



Androgen Deprivation Therapy Monitoring and Management of Adverse Events

Your doctor has recently started you on ADT. Although ADT is very important for the management of prostate cancer, it can have some side effects that require monitoring and sometimes treatment. This sheet has been designed to identify some of the side effects that may occur. Many of these side effects are managed by primary care providers.

Please show this to your prostate cancer doctor and your primary care provider at every clinic visit.

Patient and provider information

Patient name: Date of birth:

Prescriber and role: Urologist Medical oncologist Radiation oncologist Other

Primary care provider:

Prostate cancer diagnosis

Localized/locally advanced Biochemical recurrence Metastatic hormone sensitive Non-metastatic castrate resistant Metastatic castrate resistant

Date of initial prostate cancer diagnosis: Date (s) of progression:

Type of therapy: Medical Surgical (bilateral orchiectomy) Start date of medical therapy or date of surgery:

Expected duration of therapy: Less than 6 months 6 months to 3 years Life long

Details of ADT

Medical therapy details: Name of drug: Dose: Route: Frequency:

Administered by: Home injection program Prostate cancer doctor Primary care provider Other Continuous Intermittent

Other details:

Past medical history

Diabetes Dyslipidemia Hypertension Elevated BMI Cardiovascular disease Stroke Falls risk Other

Colour Legend

Managed by PCP

Managed by specialist

Managed by PCP and specialist

ADT Adverse Events

Adverse event	Management (assess every 6-12 months while on therapy)	Date: <input type="text" value="MM/DD/YY"/>
Cardiovascular disease Increased risk for cardiac events Increased risk for stroke Increased risk for DVT/PE	Assess for symptoms of cardiovascular disease (eg. angina, SOB, decreased exercise tolerance, symptoms of HF, claudication) <small>* Patients with a history of stroke or MI may be at increased risk for further major cardiovascular events as a result of ADT use and may benefit from referral to cardio-oncology</small> Check and maintain good blood pressure control Counsel regarding importance of smoking avoidance/cessation	Symptoms <input type="checkbox"/> Yes <input type="checkbox"/> No Referral <input type="checkbox"/> Yes <input type="checkbox"/> No BP <input type="text"/> Smoker <input type="checkbox"/> Yes <input type="checkbox"/> No
Body composition Increased BMI Increased percentage body fat Decreased muscle mass	Maintain a healthy weight Recommend 150 minutes of aerobic and resistance exercise per week, preferably in a supervised setting	<input type="text"/> <input type="text"/> Weight (kg) Waist circumference (cm) <input type="text"/> <input type="text"/> Height (cm) BMI (kg/m ²) Meeting goal? <input type="checkbox"/> Yes <input type="checkbox"/> No
Metabolic changes Insulin resistance/glucose intolerance Increased risk for diabetes Worse glycemic control Altered lipid profile Increased risk for metabolic syndrome	Assess lipid profile and treat dyslipidemia as per best practice Assess glycemic control and treat hyperglycemia/diabetes as per best practice Assess for metabolic syndrome and treat as per best practice	LDL-C <input type="text"/> nonHDL-C <input type="text"/> On therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No HgBA1c <input type="text"/> % Oral GTT <input type="text"/> Fasting BGL <input type="text"/> On therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No Metabolic syndrome? <input type="checkbox"/> Yes <input type="checkbox"/> No

ADT Adverse Events		
Adverse event	Management (assess every 6-12 months while on therapy)	Date: <input type="text" value="MM/DD/YY"/>
Bone health Decreased bone mineral density Increase risk for osteoporosis Increased risk for clinical fractures	Avoid alcohol while on therapy Calcium and vitamin D supplementation * Recommend calcium 1200 mg PO daily from dietary sources and supplements and vitamin D 800-2000 IU PO daily Baseline calcium level <input type="text"/> Baseline 25-hydroxyvitamin D level <input type="text"/> Osteoporosis screening and management For men with expected duration of therapy >1 year: Baseline bone mineral density <input type="text"/> *Men on ADT are at increased risk for osteoporosis and clinical fractures. Recommend screening and management of osteoporosis as per the 2010 clinical practice guidelines for the diagnosis and management of osteoporosis in Canada for all men on ADT *DXA should be repeated every 2-3 years in men at low risk for fractures receiving ADT. In men with osteopenia or those at moderate or high risk for fractures, DXA should be repeated every 1-2 years until treatment cessation. Patients started on pharmacological therapy should have followup DXA to assess for treatment response.	Alcohol consumption <input type="checkbox"/> Yes <input type="checkbox"/> No Receiving recommended doses? <input type="checkbox"/> Yes <input type="checkbox"/> No Screening? <input type="checkbox"/> Yes <input type="checkbox"/> No Osteopenia? <input type="checkbox"/> Yes <input type="checkbox"/> No Osteoporosis? <input type="checkbox"/> Yes <input type="checkbox"/> No Treatment indicated? <input type="checkbox"/> Yes <input type="checkbox"/> No Details of treatment: <input type="text"/>
Hot flashes Feeling hot and experiencing sweats	Identify and avoid triggers Various medications are available and may help your symptoms Consider acupuncture	Hot flashes <input type="checkbox"/> Yes <input type="checkbox"/> No
Breast events Breast growth and/or tenderness	If you are experiencing this side effect let your prostate cancer doctor know. There may be treatment options available, including hormone therapies, radiation and surgery.	Breast events <input type="checkbox"/> Yes <input type="checkbox"/> No
Cognitive function Possibly decreased concentration, memory loss, dementia and depression	Monitor your symptoms and let your providers know if you experience any changes.	Changes in cognition <input type="checkbox"/> Yes <input type="checkbox"/> No
Fatigue and anemia Feeling tired and low hemoglobin levels	Exercising regularly helps with fatigue. Work up secondary causes of anemia and referral to hematology if hemoglobin level drops more than 10mg/dL	Fatigue <input type="checkbox"/> Yes <input type="checkbox"/> No Last HGB level <input type="text"/>
Impaired sexual function Decreased penile and testicular size Loss of sexual desire Decreased sensitivity to sexual stimulation Erectile dysfunction	You may benefit from seeing a sex therapist or medications and other interventions to help with sexual function Discuss with your prostate cancer doctor if intermittent ADT may be appropriate for you	Sexual dysfunction? <input type="checkbox"/> Yes <input type="checkbox"/> No
Quality of life Multiple domains	Exercising regularly helps improve quality of life while you are on ADT. Discuss with your prostate cancer doctor if intermittent ADT may be appropriate for you	

Source: Kokorovic A, So AI, Rendon R et al. Canadian Urological Association guideline on androgen deprivation therapy: Adverse events and management strategies. Can Urol Assoc J. 2021;15(6):E307-E322. doi:10.5489/cuaj.7355

Reference: Papaioannou A, Morin S, Leslie WD et al. 2010 clinical practice guidelines for the diagnosis and management of osteoporosis in Canada: Summary. CMAJ. 2010;182:1864-73. doi: 10.1503/cmaj.100771



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