

Segment 4 - Living Well: Your Bone, Heart, and Mental Health

Phillip Koo, MD [00:00:00] We're gonna invite Dr. Kristine Lacuna as well to help us talk about something that is so important but not talked about enough. And we're talking about how you live well with prostate cancer; how do you protect yourself, promote bone health, promote heart health and mental health as well. So, Kristine, thanks for coming and joining us.

Kristine Lacuna, MD [00:00:23] Thanks so much for having me, and I think this topic is incredibly important and kind of glossed over sometimes in our clinic when we're thinking about survival statistics and treatment and making sure that we're actually treating other things that are ongoing that come alongside hormonal therapy.

As we know, patients with prostate cancer are faced with a lot of the side effects from our treatments that we give. It's very good treatment, but we know that the treatment affects our bones. We know the treatment affects cardiovascular risks. And we know that that really stems from just having low testosterone, and so to kind of get into the nitty gritty, we know that these treatments cause increased risk for cardiovascular disease by causing weight gain, causing elevated sugar levels, insulin resistance. And these changes can really affect our patients' lives. And we also know that there's reduced muscle mass and bone loss.

And so, when I'm starting my patients on these types of treatments, I really think that it's important to really discuss that these effects can really last not only in the short term, but in the long term. And so, it really is a discussion to have with them and also to partner with their primary doctor as well as their cardiologist and to communicate with them at baseline.

Phillip Koo, MD [00:01:44] So when does that conversation need to occur? Like at what stage? When you're initially diagnosed, when you're recurrent, advanced?

Kristine Lacuna, MD [00:01:53] I think that's a great question. And I really try to do that from the get-go. So, when they were first diagnosed, there's always these risks that can come up, especially if a patient is starting hormonal therapy at the very beginning. And so, I think when we're having these discussions, it really needs to be right away, because again, these risks are not only in the short-term, they can be long-lasting. And so, to have them have a good understanding of that is very important in my perspective.

Phillip Koo, MD [00:02:24] So patients are often, you know, there are drugs to protect the bones. When do you use those drugs? When do you hold off? Because obviously with every drug, there's a potential for a side effect. So how do you selectively use them and how do you start and stop them?

Kristine Lacuna, MD [00:02:38] Yeah, it's a great question. So, for patients who are starting any kind of hormonal therapy, I think it's always important to have a discussion with your doctor of kind of screening from the beginning.

Do they have bone loss at the very beginning, or do they have normal bones? Do they have normal vitamin D levels? And so I think that when you're considering someone for a bone strengthening agent, such as Zometa or denosumab, I think that in terms of knowing when to start, for the later line settings, there's important data really showing that patients really do have prevention of skeletal-related events when you're giving these medicines in

the castration-resistant setting. I think if there's any evidence of bone loss, there can be a discussion with your doctor of incorporating some of these bone strengthening agents.

It's technically not recommended right from the get-go for hormone-sensitive disease, unless there is some sort of evidence of osteopenia or osteoporosis and the formulations are different. So, I think that it really just is a partnered discussion with your own oncologist and to make sure that the appropriate screening is done from the from the get-go.

Phillip Koo, MD [00:03:50] All right, so I guess take-home messages sort of to draw broad strokes. If you have bone loss, if you have bone disease, mets to the bones, typically patients who have advanced disease, those are when these conversations need to take a little bit of a higher level, especially when it comes to bone protection.

So, when it comes to heart health, we talk about this all the time. I'm sure in every office visit, someone's gonna say, you know what, eat right and exercise. Right? But there's kind of more to that. And when you hear that, you just, it probably just glances over, you know, everyone. How do we change that? How important is it? And, yeah, what should patients do? I mean, is it just sort of something you just say and just move on?

Kristine Lacuna, MD [00:04:33] No, these are great questions. And absolutely, I think that sometimes these things are glossed over, but I think it's so much more than just saying eat right and try to exercise. There have been clear studies, not only within prostate cancer, but also outside of prostate cancer that really demonstrate modifiable risk factors that we can really work on.

So, kind of focusing on diet, there was a study called the Prostate 8 study that really looked at healthy lifestyle modifications that really were associated with decreased risk for prostate cancer. And so that study really found that there was an emphasis on a diet that was high in plant-based foods, cruciferous vegetables, a diet that was high in good fats and fatty fish, and also some changes, lifestyle changes, such as kind of cutting down on smoking, regular exercise, at least 30 minutes a day, weight-bearing exercise. These were all key components that I think really need to be discussed and are as important as discussing the efficacy of treatments that you're giving for the patients because this is ultimately something that can affect them for the long-term. And so, I think that this is something that should not be glossed over.

And then in terms of kind of other things, exercise, we were presented with really CHALLENGE study showing that a structured exercise program. So, something that was really kind of structured for patients, not just giving them pamphlets and say, go exercise, really resulted in improved disease-free survival for patients with colon cancer. And so, these are in addition to things that we give for patients that can certainly help not only their health but also improve their disease-free survival. So, I think that these are things that really require a structured discussion that are often overlooked.

Phillip Koo, MD [00:06:24] That's great. So, eat right, exercise, take it to heart. And that pun was intended. So, all right. It's interesting. So, PCF we fund young investigators. So, oftentimes we provide grants through the generous donations of a lot of people and we're able to fund young investigators develop a career in prostate cancer research. Earlier today, one of them actually presented data about mental health and showed data that showed that there's a two times likelihood of having major depression in patients who have prostate cancer and it's greatest in those who are receiving ADT. And whether it's depression, anxiety, so many other things. And it actually, he then showed data that linked

some of that to clinical outcomes. But mental health is not discussed enough for a variety of reasons. So, how do we sort of dispel that or change that habit? Because we are discovering more and more how important that is to the success of patients with prostate cancer.

Kristine Lacuna, MD [00:07:28] No, that's a great question. And I think that that is a really important point because we know that, and we see it in our clinics. And I think that as someone who is a patient's oncologist, it's important to recognize symptoms. You know your patients, you get to know them for a lifelong, you see them kind of every couple of months and there are signs that you can recognize that they're maybe not themselves, maybe they are saying they're sleeping more, maybe their partner says they're acting differently.

And I think it's important to directly address that and to also kind of ask them. I think that it's important not only to ask how are you feeling? How are you having hot flashes? No, how are spending your days? Are you spending more time in bed? Are you going to work? Do you find it more difficult to concentrate? I think that asking is the first step because I think half the time we don't ask. I think we're rushed with time and kind of other pressures in clinic, but I think that asking is really important.

And I think those statistics that you brought up are really key. And if we start as people who see these patients in clinic if we started to see those signs, I think it's important to bring up important resources like support groups. I think, that can be really helpful, potentially social workers, as well as kind of, other people in the team that can help. When you start to notice these signs, but I think asking is the first step and recognizing those symptoms from a lifelong relationship that you have with the patient is really important.