

This resource is provided by the Prostate Cancer 360 Initiative to help address potential knowledge deficits among primary care physicians caring for patients starting Androgen Deprivation Therapy (ADT) as part of an overall comprehensive care plan.

Before sharing any patient information with other health care providers, including the treatment information in this letter, please ensure that you have collected all appropriate patient consent to share such information.

[Practice name]

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Dear Dr. _____,

Our mutual patient, _____ (date of birth _____), is under my care for prostate cancer. His treatment plan, which is detailed below, includes the use of androgen deprivation therapy (ADT). Although the patient and I have decided that the benefits of ADT outweigh the risks, testosterone suppression caused by ADT is associated with important short- and long-term adverse events. These complications can be mitigated or prevented with appropriate medical and lifestyle interventions.

I have discussed ADT-related adverse events with the patient along with recommendations for proactive management of common ADT side effects; these recommendations are based on those formulated by an expert panel with an interest in this topic. I would like to briefly summarize my discussion with the patient, including considerations for ongoing risk monitoring and management.

Cardiovascular Risk

ADT is associated with a significant increase in risk for cardiovascular (CV) disease, which is the leading cause of non-cancer death in patients with advanced prostate cancer. Patients starting ADT are at the greatest risk for CV events during the first 6 months of ADT use. The greatest increase in risk has been reported in patients who have pre-existing cardiometabolic risk factors, including dyslipidemia, hypertension, glucose intolerance or diabetes, and overweight or obesity. Proactive monitoring and management of all CV risk factors is strongly encouraged to mitigate ADT-related risks.

Statin Use

Statin initiation or optimization should be considered in most patients with prostate cancer who are starting ADT. Statin use in men with prostate cancer is associated with up to a 27% reduction in death, regardless of baseline lipid levels (Jayalath VH et al. *JAMA Netw Open*. 2022).

Bone Density Loss

ADT is associated with rapid bone mineral density (BMD) loss in the first 6-12 months after starting treatment. BMD assessment with DXA should be performed within 6 months of ADT initiation and every 1-3 years thereafter. When using FRAX to calculate fracture risk, ADT use is considered "secondary osteoporosis." Patients with low BMD should be started on antiresorptives (following clearance by dentist) and appropriate supplements.

Sexual Dysfunction

Virtually all patients receiving ADT will experience erectile dysfunction along with a host of other sexual adverse effects, including reduced sexual desire and inability to achieve orgasm. Patients may benefit from education regarding the ongoing importance of intimacy, including physical contact and the options for non-penetrative sexual activity.

Psychological Changes and Comorbidities

ADT use can increase the risk for cognitive decline and new or worsening depression. Changes in psychologic and cognitive domains should be monitored using validated tools, and patients with noted declines should be appropriately managed

