

Optimizing androgen deprivation therapy (ADT) in advanced prostate cancer

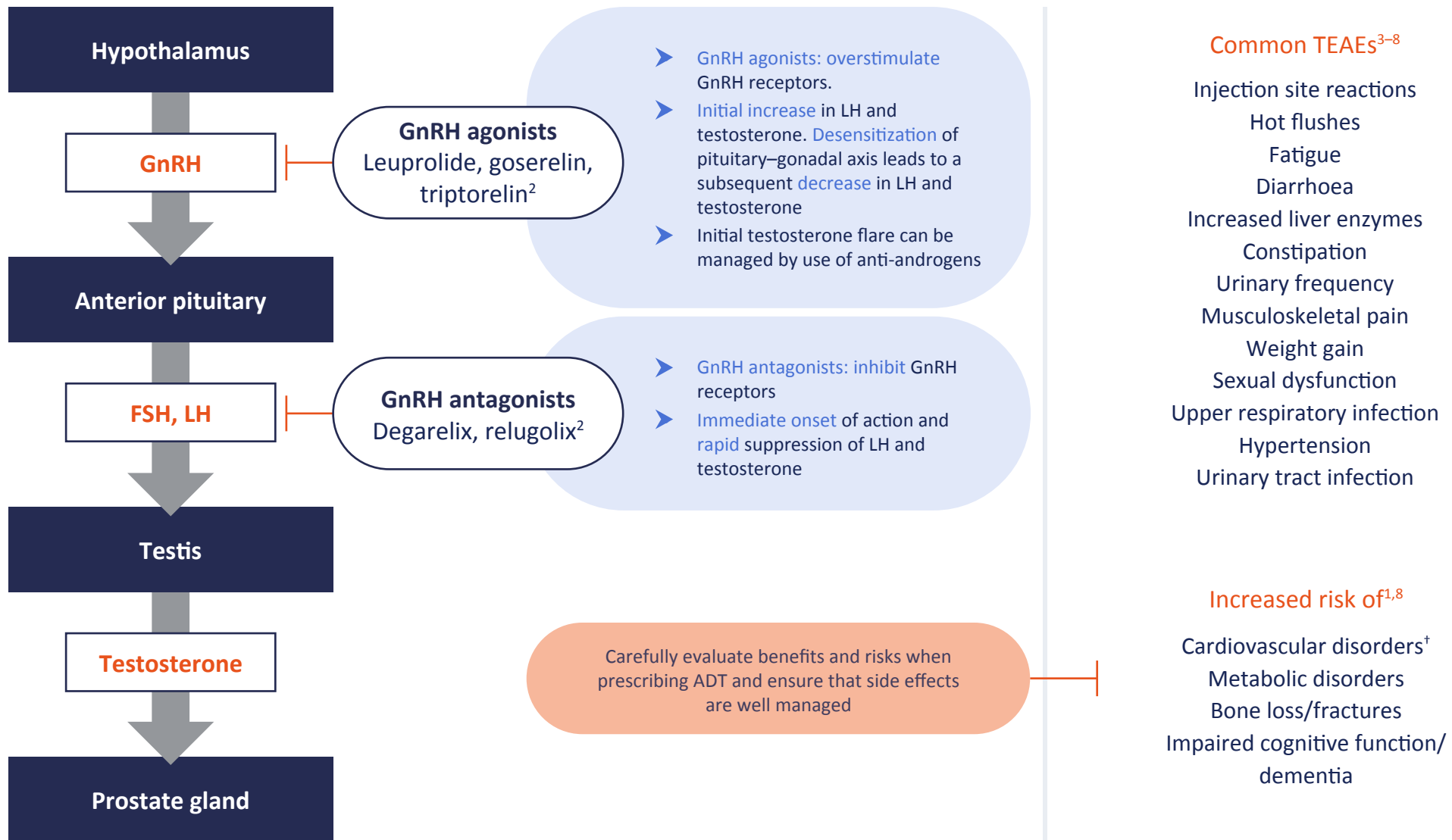
Practice aid

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Considerations for the use of GnRH agonists and antagonists in prostate cancer

Agents and their mechanism of action¹

Side effects*



*A major limitation is the unavailability of large randomized clinical trials comparing the safety profile of GnRH agonists and antagonists;⁸ risk may be greater in patients with a history of cardiovascular disease.¹

Outcomes in patients with prostate cancer can be influenced by socioeconomic and demographic factors

Certain demographic groups are less likely to receive equitable care compared with other groups. Groups who receive unequal care include:

- Those with lower neighbourhood socioeconomic status⁹
- Those with lower education⁹
- African American men⁹
- Patients without medical insurance¹⁰
- Patients who live in rural areas¹¹
- Transgender patients¹²

Adapting practice to enable equitable care:

Arrange **culture-and language-specific** educational sessions on prostate cancer **to increase engagement** of Hispanic and African American patients and community advocates¹³

Consider the location of prostate cancer screening educational sessions, including holding the sessions where the audience feels **comfortable**, e.g. **churches** and **barbershops**¹⁴

Train **prostate cancer survivors** to act as educators in communities with high levels of screening hesitancy¹⁵

Ensure clinic spaces are **welcoming and respectful to all** gender identities and expressions, e.g. using clearly visible signage¹⁶

Arrange training or skills-building workshops to **increase understanding and comfort** within the staff for treating LGBTQIA+ people¹⁷

Recommend eligible patients from **all demographic groups** participate in clinical trials¹⁸

Consider offering telehealth interventions to expand access to care, including those patients who live in a rural area or who may not be able to travel to the clinic for treatment¹⁹

Helping patients increase their adherence to treatment

Results from a systematic review of non-adherence rates to prostate cancer treatments in real-world practice found non-adherence rates were similar between oral therapies and injections²⁰



Mean non-adherence rates of oral therapies:
25–51%



Overall non-adherence rates of injections
>27%



How can HCPs help to increase patient adherence?

Provide educational materials by providing counselling and information leaflets during appointments to reduce misperceptions on the importance of dose level and treatment adherence²⁰

Where suitable, use pill boxes to simplify complex medication regimens^{20,21}

Where possible, reduce the treatment complexity²²

Ask the patient to use a web-based treatment decision aid to help select the most suitable treatment for their needs²³



How can patients increase their own adherence?

Use automated reminders²⁰

Use treatment diaries²⁰

Involve their family members, care partners and healthcare teams²⁰

Embed their medication habits around activity-based routines, e.g. morning hygiene or mealtimes²¹

Place their medication in plain sight to help them remember to take it²¹

How can shared decision making be incorporated into clinical practice?



Shared decision making

Factors to consider with your patients to increase adherence:²⁰

- How many different medications is the patient currently taking?
- Is the patient able to take the medication as instructed, e.g. taking oral medication with or without food?
- Would the patient prefer a cheaper medication?
- Is the patient already taking a medication that may interact with their prostate cancer treatment?
- Is the patient physically able to take their medication, e.g. difficulty in swallowing pills or opening pill bottles?
- Is the patient able to get to the clinic easily?
- Is the patient afraid of needles?

Why is shared decision making important?

- Increased treatment adherence^{20,23-25}
- Increased patient satisfaction^{24,25}
- Increased patient wellbeing and QoL²⁵



Decision aids

Factors that may determine patients' treatment preferences:²³

- Whether alternative treatments are available
- The efficacy data for the different treatment options
- Anticipated treatment side effects of the treatment options, e.g. erectile dysfunction or incontinence
- Probability of occurrence of the specific toxicity they are concerned about for each treatment option

How do decision aids impact outcomes?

- Improved treatment adherence²³
- Reduced decisional regret²⁶

Abbreviations and references

Abbreviations

ADT, androgen deprivation therapy; FSH, follicle-stimulating hormone; GnRH, gonadotropin-releasing hormone; HCP, healthcare professional; LGBTQIA+, lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual and more; LH, luteinizing hormone; QoL, quality of life; TEAE, treatment-emergent adverse event.

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