is offered to men if the cancer progresses on or following docetaxel treatment 		<ul style="list-style-type: none"> Nausea Hair loss Low blood cell count, which may make it difficult for you to fight infections
 Radionuclide therapy		USED FOR: mCRPC	POTENTIAL SIDE EFFECTS
DRUG NAME <ul style="list-style-type: none"> Radium-223 	BENEFITS OF TREATMENT <ul style="list-style-type: none"> A form of radiation therapy using radioisotopes as the radiation source Is injected into the bloodstream Helps to relieve bone pain and prevents fractures and may help men live longer 		<ul style="list-style-type: none"> Nausea Diarrhea Vomiting Swelling of the arms or legs Low blood count
 Clinical Trials		USED FOR: mCRPC	POTENTIAL SIDE EFFECTS
	BENEFITS OF TREATMENT <ul style="list-style-type: none"> A clinical trial is a type of research study that tests new treatments and medical approaches Ask your healthcare team about clinical trials that may be open to patients with prostate cancer 		<ul style="list-style-type: none"> Different for each clinical trial Ask your team about them before joining

Monitoring symptoms and side effects

Symptoms such as pain, weakness or fatigue may be signs the cancer is spreading. Take note of these symptoms and tell your healthcare team about them or any other side effects you may experience.

What is advance care planning?

Advance care planning is a time for you to reflect on your values and wishes, and to let others know your future health and personal care preferences so that they can speak for you, if you can't speak for yourself.

Questions to ask your healthcare team

1. How do I know if the cancer is growing or spreading? What symptoms should I look out for?
2. When and how often will I be monitored?
3. What are my chances of a long-term response with good quality of life?
4. What clinical trials are available to me?
5. What can I do to reduce side effects?
6. What do I need to know about advance care planning or palliative care?



Managing pain and distress with palliative care



- Enosumab and zoledronic acid along with calcium and vitamin D supplements help to keep the bones strong and decrease the risk of bone fractures
- External beam radiation therapy (EBRT) helps relieve bone pain
- Palliative care is a supportive approach that helps men live well in spite of having advanced cancer. It helps reduce distress, control pain, provide support and comfort, and improves quality of life, allowing men to live as well as possible for as long as possible.

For more information and support, visit prostatecancer.ca.