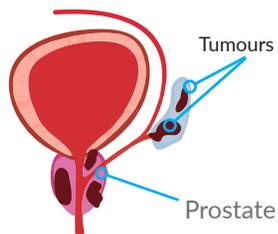


# Understanding your options if hormone therapy stops working

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 hormone therapy stops working, 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 2 types of CRPC:

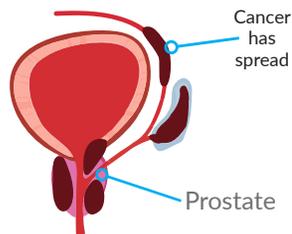
### Non-metastatic castration-resistant prostate cancer (nmCRPC)



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

**Treatment goals: keep cancer under control and manage symptoms including pain**

### 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 have bone pain and are at risk for fractures and spinal cord compression.

## 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 to it. 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 often 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.

 <b>Hormone therapy</b>	Used for: nmCRPC mCRPC	Possible side effects
<ul style="list-style-type: none"><li>You may continue with your current hormone therapy or a new hormone therapy may be added</li><li>There are different types of hormone therapy:<ul style="list-style-type: none"><li><b>Luteinizing hormone -releasing hormone (LHRH) agonists</b> stop the testicles from making testosterone</li><li><b>LHRH antagonists</b> stop the pituitary gland from making luteinizing hormone, which in turn stops the testicles from making testosterone</li><li><b>Anti-androgens</b> stop cancer cells from using testosterone to help them grow</li><li><b>Androgen synthesis inhibitors</b> block enzymes that the body needs to make testosterone</li></ul></li><li>For mCRPC, hormone therapy may be used with chemotherapy</li><li>Your doctor will recommend that you take calcium and vitamin D to keep your bones strong</li></ul>		<ul style="list-style-type: none"><li>Low sex drive</li><li>Difficulty getting and keeping an erection</li><li>Hot flashes</li><li>Mood swings</li><li>Breast tenderness and growth of breast tissue</li><li>Loss of muscle and physical strength</li><li>Decrease in bone strength and risk of bone fractures</li><li>Fluid retention</li><li>Joint or muscle pain</li><li>Fatigue</li><li>Diarrhea</li><li>Constipation</li><li>High blood pressure</li><li>Headache</li></ul>

*Other treatments on the next page.*

 **Chemotherapy** Used for: mCRPC Possible side effects

- Chemotherapy may be offered to men with advanced prostate cancer
- It can help men live longer, control the disease and symptoms and may improve quality of life

- Nausea
- Hair loss
- Low blood cell count, which may make it difficult to fight infections

 **Radiation therapy** Used for: mCRPC Possible side effects

- Systemic radiation therapy is a form of radiation therapy that uses radioisotopes as the radiation source
- Is injected into the bloodstream
- Is offered when prostate cancer has spread to the bones
- Helps to relieve bone pain and prevents fractures and may help men live longer

- Nausea
- Diarrhea
- Vomiting
- Swelling of the arms or legs
- Low blood cell count

 **Clinical trials** Used for: nmCRPC Possible side effects

- A clinical trial is a type of research study that tests new treatments and medical approaches
- Ask your healthcare team about clinical trials for prostate cancer

- Different for each clinical trial
- Ask your team about them before joining



## Managing pain and distress with palliative care

- 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.
- Your team will recommend other drugs, along with calcium and vitamin D supplements, to keep the bones strong and lower the risk of bone fractures
- External radiation therapy helps relieve bone pain

## 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 the chances that treatment will be successful?
4. What clinical trials are available to me?
5. What can I do to prevent or help reduce side effects?
6. What might happen without treatment?



## 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 have.

## Living well and finding meaning

It is important to take time to reflect on and talk to others about your values and what you want for your future health and personal care. This is known as **advance care planning**. Sharing your preferences with others will help them speak for you if you can't speak for yourself.