



WHAT YOU SHOULD KNOW ABOUT mCRPC Metastatic Castration-Resistant Prostate Cancer

Urology Care
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WHAT IS PROSTATE CANCER?

Prostate cancer develops when abnormal cells form and grow in the prostate gland. Unlike benign (or non-cancerous) growths, these are cancerous (malignant). Early stages of prostate cancer rely on testosterone to grow and sometimes, lowering testosterone can control growth.

If prostate cancer spreads beyond the prostate, it is called “metastatic.” This means it is found growing in nearby organs or tissues. It can be difficult to treat. Advanced prostate cancer like this can be life threatening if it spreads to other parts of the body.

WHAT IS mCRPC?

Castration-resistant prostate cancer (CRPC) is a form of advanced prostate cancer. With CRPC, the cancer no longer completely responds to treatments that lower testosterone. It shows signs of growth, like a rising PSA (prostate-specific antigen), even with low levels of testosterone.

With **Metastatic CRPC (mCRPC)**, the cancer stops responding to hormone treatment, and it is found in other parts of the body. It can spread to nearby lymph nodes, bones, the bladder, rectum, liver, lungs, and maybe the brain.

SYMPTOMS OF mCRPC

There may be no signs or symptoms at all. If there are symptoms from mCRPC, they depend on the size of the tumors and where the cancer has spread.

Signs of mCRPC may begin with:

- Trouble urinating
- Pain or blood in urine
- Feeling more tired or weak than normal
- Weight loss
- Shortness of breath
- Bone pain

HOW IS mCRPC DIFFERENT THAN OTHER TYPES OF PROSTATE CANCER?

Prostate cancer starts as **Localized Prostate Cancer**. This is when it is only found in the prostate and surgery or radiation is used to treat the cancer. Sometimes hormone therapy might also be used. As it advances, there may be a biochemical recurrence, which means a rise in the PSA. It might also progress to become non-metastatic CRPC.

In **Non-Metastatic Castration-Resistant Prostate Cancer (nmCRPC)**, cancer grows after hormone treatment. Scans may show that it has not yet spread to other parts of the body.

In the advanced form of prostate cancer, it becomes metastatic. It spreads beyond the prostate to other parts of the body. With **Metastatic Castration-Resistant Prostate Cancer (mCRPC)**, hormone therapy no longer stops cancer growth. Cancer is found in other tissues and organs.

What You Should Know about mCRPC

TREATMENT OPTIONS FOR mCRPC

The main goal for treating mCRPC is to control symptoms and slow progress. Even though androgen deprivation therapy (ADT) or hormone therapy may no longer work completely to stop prostate cancer from growing, most men with mCRPC remain on ADT because some prostate cancer cells will continue to respond to it. Other cells need additional treatment to keep the cells from forming. More treatments are added, like:

- **Chemotherapy** like docetaxel and cabazitaxel. These chemotherapies are drugs that may help extend how long men can live with mCRPC. Cabazitaxel is given with the steroid prednisone, and is an option when docetaxel doesn't help.
- **Immunotherapy** like sipuleucel-T. This treatment takes your immune cells and helps them fight cancer cells. It is mainly used with men who have few or no symptoms.
- **Second-line hormone therapies** like abiraterone and enzalutamide. These target male hormones in different ways than first-line ADT. These oral drugs can extend life.
- **Radioactive material** like Xofigo (radium-223 dichloride). This treatment is used to attack cancer cells in bones.
- **Clinical trials** are research studies to test new treatments or learn how to use existing treatments better, or in combination. To learn more, visit UrologyHealth.org/ClinicalTrials.
- **Active surveillance** is a way to track cancer growth and used to avoid aggressive therapy.

Treatments to help with symptoms are also added, like:

- **Bone-targeted therapy** to help prevent or manage bone pain, fractures or other bone problems. Medicines, radiation or vitamins (calcium and/or vitamin D) are used.
- **External radiation** is used to kill tumors. It can help with pain and other symptoms if prostate cancer spreads to the bones.

For all treatments, ask your doctor about side effects and how to handle them. Ask about palliative care for comfort at any time.

ABOUT THE UROLOGY CARE FOUNDATION

The Urology Care Foundation is the world's leading urologic foundation – and the official foundation of the American Urological Association. We provide information for those actively managing their urologic health and those ready to make health changes. Our information is based on the American Urological Association resources and is reviewed by medical experts.

To learn more, visit the Urology Care Foundation's website, UrologyHealth.org/UrologicConditions or go to UrologyHealth.org/FindAUrologist to find a doctor near you.

DISCLAIMER:

This information is not a tool for self-diagnosis or a substitute for professional medical advice. It is not to be used or relied on for that purpose. Please talk to your urologists or health care provider about your health concerns. Always consult a health care provider before you start or stop any treatments, including medications.

For copies of printed materials about Prostate Cancer and other urologic conditions, visit UrologyHealth.org/Order or call **800-828-7866**.

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