

20 Questions & Answers

About Metastatic Castration-Resistant Prostate Cancer

Pamela Ellsworth, MD

*Professor of Urology
UMass Memorial Medical Center
University of Massachusetts Medical
Worcester, MA*



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Jones & Bartlett Learning
5 Wall Street
Burlington, MA 01803
978-443-5000
info@jblearning.com
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Part One: The Basics **1**

Questions 1–5 provide background on metastatic castration-resistant prostate cancer (mCRPC):

1. What is metastatic castration-resistant prostate cancer?
2. What are the signs and symptoms of mCRPC?
3. I thought “castration” meant removal of the testicles, but I still have mine. I am on castration medications; can I be castrated by them?
4. My doctor wants to check my testosterone level to make sure it is a “castrate level.” What is a castrate level of testosterone?
5. If my cancer needs testosterone to grow, why is it growing when my testosterone level is “castrate”?

Part Two: Evaluation for Metastatic Castration-Resistant Prostate Cancer **15**

Questions 6–8 explain how mCRPC is diagnosed and evaluated:

6. How is mCRPC diagnosed?
7. My doctor recommended a bone, PET, or CT scan to see if I have cancer in my bones. Why?
8. My doctor also recommended a bonedensity scan. Why?

Part Three: Treatment of Metastatic Castration-Resistant Prostate Cancer **23**

Questions 9–20 discuss the different treatments available for mCRPC:

9. I am on a “maximum androgen blockade” pill (androgen receptor blocker) and am receiving LHRH agonist/antagonist shots. My doctor wants me to stop the pill. Will this lower my PSA and, if so, for how long?
10. My doctor wants me to try another form of therapy for my mCRPC, but recommends that I also continue receiving hormone therapy shots. Why do I need to continue the shots if they are not working?

11. My doctor says that now there are several treatment options available to treat mCRPC. What are they? What happens if my mCRPC continues to grow on one of these therapies? Can I try another?
12. What is immunotherapy for mCRPC? What are the side effects?
13. What are therapies that target the androgen receptor? What are their side effects?
14. Is chemotherapy used for mCRPC? What are the side effects?
15. My doctor says that there are therapies that can stop testosterone production by other tissues in my body, even the prostate cancer itself. Is this true?
16. What treatment options are available to prevent bone problems if I have weak bones from my hormone therapy?
17. What treatment options are available if I have cancer in my bones?
18. I hear the newer therapies are expensive. Will my insurance cover them?
19. I am depressed. Is that common? Is there any way to help cope with my worries?
20. My doctor mentioned clinical trials. What is a clinical trial? How do I find out what clinical trials are ongoing near where I live?

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Prostate cancer is the most commonly diagnosed solid organ cancer in the United States and is the second leading cause of death among men in the United States. In 2012, there were approximately 240,000 new diagnoses of prostate cancer and an estimated 28,000 deaths resulted from the cancer. Prostate cancer deaths are typically the result of metastatic castration-resistant prostate cancer (mCRPC). Historically, men tended to die within 2 years of developing mCRPC. However, the recent development of several new therapies has provided hope of improved survival rates for men with mCRPC. As of yet, however, these therapies have not been able to cure the cancer and so more research is needed.

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