



**ARE YOU ON PROSTATE  
CANCER TREATMENT?**



**FIND OUT IF YOU HAVE  
AN UNDERLYING RISK OF  
CARDIOVASCULAR  
DISEASE**

**DID YOU  
KNOW?**



**2** in **3** patients with  
prostate cancer  
have an increased **risk of  
cardiovascular (CV) disease.**<sup>1</sup>

**ARE YOU ONE OF THEM?**

**If you have prostate cancer,  
answer two simple questions  
and find out about your  
CV disease risk.**<sup>2</sup>



# PROSTATE CANCER, ADTs AND CV DISEASE RISK

THINGS YOU NEED TO KNOW



## Prostate cancer facts



Every year

**1.41M** men **suffer** from prostate cancer.<sup>3</sup>



Every year

**375K** men **die** from prostate cancer.<sup>3</sup>



**2 in 3**

men with prostate cancer have an **increased risk of CV disease**.<sup>1</sup>

It is important to understand your CV disease risk if you have prostate cancer.

## ADTs are one of the connections between prostate cancer and heart health

Prostate cancer (PCa) and heart health are intertwined. Some common treatments for prostate cancer, like **androgen deprivation therapy (ADT)**, have been linked with increased CV disease risk.<sup>4</sup> Additionally, medicines like **novel hormonal agents (NHAs)** often given along with ADTs are also associated with increased CV risk.<sup>5</sup>

At least

**~40%**

of patients receive ADTs at some point during their PCa treatment.<sup>6-8</sup>

**4x**



Patients on ADTs have an almost 4-fold increased CV disease risk.<sup>9</sup>

If you're on ADTs and concerned about CV disease risk, talk to your doctor today to discover effective strategies for managing your heart health.

# ADTs AND INCREASED RISK OF CV DISEASE

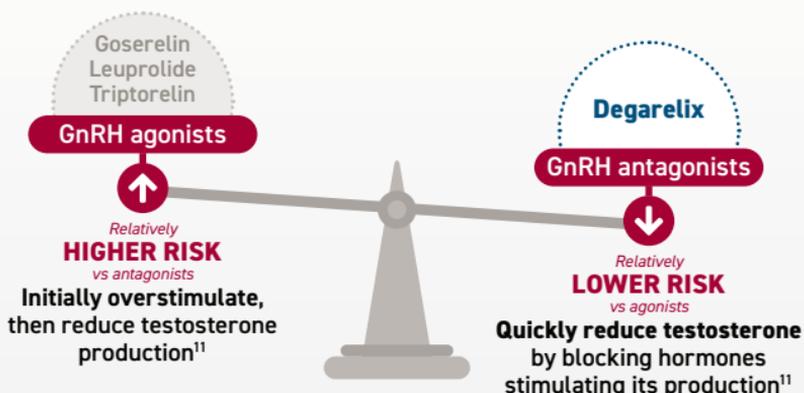
## UNDERSTANDING THE LINK

### How do ADTs increase risk of CV disease?

ADTs act by reducing the level of testosterone in the body. **Low levels of testosterone can increase your risk of heart problems and diabetes.**<sup>10</sup>

### Are all types of ADTs associated with heart disease risk?

The most common form of ADTs used today include **gonadotrophin releasing hormone (GnRH) agonists and antagonists.**<sup>11</sup>



#### Proven by science

GnRH antagonists are associated with a **LOWER** risk of CV events than GnRH agonists, based on:<sup>12-15</sup>

- **Real-life analysis** of USFDA and European databases of over 90,000 patients
- **Numerous clinical studies**



#### Guidelines-recommended

Experts recommend GnRH antagonists for patients with pre-existing symptomatic coronary artery disease,<sup>16</sup> pre-existing CV disease or other CV risk factors who require ADT.<sup>17</sup>



**If you're on GnRH agonists and are concerned about the risk of CV disease, speak to your doctor about alternative ADT options.**

# NOT ALL ADTs ARE EQUALLY ASSOCIATED WITH CV DISEASE RISK



## GnRH agonists versus GnRH antagonists

Research suggests that patients with pre-existing CV disease receiving ADT for **more than 6 months** have a **lower risk** of CV-related events when using GnRH antagonists compared to GnRH agonists.<sup>13</sup>



**88%**

Lower risk of composite CV events has been reported in patients with pre-existing CVD treated with GnRH antagonists compared to those treated with GnRH agonists.<sup>13</sup>

## If you have prostate cancer, your doctor may also recommend NHAs, which will lead to higher CV risk.

Medications called novel hormonal agents (NHAs) have been found to provide additional survival benefits for prostate cancer treatment when used alongside ADTs. However, **NHAs might further raise the risk of CV issues.**<sup>18</sup>

**Clinical research suggests that NHAs:**

Increase the risk of **high-grade cardiac toxicity**<sup>18</sup> by

**84%**

Increase the risk of **hypertension**<sup>19</sup> by

**>2x**

**Answer 2 simple questions on the CV checklist and start a conversation with your doctor about your CV disease risk now.**

# THE CV CHECKLIST<sup>2,20</sup>

## ANSWER TWO SIMPLE QUESTIONS

1

Have you ever had any of the following events?

- Stroke
- Stable angina
- Transient ischaemic attack
- Myocardial infarction
- Intervention for coronary disease (e.g., stent or coronary artery bypass graft)
- Abdominal aortic aneurysm
- Peripheral vascular disease
- Ischaemic claudication

✓ YES

**HIGH**  
⚠️ CVD risk

NO ✕

2

Do you have any of the following conditions?

- Diabetes
- Smoking history
- Hypercholesterolaemia
- Hypertension
- Receiving NHA

✓ YES

**INTERMEDIATE**  
⚠️ CVD risk

NO ✕

**LOW**  
CVD risk

**SPEAK TO YOUR DOCTOR NOW IF YOU HAVE INTERMEDIATE OR HIGH CVD RISK**

## QUESTIONS TO ASK YOUR DOCTOR

Learn more about your CV disease risk as you manage your prostate cancer<sup>20-22</sup>

- ▶ What are my heart disease risk factors?
- ▶ If my heart disease risk is **INTERMEDIATE** or **HIGH**, what type of ADTs are most suitable to manage my heart disease risk during prostate cancer management?
- ▶ If my heart risk factors aren't well-controlled, what can I do to better control them?
- ▶ If I already have heart disease, am I on the most suitable medical therapy?
- ▶ Should I see a cardiologist or cardio-oncologist? If yes, what is the ideal time to visit?

If you have **INTERMEDIATE** or **HIGH** CVD risk, your doctor may suggest a suitable choice of ADTs with lower CV risks, like GnRH antagonists.



Have a chat with your healthcare team to make sure that your CV disease risk is considered, and the right ADT choice is made to optimise your health benefits.

This health message is brought to you by Ferring Pharmaceuticals Pte Ltd.

**Abbreviations:** ADT, androgen deprivation therapy; CV, cardiovascular; CVD, cardiovascular disease, EV, Eudra-Vigilance; USFDA, United States Food and Drug Administration; GnRH, gonadotropin-releasing hormone; NHA, novel hormonal agents.

**References:** 1. Leong DP, et al. *J Urol*. 2020;203(6):1109-1116. 2. Davey P, Alexandrou K. *Int J Clin Pract*. 2022;2022:2976811. 3. Sung H, et al. *CA A Cancer J Clinicians*. 2021;71(3):209-249. 4. Keating NL, et al. *J Natl Cancer Inst*. 2010;102(1):39-46. 5. Cereda V, et al. *Heart Fail Rev*. 2022;27(1):119-134. 6. Lawrenson R, et al. *J Cancer*. 2014;5(3):214-220. 7. Liede A, et al. *ESMO Open* 2016;1:e000040. 8. Raval AD, et al. *J Clin Oncol*. 2024; 42(4\_suppl):66-66. 9. Gong J, et al. *Cardio Oncology*. 2020;2:553-563. 10. Cancer Research UK. Sex hormones, heart disease and diabetes. <https://www.cancerresearchuk.org/about-cancer/prostate-cancer/practical-emotional-support/hormone-symptoms/sex-hormones-heart-disease-diabetes>. Accessed on 29 April 2024. 11. Freedland SJ, Abrahamsson PA. *Asian J Androl* 2021;23:3-10. 12. Albertsen PC, et al. *Eur Urol*. 2014;65(3): 565-573. 13. Shao YHJ, et al. *Prostate Cancer Prostatic Dis*. 2023;26(4):722-729. 14. Dragomir A, et al. *J Natl Compr Canc Netw*. 2023;21(2):163-171. 15. Cicione A, et al. *Prostate Cancer Prostatic Dis*. 2023;26:765-771. 16. Lyon AR, et al. *Eur Heart J*. 2022;43(41):4229-4361. 17. Cornford P, et al. EAU - EANM - ESTRO - ESUR - ISUP - SIOG Guidelines on Prostate Cancer. [https://d56bochluxqznc.cloudfront.net/documents/full-guideline/EAU-EANM-ESTRO-ESUR-ISUP-SIOG-Guidelines-on-Prostate-Cancer-2024\\_2024-04-09-132035\\_ypmy\\_2024-04-16-122605\\_lqpk.pdf](https://d56bochluxqznc.cloudfront.net/documents/full-guideline/EAU-EANM-ESTRO-ESUR-ISUP-SIOG-Guidelines-on-Prostate-Cancer-2024_2024-04-09-132035_ypmy_2024-04-16-122605_lqpk.pdf). Accessed 8 Aug 2024. 18. Iacovelli R, et al. *Clin Genitourin Cancer*. 2018;16(3):e645-e653. 19. Scher HI, et al. *N Engl J Med*. 2012;367(13):1187-1197. 20. Merseburger AS, et al. *World J Urol*. 2024; 42:156. 21. Cardiosmart. ACC. Questions to Ask. <https://www.cardiosmart.org/topics/cancer-treatment-and-your-heart/prostate-cancer-and-your-heart/questions-to-ask-your-doctor>. Accessed on 29 April 2024. 22. European Association of Urology. Hormone Therapy and the Risk of Cardiovascular Disease in Patients with Prostate Cancer. [https://patients.uroweb.org/wp-content/uploads/2022/10/PI\\_ADT-related-CVD\\_EN\\_QR-code.pdf](https://patients.uroweb.org/wp-content/uploads/2022/10/PI_ADT-related-CVD_EN_QR-code.pdf). Accessed 22 August 2024.

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