

Recently Diagnosed with Metastatic Prostate Cancer?



We can help.



Metastatic disease at the time of
initial prostate cancer diagnosis

Newly Diagnosed with Metastatic Prostate Cancer?

Have you recently been diagnosed with prostate cancer that has spread to other parts of your body? We understand that this may be a stressful time for you and your family. If you are looking for answers, including what steps to take next, we can help. **You are not alone.**

This booklet:

- Provides answers to common metastatic prostate cancer questions.
- Explains treatment for metastatic prostate cancer.

There are two types of metastatic prostate cancer.

It can be either

**Castrate Sensitive
Prostate Cancer
(CSPC)**

OR

**Castrate Resistant
Prostate Cancer
(CRPC)**

The information in this booklet
is for **patients with CSPC.**

Is this booklet for me?

This booklet is for you if:

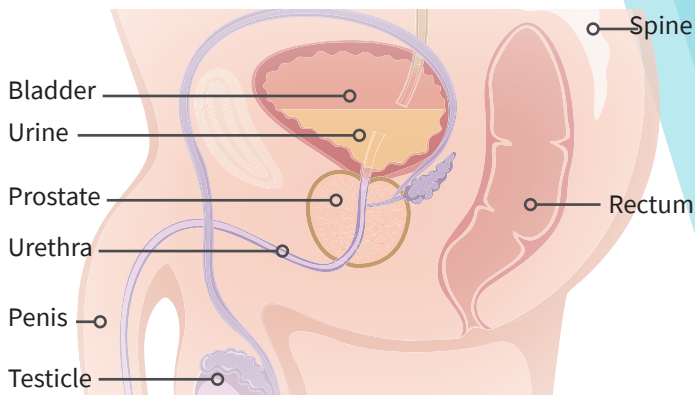
- You have recently been diagnosed with prostate cancer and your prostate cancer is **metastatic at the time of initial diagnosis.**
- You have not yet received any type of treatment for prostate cancer.
- Your doctor suspects you have **Castrate Sensitive Prostate Cancer (CSPC)**. CSPC is prostate cancer that has either not been treated with, or is still responsive to Androgen Deprivation Therapy (ADT).[★]

[★] *If you have been newly diagnosed with prostate cancer that is **still contained** in or near the prostate, please visit our website to obtain a copy of our **Localized & Locally Advanced Prostate Cancer** booklet.*

Common Questions

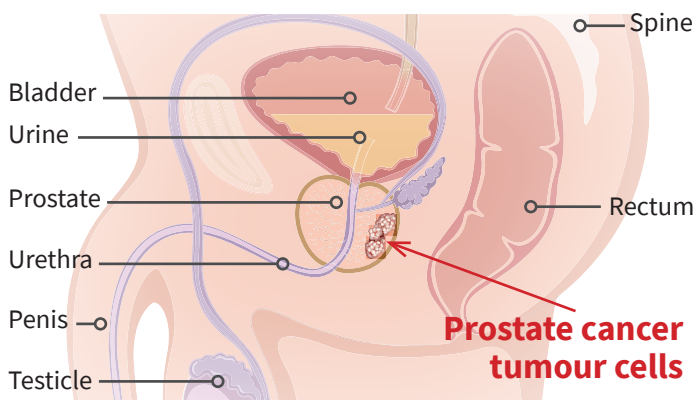
What does the prostate do?

The prostate is a gland located below the bladder and in front of the bowel. The prostate produces fluid that makes up part of semen.



What is prostate cancer? How common is it?

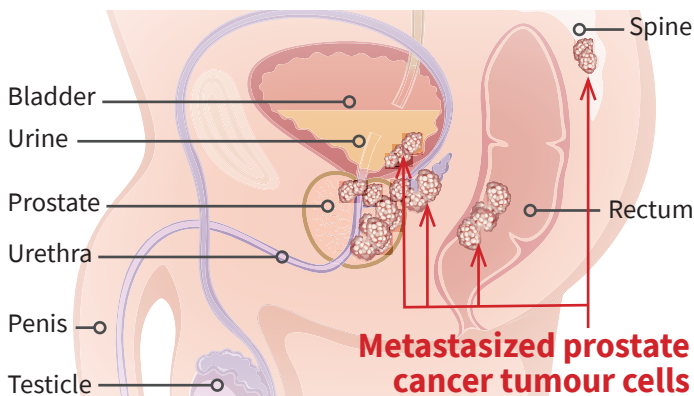
Prostate cancer occurs when abnormal cells form a tumour within the prostate. Prostate cancer is the leading cancer diagnosis among men. 1 in 8 men will be diagnosed with prostate cancer in their lifetime.



How did I get prostate cancer?

Some known risk factors for prostate cancer include age, race, and family history of the disease.

METASTATIC PROSTATE CANCER



What is metastatic prostate cancer?

Metastatic prostate cancer occurs when cells from the prostate tumour break away and form a new tumour(s) in other parts of the body.

How do I know what stage of cancer I have?

Metastatic prostate cancer is Stage 4 cancer. To confirm metastatic prostate cancer, tests such as a CT scan, bone scan or PSMA PET scan will show prostate cancer tumour(s) in areas of the body.

Where does prostate cancer most often spread?

Prostate cancer often metastasizes to the lymph nodes, spine or bones. Less frequently, prostate cancer can spread to the liver or the lungs.

What are the symptoms of metastatic prostate cancer?

Symptoms of metastatic prostate cancer can include urinary symptoms, fatigue and weight loss. Symptoms may also be specific to the area in which the cancer has spread. For example, if you have bone metastasis from prostate cancer, you may experience pain in the lower back or hips and numbness of the lower legs.

Will I die from metastatic prostate cancer?

At this time, there is no cure for metastatic prostate cancer. However, there have been many advances in treatment within the last decade. These advances in treatment have improved quality of life and extended life expectancy.

How long can I live with metastatic prostate cancer?

Each person with metastatic prostate cancer will respond to treatment differently. To date, the average life expectancy is 5–6 years although this is highly variable. Factors that affect life expectancy include volume of disease, aggressiveness of cancer and how well the cancer responds to therapy.

Through ongoing clinical trials, the medical community is optimistic that the average life expectancy for those with metastatic prostate cancer will continue to extend.

What are the types of metastatic prostate cancer?

There are two types of metastatic prostate cancer.

- **Castrate Sensitive Prostate Cancer (CSPC)** is a type of prostate cancer that is sensitive to hormone therapy. It is more common to have CSPC when initially diagnosed with metastatic prostate cancer. The information in this booklet is for patients with CSPC.
- **Castrate Resistant Prostate Cancer (CRPC)** can also be called hormone-resistant prostate cancer.

What treatments are available for patients who have CSPC in Canada?

The goal of treatment for CSPC is to slow the spread of disease, manage symptoms and extend survival.

The mainstay of treatment for CSPC is androgen deprivation therapy (hormone therapy). Treatment may also include radiation, surgery, advanced

hormone therapy (Androgen Receptor Pathway Inhibitor) and in select cases, chemotherapy.

Treatment recommendations may also be based on genetic testing results (i.e., BRCA 1/2 and Atm mutation)

Should I have my prostate removed surgically?

Surgical removal of the prostate, called a radical prostatectomy, is not currently recommended for metastatic prostate cancer.

What is an orchiectomy, and should I have this?

An orchiectomy is when a surgeon removes both testicles. Testicles are responsible for producing 95% of the body's testosterone. Testosterone is a hormone that fuels the growth of prostate cancer. Androgen deprivation therapy is the term used to describe testosterone lowering therapy for prostate cancer. Removing the testicles will drop one's testosterone level and thus remove most of the prostate cancers fuel source.

Orchiectomy is the quickest, longest lasting, and most cost-effective way to lower your testosterone.

Although an orchiectomy is effective, it is not often performed due to the perceived morbidity of the procedure and its permanent nature. Lowering testosterone levels does have side effects, and in the instance of orchiectomy these become permanent. Alternatively, your doctor will likely recommend injections as it is the most accepted form of Androgen Deprivation Therapy.

What about radiation?

Sometimes radiation may be used for symptom management (i.e., to help with bone pain caused by bone metastasis) and may be used to treat the prostate.

Will I always have CSPC?

Unfortunately, most prostate cancers will eventually become resistant to Androgen Deprivation Therapy. If this happens you will then have Castrate Resistant Prostate Cancer (CRPC) which will require different treatment.

Will the doctor(s) tell me what treatment to have?

Your doctor(s) will suggest treatment(s) that are safe for you. Treatments will be based on many factors including:

- How much cancer you have
- How fast your cancer is spreading
- If you have symptoms and if your symptoms are bothering you
- If you have other medical problems
- How long you want to be on treatment
- How you respond to treatment
- Your preference

How many treatments will I have?

Your doctor may recommend monotherapy (taking only one type of medication at a time), doublet therapy (taking two different types of medications at the same time) or triplet therapy (taking three different types of medications at the same time).

You may be offered more than one treatment at a time (i.e., hormone therapy with or without chemotherapy) and the choice of treatment may be up to you.

What if I do not want to have any treatment?

It is within your rights to decline treatment. Following this decision, you can inform your doctor of your wishes.

Treatment for Castrate Sensitive Prostate Cancer (CSPC)

Androgen Deprivation Therapy (ADT)

What it is: ADT is the foundational treatment for CSPC (initial treatment). Prostate cancer uses testosterone (a hormone your body produces) to grow. ADT is a medication that stops your body from making or using testosterone produced by your testes. ADT can shrink or slow down the growth of your prostate cancer.

How it is administered: ADT is given through an injection (by needle).

Types of ADT include: Eligard, Lupron, Zoladex, and Firmagon. You will receive ADT on a scheduled basis (for example, once every 3 months). How often you receive an injection depends on the dose of the medication you are receiving.

Side Effects: There are multiple possible side effects including (but not limited to) hot flashes, fatigue, mood changes, loss of libido, loss of sexual function, and bone and muscle loss (which may be managed).

Additional Information:

It may be recommended that you:

- Take ADT forever
- Take breaks from being on ADT
- Take other medications for prostate cancer in addition to the ADT

Androgen Receptor Pathway Inhibitor

What it is: 5% of testosterone is produced by the adrenal glands. Androgen Receptor Pathway Inhibitors can reduce remaining testosterone and/or block the effects of testosterone on prostate cancer cells. This can slow the growth and spread of prostate cancer.

There is a hypothesis that prostate cancer cells learn to produce testosterone. Androgen Receptor Pathway Inhibitors prevent testosterone from reaching prostate cancer cells.

How it is administered: This medication is taken orally.

Types of Androgen Receptor Pathway Inhibitors

include: Abiraterone, Enzalutamide, Apalutamide.

Side Effects: Each medication has different side effects. Consult with your doctor or nurse practitioner for further information.

If you become uncomfortable with side effects related to your medication, your medical practitioner may recommend a change in dose or a change in medication.

Additional Information: Androgen Receptor Pathway Inhibitors may be administered at the same time as ADT (doublet therapy). Androgen Receptor Pathway Inhibitors may be administered concurrently with a steroid (i.e., prednisone or dexamethasone).

Docetaxel (Taxotere)

What it is: A type of chemotherapy. Docetaxel prevents cells from dividing so new cancer cells cannot be created.

How it is administered: Intravenously

Side Effects: Hair loss, nausea, fatigue, low blood count, neuropathy.

Additional Information: This medication may or may not be offered to those with CSPC.

Docetaxel may be offered to fit men who have internal disease (liver/lung).

Prior to taking Docetaxel, you may be offered pre-treatment medications (i.e., steroids) to alleviate the risk of allergic reaction.

Tips for living with metastatic disease

- Ask your doctor about your prognosis.
- Include your family and loved ones.
- Choose a treatment plan with your doctor.
- Have supports in place.
- Care for your mind, body and spirit.

Your Health Care Team:

- **Urologist:** A urologist is often the physician who orders tests that confirm a diagnosis of prostate cancer. A urologist is a doctor that specializes in the reproductive and urinary system.
- **Radiation oncologist:** A radiation oncologist is a physician who specializes in giving radiation to people who have cancer.
- **Medical oncologist:** A medical oncologist is a physician that specializes in treating cancer with medical therapies, such as chemotherapy and hormone therapy. Medical oncologists can also help with general medical problems that may arise while you are receiving cancer treatment.
- **General Practitioner (GP):** Your family doctor will continue to support you and help with symptom management.
- **Palliative care physician:** If you need assistance with pain or symptoms management, you may be referred to a palliative care physician who can help improve comfort.
- **Additional team members:** nurses, oncology dietitians, counsellors, psychiatrists, and pharmacists.

Questions to ask your health care team:

- Do I have a low volume or high volume of disease?
- Where has my prostate cancer metastasized?
- Which treatment do you recommend?
- What are the potential side effects of each treatment and how do you recommend I manage these?
- If my treatment stops working, what are the next steps?
- Are there any clinical trials I can join?
- Can I have genetic testing?

What if I want treatment but I am having a hard time deciding on which treatment to have?

It can be difficult to decide on which treatment to have for metastatic prostate cancer. Here are some tips to help you decide:

- Get the opinion of your doctor (i.e., nurse practitioner, general practitioner, medical oncologist).
- Speak to others who have had similar treatment (1:1 peer support or group support).
- Learn more about your options (watch videos or read books by Canadian doctors or nurses).
- **Talk to Island Prostate Centre's Nurse Navigator.**

What does Island Prostate Centre's Nurse Navigator do?

Our Nurse Navigator provides education and support to patients who have prostate cancer and their families. The Nurse Navigator can help make a decision that is best for you.

All appointments are:

- In person, via zoom, or over the phone
- Confidential
- Free
- Patient centered
- Free of bias
- Educational
- Do not require a doctor's referral

Call Island Prostate Centre at 250-388-0214 and book an appointment today.

**Island Prostate Centre
is here to help.**

Indigenous Cultural Safety (ICS)

ICS refers to the importance of recognizing and honouring Indigenous ways, beliefs, traditions, and the importance of holistic care that is inclusive of all family members.

At Island Prostate Centre, we are committed to providing culturally safe services, respecting traditional knowledge and holistic wellness for Indigenous people who access our services. As a community-based health organization, we will meet patients where they are, finding ways to combine western (scientific) healing methods with traditional healing methods.

Recognizing that patients need to have a voice in their care plan and can make decisions that will impact their lives and contribute to positive health outcomes is what we aim to accomplish.

Cultural Safety principles are creating a welcoming environment where patients will return for support, and are at the heart of our care relationship, especially during such a difficult time in a person's life.

Island Prostate Centre's programs are designed to head off the feelings of isolation, stress and fear that can accompany a diagnosis, restoring confidence and hope. (And they are free.)

- Prostate Health Nurse Navigator
- Prostate Cancer Support Group
- Cancer Recovery Exercise Program
- Prostate Cancer Peer Support Program
- Prostate Walking Group

For more information on prostate cancer, treatments and risk factors, visit our website, or **book an appointment today with our Nurse Navigator.**

We are here to help.



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