

Androgen Deprivation Therapy (ADT) Checklist for Men

revised Aug 15, 2022 Fort Collins UsToo Group and modified by RVa Us Too Group March 18th ,2024

Use this checklist along with your healthcare provider to understand how ADT affects men and to develop plans to mitigate the side effects of ADT. The most common first line ADT treatments that are given by injections include Leuprolide (trade names: Eligard[™], Lupron, Viadur[™]) and Degarelix (trade name: Firmagon). On December 18, 2020, the Food and Drug Administration approved the first oral (pill) gonadotropin-releasing hormone (GnRH) receptor antagonist, relugolix, (ORGOVYX[™], Myovant Sciences, Inc.) for advanced prostate cancer. There are other 2nd line hormonal therapies that might be prescribed for high risk/very high risk and metastatic initial treatments and recurrent treatments such as enzalutamide (Xtandi[™]), apalutamide (Erleada[™]), darolutamide (Nubeqa[™]) as well as abiraterone (Zytiga[™]).

BEFORE ADT INITIATION:

- 1) Request a baseline serum Testosterone
- 2) Request a baseline Vitamin D level (called 25 hydroxyvitamin D)
- 3) Request a baseline fasting blood sugar and lipid panel
- 4) Request a baseline CBC (complete blood count)
- 5) Request a baseline Bone Density test (DEXA). You may need to self pay +/- \$300
- 6) Consider /discuss plan to start daily low dose Cialis or Viagra just before or on the ADT start date. You will need pre-authorization for daily use so plan ahead. More on this in the "DURING ADT TREATMENT" section.
Financial Care Coordinator for Oncology can assist with this approval process (970-237-7708 Vicki)
- 7) Consider/arrange to have low dose breast radiation to prevent permanent breast enlargement
- 8) Consider/plan fitness and strength evaluation with Jeff Eagan, physical therapist at the Oncology Wellness Center
- 9) Work toward ideal weight with food choices, portion control and exercise
- 10) Establish an aerobic exercise plan
- 11) Learn resistance exercises and do them
- 12) Consider/arrange a complimentary dietary consultation with the dietician at the Oncology Wellness Center
- 13) Discuss the potential benefit of daily low dose aspirin during treatment
- 14) Discuss the use of STATIN treatment medication for elevated cholesterol/LDL cholesterol

DURING ADT TREATMENT:

- 1) Consider taking Aleve or Ibuprofen just before or right after Lupron or Firmagon injections. Warm compresses to the area help relieve soreness
- 2) View the YouTube lectures by Dr. John P. Mulhall, Director of Sexual and Reproductive Health Program at Memorial Sloan Kettering in New York City. Here's one

video: <https://www.youtube.com/watch?v=4ELsojPFNV8> or read his book, "Saving Your Sex Life: A Guide for Men with Prostate Cancer"

___3) General principles for preserving erectile function during ADT include:

- a) daily Cialis or Viagra to enhance blood flow and muscle contraction within the penis
- b) have erections frequently despite lack of libido or interest

___4) Know that there are accessible resources for erection strategies (for example: within the Anschutz Urologic Oncology Department. Excellent resource is John Dodge PA UC Health, Men's Health 720 848 1800)

___5) Consider Vitamin D3 supplementation, depending on serum Vitamin D level: goal is at least 30-60ng/ml serum Vitamin D level; common dose is 5,000IU daily

___6) Aim for Calcium intake of <600 mg/day between Calcium Citrate supplements, Mg citrate 300 mg/d and Vitamin K2 - 135 mcg

___7) Have a daily exercise routine, to include weight bearing, aerobic and resistance

___8) For hot flushes, comfort measures and Venlafaxine or Gabapentin can help

___9) Continue to work toward ideal body weight within a fitness plan, food choices and portion control

___10) For fatigue, aerobic exercise can be helpful, along with rest and relaxation as needed

___11) Consider "complementary medicine" consultation such as acupuncture

___12) Sleep disturbances can be mitigated with common sense "sleep hygiene" steps plus multiple choices of sleep medication

___13) For emotional and thought process changes, there are professionals available through the Oncology Wellness Center who understand cancer treatments.

Many find meditation, mindfulness, yoga or acupuncture helpful. Many men find resolute mental engagement and daily aerobic exercise to be essential for mental balance.

___14) Monitor for anemia with CBC periodically

___15) Decrease in the size of the penis and testicles is a common side effect, as well as thinning and absence of body hair. These side effects are predictable and disturbing with no known mitigation

___16) Most of all, go on with your life, keep doing what matters to you and allow your family and friends to love you

AFTER ADT ENDS:

___1) Measure PSA and testosterone every 3 months and track the trends of both. Note that the duration of testosterone suppression for 3 month Lupron is about 4-5 months

___2) for men treated with radiation only (no prostatectomy), expect a gradual rise in PSA due to the PSA produced by the remaining normal but injured prostate cells

___3) Once testosterone level stabilizes, a continued rise in PSA may indicate remaining prostate cancer cells

___4) Testosterone can take months to rise after suppression ends, depending on the length of time it has been blocked

___5) Recheck bone density (DEXA) periodically. 2 year intervals are common

___6) Recheck lipid panel after testosterone recovery has stabilized

___7) As needed, recheck serum blood sugar, CBC and Vitamin D