



Ask The Doctor

What You Need To Know About Hormone Therapy

by *Evan Goldfischer, M.D.*

(NAPSA)—Hormone therapy—also called androgen deprivation therapy (ADT)—is used to reduce levels of male hormones called androgens. Testosterone is the most well-known androgen and a principal target of hormone therapy. Testosterone also stimulates prostate cancer cells to grow. The goal of hormone therapy is to slow the growth of prostate cancer cells and help shrink tumors.

If you are newly diagnosed with advanced prostate cancer, you may feel overwhelmed and unsure. Among other issues, you may be coping with complex treatment decisions. Choices include surgery to remove the prostate, radiation therapy and hormone therapy.

Since an estimated 50 percent of prostate cancer patients will be candidates for hormone therapy during the course of their treatment, a brief primer on this option may help you weigh your alternatives. Once you understand hormone therapy, I will recommend the key questions you should ask your doctor about this treatment.

Patients with advanced prostate cancer have several options when considering treatment. One is surgery, also called an orchiectomy. This procedure removes the testicles, which produce more than 90 percent of male hormones.

Other treatments include prescription medications that target the hormones responsible for regulating testosterone production: gonadotropin-releasing hormone (GnRH) antagonists and luteinizing hormone-releasing hormones (LHRH).

With LHRH agonists, patients generally experience an initial surge in testosterone production that may last several days. It may take up to 30 days to reduce testosterone levels to adequate levels. Doctors typically try to counteract the surge by prescribing oral anti-androgens, which block the body's ability to use testosterone. However, there is potential for more side effects and therapy may become costly.

Testosterone surge is a serious consideration because it may stimulate tumor growth and cause



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painful and potentially dangerous symptoms in certain patients. These symptoms include bone pain, urinary retention and pressure in the spine, which can result in paralysis and even death.

Shutting down testosterone immediately is the hallmark of the latest advancement in hormone therapy, Firmagon® (degarelix for injection), which is a GnRH receptor antagonist indicated for treatment of patients with locally advanced prostate cancer. Unlike LHRH agonists, Firmagon binds immediately and reversibly to GnRH receptors of the pituitary gland, blocking those receptors and virtually stopping LH production. As a result, Firmagon causes a rapid, profound and sustained suppression of testosterone within three days—without the initial surge triggered by LHRH agonist therapy. It is also not necessary to use anti-androgens to block initial testosterone surges.

Finally, as a patient diagnosed with advanced prostate cancer who may undergo hormone therapy, the key questions you should ask your doctor are:

1. Am I a candidate for hormone therapy to treat my advanced prostate cancer?
2. Is my cancer at the stage where I could potentially benefit from hormone therapy?
3. What type of hormone therapy do you typically prescribe for your patients with advanced prostate cancer and why?

For more information about advanced prostate cancer, talk to your doctor and visit www.firmagon.com to learn more about this treatment.



Note to Editors: Before receiving FIRMAGON, tell your health care provider about all your medical conditions, including if you have any heart problems, problems with balance of your body salts or electrolytes (such as sodium, potassium, calcium and magnesium), or have kidney or liver problems.

INDICATIONS AND USAGE

FIRMAGON is a prescription medicine used in the treatment of advanced prostate cancer.

Important Safety Information

FIRMAGON should not be given to people who are allergic to any of the ingredients in FIRMAGON. It should not be given to women who are pregnant or may become pregnant. FIRMAGON can harm an unborn baby when given to a pregnant woman.

The common side effects of FIRMAGON include hot flashes, injection site pain, redness and swelling (especially with the first dose), weight gain, increase in some liver enzymes, tiredness, hypertension, back and joint pain, chills, urinary tract infection, and decreased sex drive and trouble with erectile function (impotence).

Please see Full Prescribing Information.