

So why is bone health so important now

Both bisphosphonates and denosumab help to keep your skeleton healthy and prevent osteoporosis and skeletal related events. This is especially important when hormone therapy has failed and with the advent of new drugs like Abiraterone, many patients can look forward to an increasing lifespan and bone health is essential for quality of life.

They are available where I live

They are available in many parts of the country, but only your oncologist can tell you where.

Written by patients for patients

“Tackle prostate cancer” is a campaign run by the The National Federation of Prostate Cancer Support Groups which:

- raises awareness of prostate cancer,
- encourages early detection of prostate cancer,
- seeks to ensure that men with prostate cancer always get the best treatment whatever the stage of their disease,
- strives to remove injustices in treatment path ways offered to prostate cancer patients.

The National Federation of Prostate Cancer Support Groups is an organisation of UK patient-led prostate cancer support groups, which:

- acts as the voice of patients;
- assists and strengthens the activities of support groups in aid of men and their families affected by prostate cancer;
- encourages and assists the formation and development of prostate cancer support groups throughout the United Kingdom.

National Helpline **0800 035 5302**
www.tackleprostate.org.uk
e-mail info@tackleprostate.org.uk

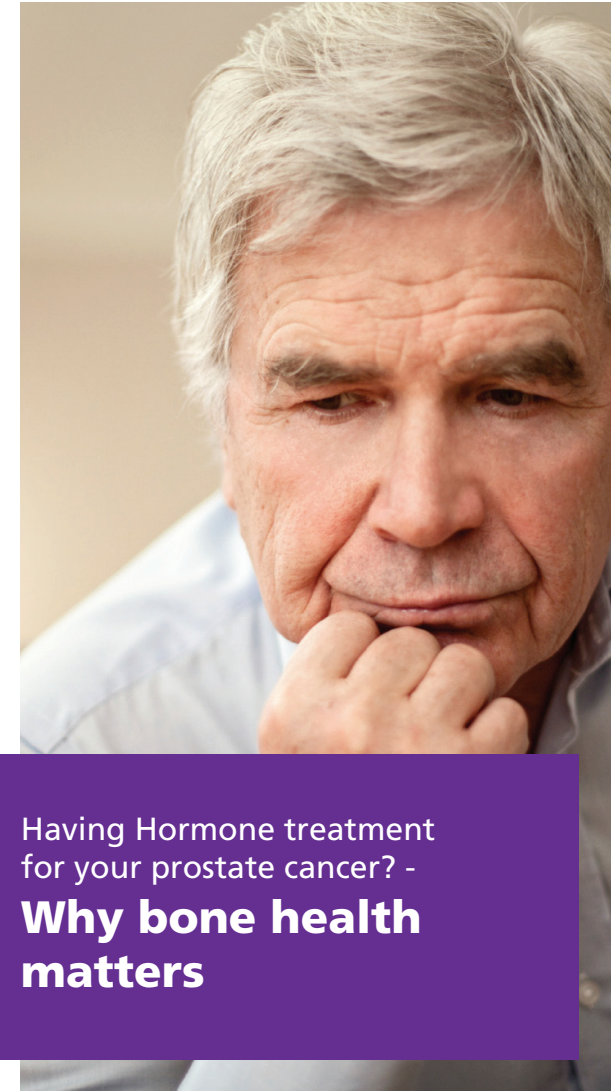
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tackle
prostate cancer
Action for patients and their families

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Having Hormone treatment for your prostate cancer? -
Why bone health matters

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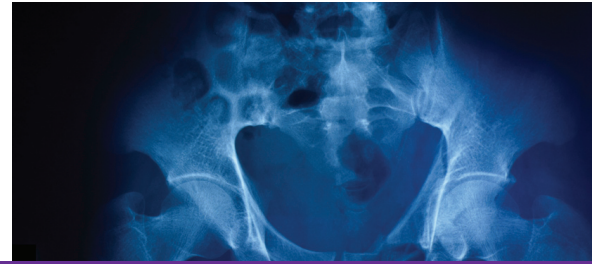
Why bone health is important if you are having hormone therapy

If you are unfortunate enough to be diagnosed with advanced prostate cancer, or your cancer has become advanced, the only treatment option available is Hormone Therapy. Although this will prolong your life, it will also cause osteoporosis, which in time can lead to Skeletal Related Events (SREs). It is therefore important to understand the particular problems surrounding advanced prostate cancer.

Why is bone health treated differently in prostate cancer?

In every other cancer, NICE has laid out a treatment pathway, which involves bone health with treatment with bisphosphonate drugs and latterly, Denosumab. These drugs help to limit the damage to your skeleton caused by hormone therapy, and therefore avoid SREs. Not so with prostate cancer, there is no pathway laid down by NICE involving bisphosphonates for bone health, so it is important that the patient knows about the issues involved.

Although there is no provision for bone health in the NICE treatment pathway for prostate cancer, if you have advanced prostate cancer, regular DEXA (bone density) scans should be undertaken and if osteoporosis is found, you can then be treated under the NICE rules for osteoporosis



So what are the treatments I need for my bone health?

Bisphosphonates

There are many bisphosphonate drugs and many are taken orally, once a week on a particular day. They are taken first thing in the morning with a full glass of water, on an empty stomach. The patient has to be either sitting or standing in an upright position and must not eat or drink anything for at least 30 minutes after taking.

The standard bisphosphonate treatment is Zoledronic Acid, marketed as Zometa. This is given as a monthly infusion into the patient's arm and requires a visit to hospital. Blood tests have to be taken either on the day, or in the days immediately preceding the infusion.

Denosumab

Denosumab, marketed as Xgeva, is a new drug for bone health which has just been passed by NICE for all cancers, apart from prostate cancer. It works in a different way from bisphosphonates in that it is a fully human monoclonal antibody, which prevents bone destruction. Denosumab is given by a monthly injection given by your healthcare professional.

OK so what are the side effects of taking these treatments for my bone health?

All of these treatments are well tolerated, but as with all drugs, there can be side effects. The most serious of these is a condition called osteonecrosis of the jaw. The symptoms may include jaw pain, swelling, numbness, loose teeth, gum infection, or slow healing after injury or surgery involving the gums. In view of this, dental hygiene is of vital importance and if the patient needs an extraction, then treatment must be stopped one month before dental work and until any damage to the gum and jaw are fully healed. To assist with this and nocturnal dry mouth there is a toothpaste called **Duraphat 5000**, which is available from your dentist on prescription.

