ADT Side Effect Mitigation and Management Strategies

Side effects can be expected for all advanced prostate cancer (aPC) treatments, but they should be closely monitored to ensure minimal impact on the patient's quality of life

Androgen deprivation therapy (ADT) is a foundational treatment in prostate cancer care but can be associated with adverse events that may affect overall health and quality of life. To address these issues, the Prostate Cancer 360 initiative was created to define the challenges associated with ADT adverse event management.

Below you can find mitigation strategies for each of the health domains, along with strategies for other symptoms.

Symptoms and Mitigation Strategies

BONE PROBLEMS[1]

- Bisphosphonates to increase bone mass for those with bone metastases from aPC and osteoporosis prevention.
- Bone health agents such as denosumab, zoledronic acid, and alendronate to increase bone mass in men at high risk for fracture and for osteoporosis and prevention of skeletal-related events from bone metastases.
- Counsel on dental care and weight-bearing physical activity.
- Counsel patients on ADT about calcium and vitamin D intake, smoking cessation, and physical activity such as resistance and high-impact training to reduce fracture risk.
- Assess the patient's fall risk and if they are safe to exercise.
- Refer patient for exercise physiology.

SEXUAL PROBLEMS[1]

- Assess sexual health and explain importance of maintaining sexual function.
- Perform baseline sexual health assessment that asks details about patient's sexual abilities, activities, satisfaction, and fertility plans.
- Educate patients on side effects such as erectile dysfunction (ED), reduced sexual desire, and potential decrease in penile and testicular size.
- Encourage patients to continue sexual activity and explain importance of intimacy and use of ED medications, bupropion, lubricants, sex toys, increase in communication and exploration with sexual partner(s), and sperm banking.
- Patients should consider romantic relationship counseling.

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Symptoms and Mitigation Strategies (continued)

PSYCHOLOGICAL HEALTH CHANGES[1]

- Provide counseling to assess the patient's neuropsychiatric health and explain this risk of depression and anxiety.
- Review potential changes in cognitive function and discuss importance of talking with primary care providers about changes in emotional well-being and cognitive function.
- Recommend patient self-assessment with PHQ-9 or another validated tool.
- Encourage patients to use a side effect worksheet or pain/symptom diary.

CARDIOVASCULAR[1]

- Perform baseline cardiometabolic assessment that includes patient's family history, blood pressure, eGFR, and glucose levels (fasting and non-fasting), and order a lipid panel.
- Counsel patients on risks for cardiometabolic events such as blood glucose issues, increased LDL cholesterol, high blood pressure, diabetes, and other cardiovascular risk factors.
- Encourage patients to maintain a healthy weight and practice daily well-balanced diet and exercise.
- Take a stratified approach to cardiovascular risk mitigation depending on patient's risk factors.
- Consider statins for primary prevention in patients receiving ADT, regardless of cardiometabolic risk.

PAIN

- Pain medication, radiotherapy, bisphosphonates, surgery to support damaged bones, transcutaneous electrical nerve stimulation (TENS), and nerve blocks.

URINARY PROBLEMS

- Alpha blockers, catheters, transurethral resection of the prostate (TURP), pelvic floor therapy, and anti-cholinergics.

Become familiar with the common side effects that you may see with certain aPC treatments on aPC Central

aPCcentral.com

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Monitoring for the common physiological complications of aPC treatment

It is important to develop a monitoring strategy to track side effects and symptoms your patient experiences. **Some common methods include:**

Blood tests to detect anemia or abnormalities in blood cell counts, to evaluate liver and kidney function, and to detect changes in metabolic parameters such as blood glucose.[1,2]

- Important for treatment such as PARPi or chemotherapy which cause myelosuppression and for patients on ADT with metabolic impairment
- For example, patients on niraparib are recommended to get weekly blood tests in the first month to check their platelet counts

Bone density scans for patients on ADT.[1]

- Regularly evaluate your patient's bone health and provide necessary counseling
- This includes:
  - Calculating 10-year fracture risk with a country-specific Fracture Risk Assessment Tool (FRAX) algorithm
  - Evaluating vitamin D status at baseline and annually
  - DEXA scan within 1-6 months of starting ADT and every 1-3 years thereafter

Monitoring blood pressure, cholesterol, and other heart health makers should be regularly performed to assess cardiovascular risks.[1]

- Routinely check blood pressure, eGFR, glucose levels, and order a lipid panel
- Consider performing a 10-year atherosclerotic cardiovascular disease (ASCVD) risk assessment
- Coronary artery calcium scanning can be considered for patients reluctant to initiate statin therapy

There are also programs available for patients like **Prostate Cancer 360** & **IncreMENtal** to help support your patients managing the side effects of aPC treatment at home:

Prostate Cancer 360

PC360 assists patients on their ADT journey by providing tips to manage side effects, information on healthy diet and exercise, and lists of assessments you can expect to complete before and during treatment. Learn more at **prostatecancer360.com**

INCREMENTAL

IncreMENtal is the only habit-building program to help patients on their ADT journey. It may help patients build a healthier lifestyle by adding small, simple actions that add up over time to help them overcome their ADT challenges. Learn more at **incrementaladt.com**

References: 1. E. David Crawford, MD; Marc B. Garnick, et al. A Proposal for the Comprehensive Care of Men on Androgen Deprivation Therapy: Recommendations From the Multidisciplinary Prostate Cancer 360 Working Group. *Uro Practice* 2024;11: 1–13. **2.** Akeega (niraparib and abiraterone acetate). Prescribing Information. Janssen Biotech, Inc. 2023.

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