

## OUR LAST WEBINAR ON REPLAY

NEW THERAPIES FOR ADVANCED PROSTATE CANCER | NOVEMBER, 24<sup>TH</sup>

PRESENTED BY



PARTNERS



### 5 POINTS TO REMEMBER.

#### 1. YOUR CANCER HAS RETURNED? WE CAN STILL GO FOR A CURE OR CONTROL THE INTRUDER IN THE LONG TERM

Usually, your doctor will see a recurrence when your PSA level starts to rise again. How quickly your PSA levels are rising and your type of cancer help determine whether it is a local or metastatic recurrence. In the event of a recurrence, various treatment options may be used, with the aim of curing, if not controlling its progression, if it is aggressive. Standard hormone therapy is often part of the treatment option and can keep your cancer under control for several years.

#### 2. YOUR PSA LEVELS ARE GOING UP DESPITE YOUR HORMONE THERAPY?

Your doctor may delay the start of additional treatment if the level increases very slowly over a long period of time, as progression to metastases can take several years. However, if you have a rapid increase in your PSA (you go from 1 to 2 to 4 to 8 in less than a year), next-generation hormone therapy may be offered. Results from studies with apalutamide (Elreada), enzalutamide (Xtandi) and darolutamide (Nubeqa) all show that they can delay the onset of metastases by several years. This is called castration-resistant cancer without metastasis.

#### 3. YOUR CANCER IS PROGRESSING, AND WE ARE IN THE PRESENCE OF METASTASES?

Being diagnosed with metastatic prostate cancer is rather rare these days due to screening tests and the PSA test. Large, published studies have shown that if you start hormone therapy as soon as metastases are detected, survival is significantly prolonged. Also, the addition of a new generation hormone therapy, for example abiraterone (Zytiga), enzalutamide (Xtandi), apalutamide (Elreada) - can be given in the presence of metastases, whether you are resistant or sensitive to your standard hormone therapy. This makes it possible to «hit hard» the cancer at the beginning and thus keep it in remission as long as possible. Furthermore, next-generation hormone therapy can be prescribed before or after chemotherapy.

#### 4. HAVE I EXHAUSTED MY TREATMENT OPTIONS IF I NO LONGER RESPOND TO HORMONE THERAPY?

Hormone therapy - standard or new generation - can keep your cancer under control for several years. If your cancer develops resistance to these classes of drugs, you could be treated with chemotherapy, radium-223, or through a research protocol, if there is one of course. One thing is certain: your treatment will aim to prolong your life, slow the progression of your cancer, relieve your symptoms if you have any, and improve your quality of life.

#### 5. YOUR CANCER IS STUBBORN AND CONTINUES TO GROW? THE IMPORTANCE OF ADVANCES IN RESEARCH

For more than 10 years, several studies have allowed the approval of multiple treatments in patients at this stage, not to mention new molecules available and research protocols in progress. For example, the use in medical imaging of PSMA, a specific marker, will change the management of prostate cancer. It will make it possible to detect a recurrence or lymph node metastases at the very beginning or will allow find tumors and destroy them in the process.

For men with the BRCA mutation and treated with olaparib, a PARP inhibitor, we saw a significant slowdown in the progression of the disease. PARPs are enzymes that help repair damage to DNA. By blocking them, olaparib prevents cancer cells from making repairs and thus causes their death.

In the near future, treatments will be personalized according to your genetic map (DNA). This is why it is very important to have hope.