Prostate Cancer Supportive Care

MANAGEMENT OF METASTATIC PROSTATE CANCER

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VANCOUVER PROSTATE CENTRE
A UBC & VGH Centre of Excellence

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FUNDING FOR PROSTATE CANCER SUPPORTIVE CARE PROGRAM

From the physicians and staff of the Vancouver Prostate Centre and BC Cancer. Support for this initiative has been provided from a number of government and non-government organizations including:

We are very grateful for the philanthropic donations made by individuals to the PCSC Program

PC SC Prostate Cancer Supportive Care

SESSION ETIQUETTE

This is an information session:

- Medical concerns should be brought to your doctor
- Please respect the confidentiality of other attendees
- Please feel free to leave the room at any point if needed
- Please ask questions as they arise

PROSTATE CANCER SUPPORTIVE CARE (PCSC) PROGRAM

The Prostate Cancer Supportive Care (PCSC) Program is designed for both patients and their partners from the time of diagnosis onwards:

- It is composed of 7 “modules” that address many of the needs of prostate cancer patients and partners

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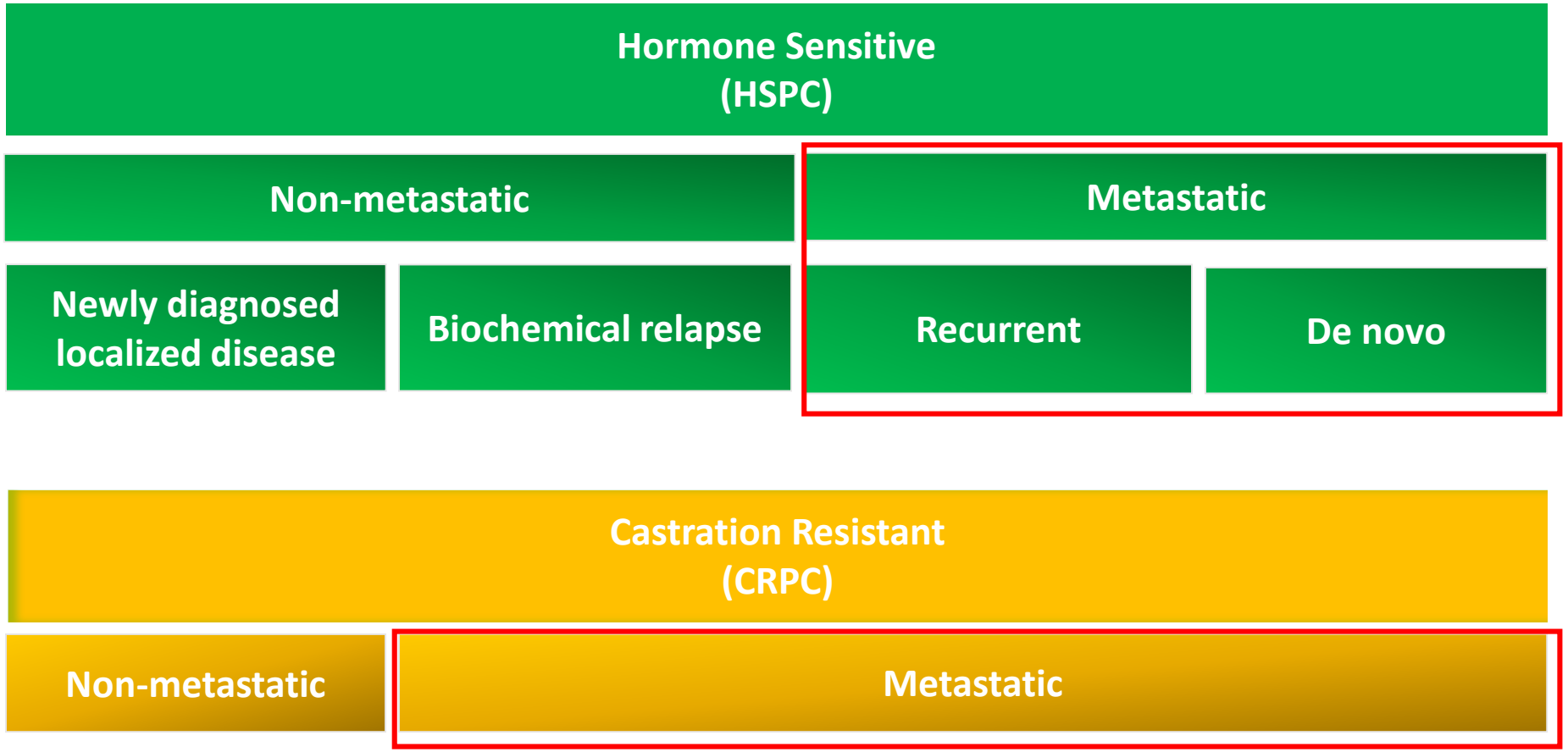
EDUCATIONAL OBJECTIVES

- Learn about prostate cancer “disease states” and the terms “castration (hormone) sensitive” and “castration resistant”
- Understand the disease characteristics and natural history of metastatic prostate cancer
- Become familiar with the different treatments for metastatic prostate cancer: type of therapy and side effects
- Learn how to be prepared for treatment

PROSTATE CANCER DISEASE STATES



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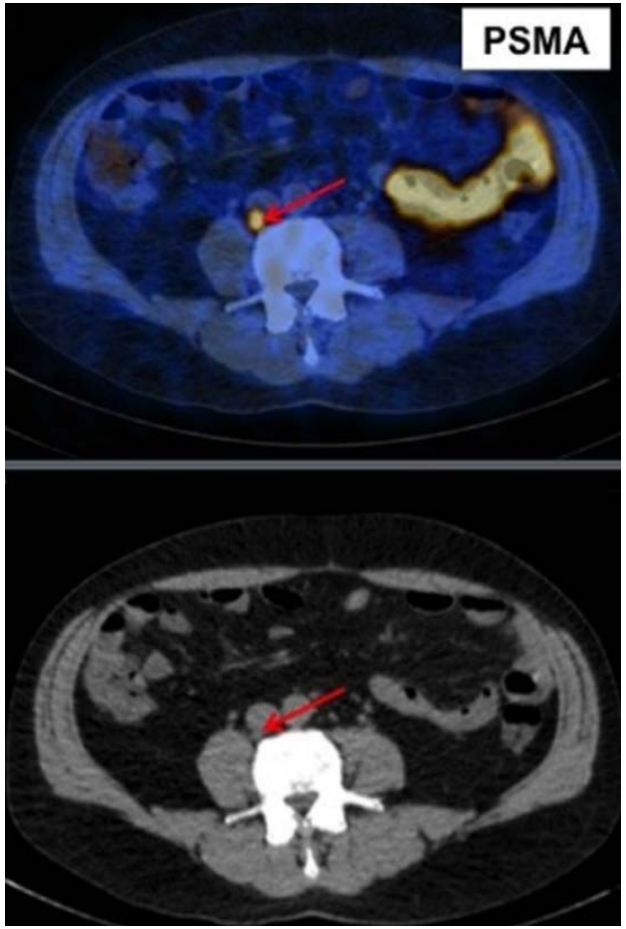
HOW DO WE DEFINE METASTATIC DISEASE?

In general, prostate cancer is considered ”metastatic” when it can be seen outside of the prostate (or where the prostate used to be) by standard imaging, usually:

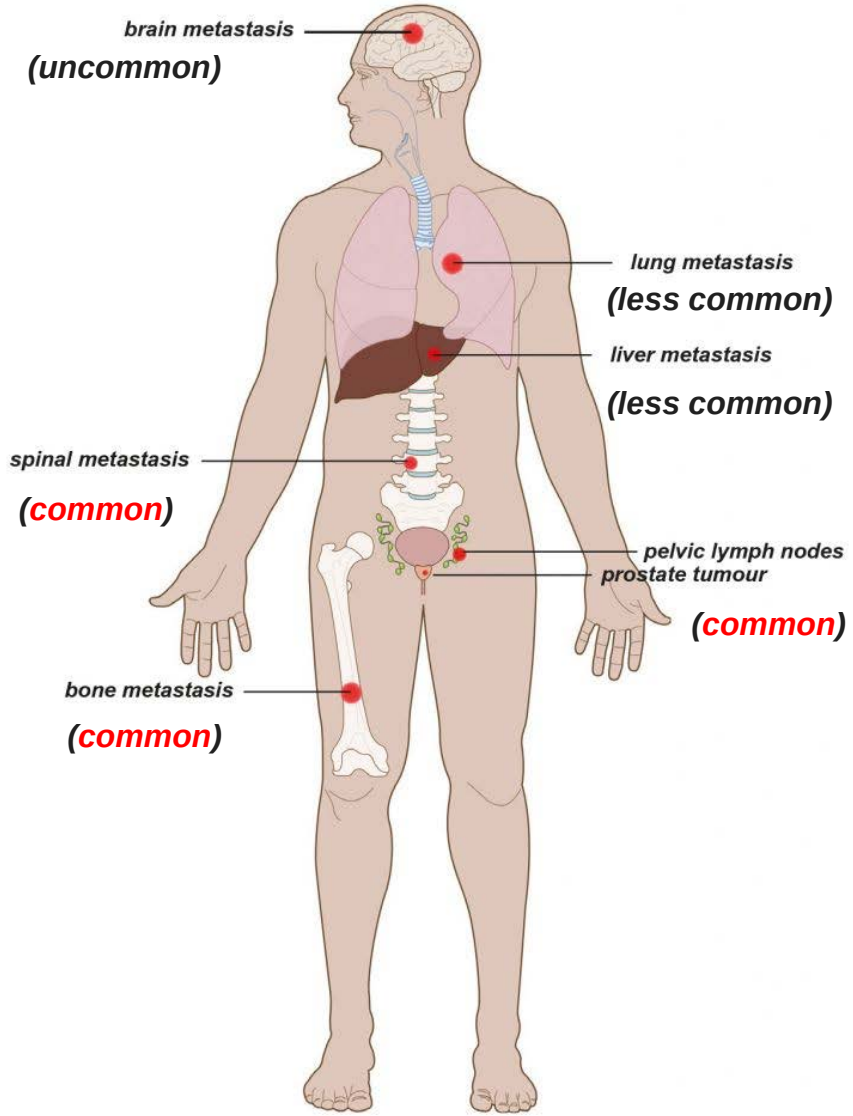
- CT scan of the chest, abdomen and pelvis
- Bone scan

Investigational imaging PET/CT scan (positron emission tomography)

- Uses radioactive labelled antibodies or molecules (e.g. PSMA) that target certain structures on prostate cancer cells or metabolically active sites of cancer cells
- *PSMA PET is available in BC only as part of a clinic trial and treatment plan is discussed at inter-professional GU conference*



SITES WHERE PROSTATE CANCER CAN SPREAD (METASTASIZE)



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ANDROGEN DEPRIVATION THERAPY (ADT)

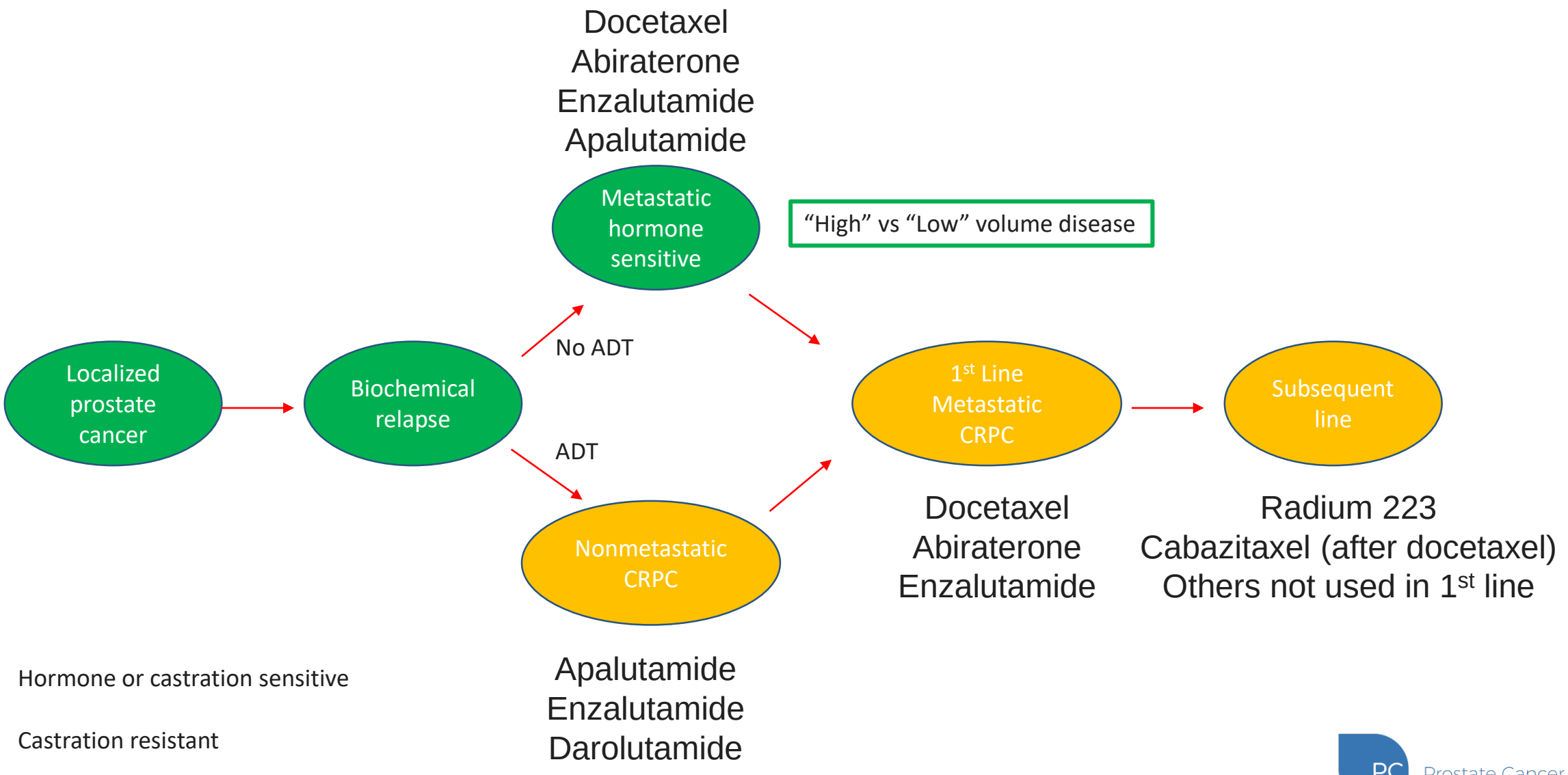
- Testosterone (95% produced by testis) is “the food source” for prostate cancer in that it drives cancer growth and progression
- ADT works by lowering the testosterone to very low levels, either by removal of the testicles or by turning off testicular production of testosterone
- ADT is the **backbone** of all therapy for metastatic prostate cancer
- The addition of chemotherapy, newer oral hormonal therapies, or radium 223 to ADT has been shown to extend survival over ADT alone in metastatic prostate cancer

POSSIBLE SIDE EFFECTS OF ADT

- Loss of sex drive (libido)
- Erectile dysfunction
- Hot flashes, night sweats
- Fatigue
- Loss of muscle mass, weakness
- Loss of bone mineral density
- Breast swelling or tenderness
- Insomnia
- Joint/muscle aches or pain
- Increased urination at night
- Depression
- Memory problems
- Increased risk for cardiovascular events

ADT therapy and side effects management are covered in detail in Module 4

TREATMENTS FOR METASTATIC PROSTATE CANCER BY DISEASE STATE



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HOW TO DECIDE WHAT TREATMENT TO USE?

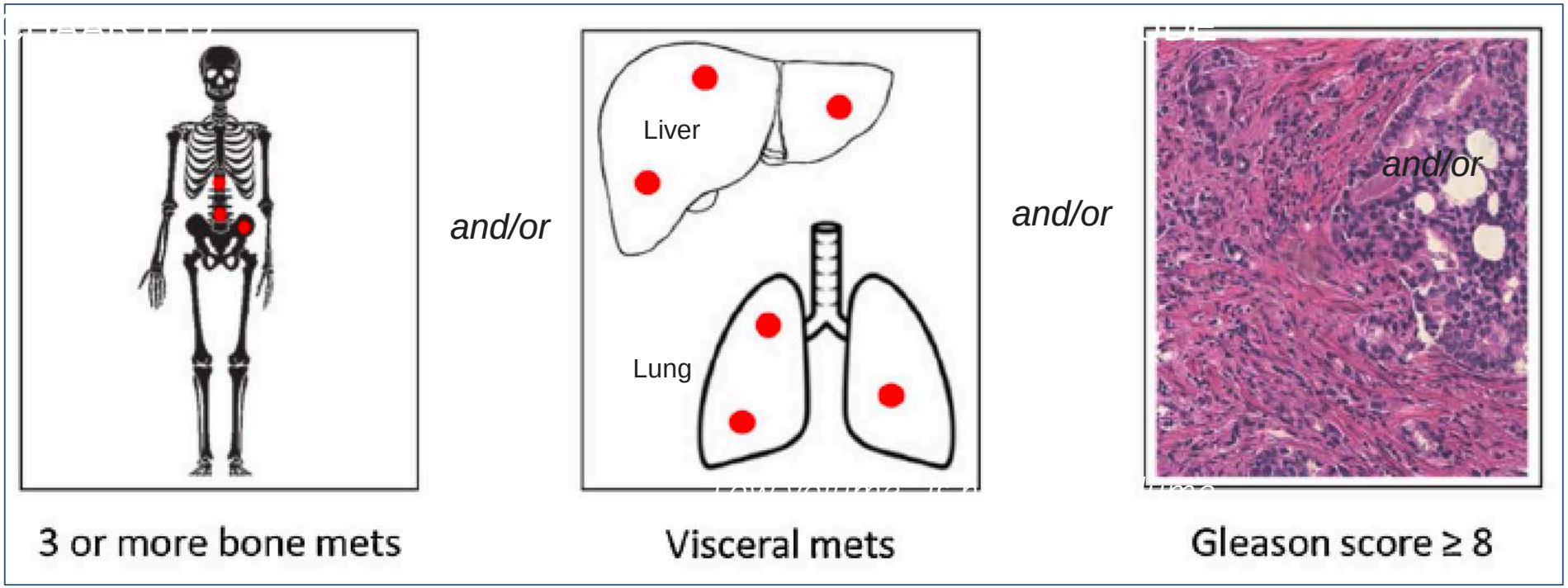
Important considerations:

- Volume of disease (high/low in mHSPC)
- How fast cancer is spreading and presence and severity of symptoms
- Patient's other medical problems
- Prior therapies for prostate cancer
- Toxicities of therapy
- Duration of therapy
- Patient's preferences and logistics

Collaborative Treatment Planning and Care Coordination

DEFINITIONS OF HIGH AND LOW VOLUME DISEASE IN mHSPC

"High volume"



"Low volume" is not high volume

TREATMENT OPTIONS FOR mHSPC BY VOLUME OF DISEASE

- High volume disease
  - ADT + docetaxel
  - ADT + enzalutamide or abiraterone or apalutamide
- Low volume disease
  - ADT + enzalutamide or apalutamide
  - ADT alone, continuous or intermittent

SELECTED SIDE EFFECTS OF TREATMENTS TO CONSIDER

Agent	Route	Issues	Duration
Chemotherapy			
Docetaxel/prednisone (Taxotere®)	IV, every 3 weeks	fatigue, low blood counts, diarrhea, neuropathy, hair loss	Up to 10 cycles
Cabazitaxel/prednisone (Jevtana®)	IV, every 3 weeks	fatigue, low blood counts, diarrhea, neuropathy, hair loss	Up to 10 cycles
Oral hormonal therapy			
Enzalutamide (Xtandi®)	Oral, 4 pills/d	fatigue, high blood pressure, neuropathy, seizures	until progression
Apalutamide (Erleda®)	Oral, 4 pills/d	rash, low thyroid function, high blood pressure	
Abiraterone/prednisone (Zytiga®)	Oral, 4 pills/d on empty stomach	high blood pressure, low potassium, liver, heart problems	
Intravenous radiation			
Radium 223 (Xofigo®)	IV every month x 6	only goes to bone so does not treat disease that is not in bone low blood counts, diarrhea	5 months

WHAT SHOULD I ASK MY MEDICAL TEAM ABOUT THE TREATMENTS?

- Make sure to know what the options are and why one treatment is selected over another
- Understand what to expect in terms of side effects, how frequently the treatment is given, how long will treatment with this drug last?
- Ask what can be done to treat the side effects
- Request written material that reviews all the points above
- Ask whom to contact in between clinic appointments for questions or problems

CHEMOTHERAPY VS PILLS VS RADIUM 223: WHICH TO CHOOSE?

All treatment options will:

↓ risk of death

↓ risk of progression on scans or by PSA

↑ in quality of life

You and your medical provider will decide which option is best for you!

PCSC Program is here to support you

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THANK YOU!

QUESTIONS?