



TREATMENTS

Metastatic Castration-Resistant Prostate Cancer (mCRPC)

PROCURE
CANCER — PROSTATE

Toll-free support line 7 days a week
1-855-899-2873

This type of cancer develops when standard hormone therapy injections lose their effectiveness and the cancer continues to progress despite very low testosterone levels, with tumors visible on imaging tests. Some cells will still remain sensitive to standard hormone therapy, which is why it is maintained as the base treatment.

Treatment Options

These treatments can be administered alone, alternated, in combination, or through clinical trials, and may be part of first-line, second-line, or third-line treatments.

Next-generation hormone therapy in tablet form: Used to delay the progression of metastases or bone tumors.

Chemotherapy: Aims to destroy cancer cells, slow progression and spread of cancer, and manage symptoms at more advanced stages.

Targeted therapy: For cancers with specific genetic mutations to prevent cancer cells from repairing themselves.

Nuclear therapy: Used to treat cancer that is no longer responsive to other treatments and to destroy, reduce, and stabilize tumors expressing the PSMA protein.

Treatment of Bone Metastases

Targeted radiotherapy, external or systemic, to destroy bone tumors, reduce bone complications, and relieve pain.

Medications to delay bone complications, reduce pain, and strengthen bones.

Management of Side Effects

Treatments can cause [side effects](#), with intensity and duration varying from one man to another. However, these side effects may diminish over time or be managed.

You can take control of some of these effects by maintaining a [healthy diet](#) that includes calcium and vitamin D supplements, staying [physically active](#), and seeking advice from your medical team.

Decision-Making and Informed Consent

Your treatment plan will be tailored to your type of cancer and other medical factors. Discuss with your medical team the options available to you, including the possibility of participating in a [clinical trial](#).

Metastatic Castration-Resistant Prostate Cancer (mCRPC)

You will continue your standard hormone therapy injections

- Your doctor will confirm the extent of metastases and check for the presence of genetic mutations
- If you have bone metastases, you will receive medication to limit complications
- You will receive first-line, second-line, or third-line treatment depending on the progression of your cancer
- You will be invited to consider participating in a clinical trial if you are a good candidate

First-line treatment

If you are asymptomatic or minimally symptomatic

Addition of a next-generation hormone therapy tablets or chemotherapy in certain patients

If you are moderately or severely symptomatic

Addition of a chemotherapy as a first choice, or alternatively, next-generation hormone therapy tablets

If you have genetic mutations (e.g., BRCA)

Addition of a targeted therapy and next-generation hormone therapy tablets

Follow-up will include imaging tests and PSA* measurements according to the CUA** treatment guidelines

If the cancer progresses...

Second-line and third-line treatments

Depending on the treatments you have or have not received previously, you might receive:

- Two different types of chemotherapy
- Various types of next-generation hormone therapy
- Systemic radiation therapy if you have only bone metastases causing pain
- Targeted therapy if you have a genetic mutation
- Nuclear therapy if your cancer has progressed after chemotherapy or targeted therapy

You may be invited to consider participating in a clinical trial if you are a suitable candidate

Follow-up will include imaging tests and PSA level measurements as needed, according to the CUA treatment guidelines

*PSA: Prostate-specific antigen

**CUA: Canadian Urological Association



Questions to Ask Your Doctor

General

- What treatment or combination of treatments is best for me?
- How will I know if the treatment is effective?
- How often will follow-ups be scheduled?
- What will happen if the treatment stops being effective?
- How can I prevent or manage side effects, and how long will they last?

Clinical Trials

- Are there any clinical trials available for my condition?
- Would I be a good candidate for one of these trials?
- What are the potential benefits and risks of participating in a trial?

Quality of Life

- How can I maintain my quality of life during treatment?
- Are there lifestyle changes or complementary therapies you recommend?

Notes

Conclusion

The choice of treatment for metastatic castration-resistant prostate cancer (mCRPC) depends on various factors, such as the presence of metastases, cancer progression, your overall health, and personal preferences. A personalized approach, developed in collaboration with your doctor, is essential to optimize outcomes and manage your cancer effectively.

Our health care professionals are here 7 days a week to answer all your questions as well as those of your family. Call **1-855-899-2873** or visit **procure.ca**

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This document was produced thanks to an educational grant from Novartis. PROCURE remains responsible for the complete, impartial, and independent production of the content.

This document is intended to serve as a guide to facilitate discussions between patients and their medical team, ensuring that they have all the necessary information to make informed decisions about their treatment.