

Prostate Cancer: Treatment Choices for Late-Stage Cancer



The treatment choices for prostate cancer depend on several things. These include your age and overall health, and the size and location of the cancer. They also include lab test results and the stage of the cancer. When prostate cancer has spread to places in your body not near your prostate, it's called advanced or late-stage prostate cancer. It's also called metastatic prostate cancer.

Learning about your treatment choices

You may have questions and concerns about your treatment choices. For instance, you may want to know if treatment will affect your urinary or sexual function. You may also want to know if you'll have to change your normal activities.

Your cancer specialist (oncologist) is the best person to answer your questions. They can tell you what your treatment choices are and how successful they're expected to be. Also, what the risks and side effects are. Your healthcare provider may advise a specific treatment. Or they may offer more than one, giving you a choice. This can be a hard decision to make. Each type of treatment has different benefits and risks. You may want to learn all you can about your cancer and treatment choices so that you can make decisions about your care.

Talk with your healthcare provider to get answers to your questions. It's important to take the time to make the best decision for you.

Types of treatment for late-stage prostate cancer

Hormone therapy (androgen deprivation therapy)

The goal of hormone treatment is to lower or block male hormones called androgens, such as testosterone. These types of hormones cause the cancer to grow. They can be blocked in a few ways. One way is through androgen deprivation therapy. This uses medicines to decrease testosterone levels temporarily. There are several types of medicines used to reduce testosterone. Hormone shots, such as leuprolide or degarelix, can be given once a month or every few months. Other anti-androgen medicines (like flutamide or nilutamide) or androgen synthesis inhibitors (like abiraterone) can be given as pills to help control hormones. Corticosteroids (prednisone or hydrocortisone) may also be used. These types of medicines aren't often used on their own. Testicles make testosterone. Another way to permanently reduce testosterone levels is to have surgery to remove the testicles. Hormone treatment does not cure prostate cancer, but it slows its growth. Hormone therapy can be used alone, or it can be used with other treatments like radiation therapy.

Radiation therapy

You may be given radiation therapy to help ease pain or other symptoms if your cancer has spread far from your prostate, such as to your bones. This can be done with external beam radiation therapy. For this treatment, a machine sends a beam of radiation to the bones causing your pain. If the cancer has spread to many bones, you may have an injection of a radioactive medicine instead.

Chemotherapy

Chemotherapy is the use of medicines to slow the growth of cancer and reduce symptoms. It's most often used if cancer has stopped responding to hormone treatment. Examples of chemotherapy medicines that may be given are docetaxel, cabazitaxel, mitoxantrone, and cisplatin or carboplatin. It might also be used along with hormone therapy as the first treatment. Chemotherapy doesn't cure the cancer. It can decrease the pain from prostate cancer, shrink the tumor, and lower your levels of prostate-specific antigen. And it may help you live longer.

Immunotherapy

A vaccine is a type of immunotherapy that can help boost the immune system. Vaccines are usually given to help protect the body against infections. There is a cancer vaccine (sipuleucel-T) that can be used to boost the immune system to help treat prostate cancer. It's used to treat late-stage prostate cancer that is no longer reacting to hormone therapy but that is causing few or no symptoms. The vaccine doesn't cure prostate cancer. But it can often help men live longer.

Another type of immunotherapy called a monoclonal antibody (pembrolizumab) may be used in people with specific genetic mutations when the prostate cancer is considered hormone-resistant. This means that the cancer grows even when testosterone levels are very low..

Targeted therapy

Targeted therapy uses medicines that attack cancer cells while doing little harm to normal cells.

Rucaparib and olaparib are a type of targeted therapy. They are called PARP inhibitors. They may be used in some men who have a genetic mutation called BRCA. These medicines are pills taken twice a day.

Bone-directed therapy

If prostate cancer spreads, it often goes to the bones first. This can cause pain and other symptoms. Different types of medicines can be used to help slow the growth of the cancer in bones and help relieve symptoms. These medicines include bisphosphonates, like zoledronic acid. These are given by IV every 1 to 3 months. Another type of bone-directed therapy is denosumab. It is given as a shot every 6 months. These medicines are often given with calcium and vitamin D supplements.

Radiopharmaceuticals

Radiopharmaceuticals are medicines that contain a radioactive substance. These substances kill cancer cells by releasing radiation. They are given into a vein. This is an IV injection.

Lutetium-177 and radium-223 are types of radiopharmaceuticals. Lutetium-177 targets PSMA (prostate-specific membrane antigen). It attaches to prostate cancer cells that have this on their cell surface. The cells die after absorbing the radiation from the medicine. This medicine may be given after trying hormone therapy and chemotherapy first.

Radium-223 treats cancer cells that has metastasized to only bones and not to other organs. The medicine targets cancer cells in the bone that absorbs the radium-223. Radiation is then released and kills the cancer cells. A bone-targeting therapy like denosumab may be given with radium-223.

Talking with your healthcare providers

At first, thinking about treatment choices may seem overwhelming. Talk with your healthcare providers and loved ones. Make a list of questions. Think about the benefits and possible side effects of each choice. Discuss your concerns with your healthcare providers before making a decision.

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