

Non-Metastatic Castration-Resistant Prostate Cancer (nmCRPC)

Talking to Your Doctor about Treatment

Urology Care FOUNDATION™

The Official Foundation of the American Urological Association

How to Navigate nmCRPC

Prostate cancer is a complex and often-confusing disease to navigate. Men face many decisions that must be made at changing stages of their prostate cancer journey. With so many advancements and treatment options, prostate cancer has become one of the most decision-intensive diseases.

This fact sheet will help you gain a basic view of prostate cancer as well as care choices for non-metastatic castration-resistant prostate cancer (nmCRPC), a form of prostate cancer that has not spread beyond the prostate, but is still growing despite treatment.

Prostate Cancer Staging

Stages I & II

Localized Prostate Cancer

Tumor has not spread (metastasized) beyond the prostate.

Stage III

Locally Advanced Prostate Cancer

Cancer has spread outside the prostate, but only to nearby tissues.

Stage IV

Advanced Prostate Cancer

Cancer has spread outside the prostate to other parts such as the lymph nodes, bones, liver or lungs.

Treatment Pathways for nmCRPC

Prostate cancer may stop growing with hormone therapy to block or lower testosterone, a hormone that fuels the growth of the disease. This therapy is called androgen deprivation treatment (ADT). If your cancer shows signs of growth or if your PSA starts to rise while you're using ADT, you have developed castration-resistant prostate cancer (CRPC). This means your prostate cancer is no longer responding to the hormone therapy as well as it had before. It will be vital for your doctor to find out if your

cancer has spread outside the prostate. If your prostate cancer has not spread, the cancer is termed non-metastatic castration-resistant prostate cancer, or nmCRPC. The main goal of treatment for nmCRPC is to shrink the tumor(s), control symptoms and slow the progression of the disease. During treatment, your doctor may suggest preventative options for bone health such as taking calcium or vitamin D supplements. A summary of treatment options for nmCRPC may be found in the chart included.

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TREATMENT	CONSIDERATIONS
Androgen Deprivation Therapy (ADT) is hormone therapy given to stop or slow the production or action of male hormones, also known as androgens. Testosterone is the main androgen.	ADT is generally given by injection. Although uncommon, there is also a surgical hormone therapy option (orchiectomy). Several newer types of hormone therapy, such as apalutamide or enzalutamide, may also be used to treat advanced prostate cancer. In these cases, they may be given in combination with ADT.
Apalutamide is a medication for hormone therapy that may be taken by mouth as a pill. It is an anti-androgen used to slow the way prostate cancer develops and spreads.	Adverse events include, fatigue, hypertension, rash, diarrhea and nausea. Other reported events are weight loss, joint pain and falls. Lesser-reported events include fracture, dizziness, hypothyroidism, mental-impairment disorders and, very rarely, seizure.
Enzalutamide is a medication for hormone therapy that may be taken by mouth as a pill. It is an anti-androgen used to slow the way prostate cancer develops and spreads.	Adverse events include fatigue, back pain, hot flashes, falls, hypertension, dizziness and decreased appetite. Other reported events are convulsion, hypertension, neutropenia, memory impairment disorders and cardiovascular events.
Active surveillance is used to delay or avoid aggressive therapy. It may be good for men who do not have symptoms or want to avoid sexual, urinary or bowel side effects for as long as possible. Others may choose surveillance due to their age or overall health.	This method may require you to have many tests over time to track cancer growth. This lets your doctor know how things are going, and prevents treatment-related side effects. This will also help you and your health care team focus on managing cancer-related symptoms.
Clinical trials are research studies to test new treatments or learn how to use existing treatments better. To learn more, visit UrologyHealth.org/ClinicalTrials .	Clinical studies aim to find the treatment strategies that work best for certain illnesses or groups of people. For some patients, taking part in clinical trial may be the best treatment.

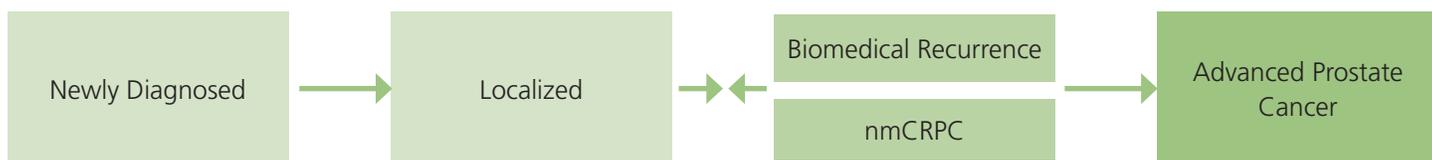
The Basics of Prostate Cancer

To get a better understanding of nmCRPC, it can be of great value to know there are also four types of prostate cancer.

- **Biochemical Recurrence:** Prostate Specific Antigen (PSA) levels have risen after treatment with surgery or radiation, with no other sign of cancer.
- **Non-Metastatic Castration-Resistant Prostate Cancer (nmCRPC):** Prostate cancer growth is found even after the hormone testosterone, which drives the disease, is blocked.

This is found by a rise in PSA levels, while the testosterone levels stay low and imaging studies do not show proof of the cancer spreading.

- **Metastatic Prostate Cancer:** Cancer cells have spread beyond the prostate. Cancer spread may be seen on imaging scans.
- **Metastatic Castration-Resistant Prostate Cancer (mCRPC):** Cancer has spread beyond the prostate and hormone therapy is no longer effective in stopping or slowing the growth of the disease.



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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 talk to a health care provider before you start or stop any treatments, including medications.

For more information, visit **UrologyHealth.org/Download** or call 800-828-7866.

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