

Androgen Deprivation Therapy (ADT)

Patient Guide for Prostate Cancer Treatment

What is ADT?

ADT is also called **hormone therapy**. Prostate cancer often uses testosterone as a growth signal. ADT lowers testosterone, which can slow cancer growth and help other treatments, such as radiation, work better.

ADT is not chemotherapy.

How is it given?

There are several ADT options, but most patients receive a **long-acting injection in the office**. In our practice, this is usually a **6-month injection**. Some patients also need pills depending on their cancer plan.

Why am I being offered ADT?

ADT may be used with radiation, for prostate cancer that has returned, or for cancer that has spread or needs long-term control. Your planned length of treatment depends on your PSA, biopsy grade, imaging, stage, and overall treatment plan.

After starting ADT, your team usually follows bloodwork such as **PSA** and sometimes **testosterone** to confirm the treatment is working.

BONE HEALTH: DO NOT SKIP CALCIUM + VITAMIN D

ADT can thin bones over time. Please make sure your primary care doctor knows you are on ADT.

Calcium: aim for **1,000-1,200 mg/day of elemental calcium total** from food plus supplements if needed.

Vitamin D: usually **800-1,000 IU/day**, unless your doctor recommends a different dose.

Avoid extra calcium without medical advice if you have kidney stones, kidney disease, high calcium levels, or other restrictions.

DEXA bone density scan: if ADT is expected to be long-term, a baseline DEXA is often recommended. Repeat testing is commonly about **every 2 years** while continuing ADT, or sooner if osteoporosis/high fracture risk. PCP can help follow this.

Possible side effects

- Hot flashes or flushing
- Fatigue or sleep changes
- Lower sex drive and erectile dysfunction
- Testicular shrinkage
- Weight gain, especially belly fat
- Loss of muscle mass
- Breast tenderness or enlargement
- Mood changes, irritability, or depression
- Memory or concentration changes
- Anemia
- Bone thinning, osteoporosis, fractures
- Higher blood sugar/diabetes risk, cholesterol changes
- Possible higher risk of heart attack, stroke, or blood clots, especially in patients with existing risk factors

How to reduce side effects

- Walk or do aerobic activity regularly
- Add resistance/strength training if safe
- Maintain a healthy weight
- Eat a heart-healthy diet with adequate protein
- Follow blood pressure, cholesterol, and blood sugar with your PCP
- Limit alcohol, avoid smoking, and reduce fall risks
- Tell us if hot flashes, fatigue, mood, sleep, or sexual side effects are affecting quality of life - there may be treatment options

Call urgently / seek care for

- Chest pain, shortness of breath, stroke-like symptoms
- New leg swelling or calf pain
- Severe allergic reaction after injection
- Severe depression or thoughts of self-harm
- New severe or persistent bone pain

General education only. Your urology and primary care teams may adjust recommendations based on your health history.