PROCURE EN PARLE WEBINARS TO DEMYSTIFY PROSTATE CANCER





Our Last Webinar on Replay

All about the effects of hormone therapy

Here are 5 points to remember:

1. Hormone therapy at a glance

Prostate cancer is a hormone-sensitive type of cancer, that is, its development is stimulated by male hormones: androgens and, in particular, testosterone. Hormone therapy works by preventing your body from making or using these hormones, which stops your cancer from growing and spreading.

2. You may be given hormone therapy to...

Reduce the size of a tumor before treatment or increase its effectiveness, such as radiation therapy. Hormone therapy can treat prostate cancer that is advanced, metastatic, or comes back after initial treatment, such as radical surgery or radiation therapy. Used alone, hormone therapy will not cure your prostate cancer, but it can control it and help prolong your life.

3. What should I know before starting hormone therapy?

Although it is a standard treatment, especially if you have advanced prostate cancer, hormone therapy is not without side effects and their intensity varies from man to man. In fact, it is the drop in your testosterone levels that is responsible for the side effects. It is for this reason that an increased risk of diabetes, cardiovascular diseases and osteoporosis is often referred to when discussing the side effects associated with this treatment.

4. How to deal with the side effects of hormone therapy?

On the one hand, they mainly depend on your type of hormone therapy (surgery or medication), the duration of treatment and your general health. Before starting hormone therapy, you should discuss the effects of testosterone loss with your doctor. For example, you can mitigate and monitor certain effects through your diet, physical activity, and a comprehensive annual check-up. Asking for a referral to a nutritionist/dietitian and physiotherapist or kinesiologist would be a good place to start.

5. What happens when my hormone therapy is less effective?

If your PSA level is rising rapidly (doubling time <10 months) despite low testosterone levels, next-generation hormone therapy could be offered and include the following treatments: apalutamide (<u>Erleada</u>), enzalutamide (<u>Xtandi</u>), darolutamide (<u>Nubeqa</u>). In the presence of metastases, abiraterone (<u>Zytiga</u>) could be prescribed. In all cases, this new generation of molecules has proven itself in terms of treatment. And rest assured that the research continues for you.

