ANDROGEN DEPRIVATION THERAPY (ADT) BASICS

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When there is uncertainty if a patient's prostate cancer has been entirely eradicated with initial treatment of the prostate gland and associated organs with surgical removal, radiation, or other options, Androgen Deprivation Therapy (ADT) is prescribed with the use of a variety of medication.

ADT would also be prescribed when it is known the presence of non-metastatic castration-resistant prostate cancer (nmCRPC), metastatic hormone-sensitive prostate cancer (MHSPC), or metastatic castration-resistant prostate cancer (mCRPC).

Testosterone Inactivating Pharmaceuticals (TIP) are prescribed with GnRH agonists Lupron, Zoladex, Eligard, Trelstar, Vantas or the GnRH antagonist Firmagon/degarelix to arrest continued production of androgen (testosterone) synthesized in the testes that fuel cancer growth and proliferation.

Usually, this also involves the prescribing of androgen receptor blocking medications to prevent access to cancer cells of that androgen similarly produced in the adrenal glands. Either bicalutamide, abiraterone acetate accompanied by prednisone, enzalutamide, apalutamide, or darolutamide are prescribed depending on patient status. The 5-alpha reductase inhibitor dutasteride may also be included to inhibit testosterone conversion to the more powerful stimulation to cancer cell growth, dihydrotestosterone. These combinations provide a more comprehensive androgen receptor blockade.

ADT may be prescribed either short-term or long-term depending on the status of the patient.

Since all medications can produce side effects, it is important the patient makes aware to his treating physician all health issues he may be aware and medications prescribed, and the physician asking the gamut of questions of the patient necessary to have a reasonable recognition of

patient issues (status) before developing a strategy of treatment to move forward. (Status Begets Strategy – Stephen B. Strum, MD, FACP).

Disclaimer: Please recognize that I am not a Medical Doctor. Rather, I do consider myself a medical detective. I have been an avid student researching and studying prostate cancer as a survivor and continuing patient since 1992. I have dedicated my retirement years to continued deep research and study necessary to serve as an advocate for prostate cancer awareness, and, from an activist patient's viewpoint, as a mentor to voluntarily help patients, caregivers, and others interested develop an understanding of this insidious men's disease, its treatment options, and the treatment of the side effects that often accompany treatment. There is absolutely no charge for my mentoring – I provide this free service as one who has been there and hoping to make their journey one with better understanding and knowledge than was available to me when I was diagnosed so many years ago. IMPORTANTLY, readers of medical information I may provide are provided this "disclaimer" to make certain they understand that the comments or recommendations I make are not intended to be the procedure to blindly follow; rather, they are to be reviewed as MY OPINION, then used for further personal research, study, and subsequent discussion with the medical professional/physician providing their prostate cancer care.