Hormone therapy drug: degarelix (Firmagon®)

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This fact sheet is for men with prostate cancer who want to know more about degarelix (Firmagon®) – a hormone therapy used to treat men with advanced prostate cancer. Your partner or family members might also find it helpful.

We describe how degarelix works and what the treatment involves, and also possible side effects and ways to manage them.

Every hospital will do things slightly differently, so use this fact sheet as a general guide to what to expect and ask your doctor or nurse for more information. You can also call our Specialist Nurses on our confidential helpline — 0800 074 8383.

Who can have degarelix?
Degarelix might be suitable for you if you have prostate cancer that has spread to other parts of your body (advanced prostate cancer).

Degarelix won’t cure your cancer but it can help to keep it under control for many months or years. It can treat your cancer wherever it is in the body.

Degarelix may not be available in every hospital. Speak to your doctor or nurse about your own treatment options.

How does it work?
Degarelix is a type of hormone therapy called a GnRH antagonist (gonadotrophin-releasing hormone antagonist). You might also hear it called a GnRH blocker. It is given as injections.

Like other types of hormone therapy, degarelix works by stopping the hormone testosterone from reaching prostate cancer cells. It does this by blocking the message from the brain that tells the testicles to make testosterone. Without testosterone, the prostate cancer cells stop growing or grow more slowly, wherever they are in the body.
Degarelix starts to lower testosterone levels within the first day of treatment. This is different to LHRH agonists (see box above). LHRH agonists cause the body to produce more testosterone for a short time after the first injection. This temporary surge in testosterone could make any symptoms you have worse for a short time — this is known as a flare.

If you’re having an LHRH agonist, you’ll be given a short course of anti-androgen tablets to help stop this surge.

Degarelix doesn’t cause a temporary surge in testosterone, so you won’t need to take anti-androgen tablets. Instead, your testosterone levels will start to drop straight away. This means that if you have any symptoms of advanced prostate cancer, such as bone pain, these should start to improve quickly.

What are the advantages and disadvantages?

What might be an advantage for one person may not be for another, so speak to your doctor or nurse about your own situation.

Advantages

- Degarelix may control your cancer, wherever it is in the body.

- It won’t cause a surge in testosterone – your testosterone levels will drop straight away.

- You won’t need to take anti-androgen tablets to control a surge in testosterone.

Disadvantages

- Degarelix causes side effects, including hot flushes, weight gain and erection problems. These are similar to the side effects of LHRH agonists.

- Your skin near to the injections may become red, swollen or sore for a few days. This is particularly common after the first injections.

- You will need to visit your GP surgery or hospital every month for the injections.

What does treatment involve?

You will have an injection of degarelix just under the skin of your stomach area (abdomen) each month. You might have this done at your GP surgery or your local hospital.

When you first start treatment, you’ll have two injections on the same day. One injection is usually given on the left side of your stomach area and the other on the right side. After this, you’ll have one degarelix injection each month for as long as it’s working for you.

Tell your doctor or nurse about any other medicines you’re taking. This includes any herbal supplements or other complementary medicines.

You’ll have regular PSA tests to monitor how well degarelix is working for you. The PSA test measures the amount of a protein called prostate specific antigen (PSA) in your blood. If your PSA level goes down, this is usually a sign that your treatment is working.
What are the side effects?

Like all treatments, degarelix can cause side effects. It might seem like there are a lot of possible side effects, but you may not get all of them. And there are usually ways to manage them.

Hormone therapy affects men in different ways. Some men only get a few side effects or don’t get any at all. This doesn’t mean that the treatment isn’t working. Some men may find that their side effects improve or are easier to manage the longer they’re on hormone therapy.

Side effects will usually last for as long as you’re on degarelix. If you stop using it, the side effects will improve. This may take several months – they won’t stop as soon as you finish your treatment. Some side effects, for example breast swelling (see page 4), can take a long time to improve.

Discuss the possible side effects with your doctor or nurse before you start any treatment. If you know what side effects you might get, it can be easier to manage them.

Keeping track of your injections

It’s a good idea to record the dates of your injections so that you don’t miss an appointment.

If your injection is a few days late, you shouldn’t have any problems. But if you miss your treatment for longer than a few days, your body may start to produce more testosterone, causing the cancer to start growing again.

If you think you’ve missed an injection, tell your doctor or nurse so they can arrange another appointment for you as soon as possible.

There is space to record details of your drugs and appointments in our booklet, Living with hormone therapy: A guide for men with prostate cancer.

If you have any concerns about your side effects or get any new symptoms, such as bone pain, speak to your doctor or nurse. You can also speak to our Specialist Nurses on our confidential helpline.

We describe some common side effects of degarelix below. There is more information about some of these side effects and ways to manage them in our booklet, Living with hormone therapy: A guide for men with prostate cancer.

Skin problems

You may find that the skin around the area where you have the injections is red, hard, swollen and sore. This usually settles down after a few days and is often worse after the first injections than the later ones. Simple ways to help manage this include mild pain-relieving medicines, such as paracetamol, or using a cool pack on the area.

Hot flushes

Hot flushes are a common side effect of degarelix. They give you a sudden feeling of warmth in your upper body. They are similar to the hot flushes women get when they go through the menopause.

There are a number of ways to manage hot flushes, including lifestyle changes, drug treatments and complementary therapies. If you’re thinking about using any complementary therapies, make sure you tell your doctor or nurse as they might interfere with your cancer treatment. You should also tell your complementary therapist about any cancer treatments you’re having.

Changes to your sex life

Degarelix can affect your sex life in different ways:

- you might lose some or all of your desire for sex (libido)
- you might have problems getting and keeping an erection (erectile dysfunction)
- your testicles and penis might get smaller.
There are ways to manage changes to your sex life. And there are treatments available for erection problems, including tablets, injections, pellets, vacuum pumps and implants.

Speak to your doctor or nurse if you have erection problems or call our Specialist Nurses on our confidential helpline. You can also read more about managing these side effects in our booklet, *Prostate cancer and your sex life*.

Extreme tiredness (fatigue)
Degarelix can make you feel extremely tired, which could affect your everyday life. Fatigue can come on quite suddenly and can affect your energy levels, motivation and emotions. This may improve over time and there are changes you can make to your lifestyle that might help, such as being as physically active as you feel able.

We have a telephone support service called Get back on track that can help with managing fatigue. Find out more from our Specialist Nurses on our confidential helpline or visit our website at prostatecanceruk.org

Weight gain
You may notice that you put on weight, particularly around the waist. Some men find this hard to deal with, especially if they’ve never had any problems with their weight in the past.

Physical activity and a balanced diet can help you stay a healthy weight. For more information, read our Tool Kit fact sheet, *Diet, physical activity and prostate cancer*.

Bone thinning
Long-term hormone therapy may cause your bones to gradually get thinner and weaker. If bone thinning is severe, it can lead to a condition called osteoporosis. People with osteoporosis are more likely to have bone fractures. Some men have a scan of their bones, called a DEXA scan, at the start of and during treatment to check for bone thinning.

There are a number of lifestyle changes, including physical activity, changes to your diet and stopping smoking, which may help to reduce your risk of bone thinning and osteoporosis. Speak to your doctor or nurse before you start any kind of exercise plan.

Read more in our Tool Kit fact sheet, *Diet, physical activity and prostate cancer*.

Breast swelling or tenderness
Degarelix may cause swelling and tenderness in the chest area. You may hear this called gynaecomastia. It can affect one or both sides and can range from mild sensitivity to ongoing pain. The amount of swelling can also vary – from a small amount to more noticeably enlarged breasts.

There are ways to reduce your risk of breast swelling and tenderness, or help treat it. These include treating the breast area with a single dose of radiotherapy, a course of tablets, or surgery.

Anaemia
Anaemia is when the blood has fewer red blood cells than usual. Degarelix can sometimes cause anaemia, which might make you feel a little breathless and tired. Although anaemia is usually mild, tell your doctor or nurse if you feel like this. They can monitor it and treat it if needed.

Risk of heart disease and diabetes
Degarelix may increase your risk of heart disease or diabetes. This is not common, but heart problems may be more likely if you already have a heart condition. Some research suggests that there might be a lower risk of these problems with degarelix than there is with LHRH agonists. Before you start treatment with degarelix, tell your doctor if you have any heart problems or if you’re taking medicines to treat a heart problem.

Other side effects
Some men get headaches or pain in their joints while having degarelix. And it might make you feel dizzy or sick, although this is unusual.
You might also notice changes in your bowel habits. For example, you may have loose or watery stools (diarrhoea). Or it might be harder to empty your bowels (constipation). These side effects are not common. And they may be caused by the cancer itself or by other medicines you’re taking, rather than by degarelix.

Read more about side effects and ways to help manage or reduce them in our booklet, Living with hormone therapy: A guide for men with prostate cancer.

What if degarelix stops working for me?

Hormone therapy will be a life-long treatment for many men with advanced prostate cancer.

Degarelix may keep your prostate cancer under control for many months or years. However, over time the behaviour of your cancer cells may change and your cancer might start to grow again.

Although the prostate cancer is no longer responding to your original type of hormone therapy, it may still respond to other types of hormone therapy or a combination of other treatments.

You can read more in our Tool Kit fact sheet, Second-line hormone therapy and further treatment options. Or speak to our Specialist Nurses on our confidential helpline.

Where can I get support?

Men deal with their prostate cancer in different ways. But there is support available if you want it.

Friends and family

Some men get all the back-up they need from their family and friends. It can help to get things off your chest by talking about it. Explaining how you feel can also help those close to you to understand and give you support.

Your doctor or nurse

Talk to your specialist nurse, doctor or other health professionals involved in your care.

They should be able to answer any questions or concerns you might have, as well as providing support.

You and those close to you can also speak to one of our Specialist Nurses on our confidential helpline. They can help you understand your treatment and the emotional effects of cancer.

Talking to a trained counsellor

Some people find talking to a counsellor helps. They are trained to listen and can help you to understand your feelings and find your own answers. Your GP or doctor or nurse may be able to refer you to a counsellor, or you can find one yourself. There are different types of counselling available. To find out more visit the British Association for Counselling & Psychotherapy.

Talking to someone who has been there

Talking to someone with similar experiences often helps. The volunteers in our peer support service are all men and women personally affected by prostate cancer, either as a man with prostate cancer or a family member. They are trained to listen and offer support over the telephone. Call our Specialist Nurses on our confidential helpline to arrange to speak to a volunteer. Or visit our website at prostatecanceruk.org (click ‘We can help’).

If you have access to the internet, you can sign up to the Prostate Cancer UK online community, where members can share personal stories and experiences of prostate cancer.

There are also prostate cancer support groups across the UK. Joining a local support group can provide the opportunity to meet and talk to others who share or understand your experience of prostate cancer. You can find details on our website or ask your nurse.

Find out more

Read more about managing the effects of hormone therapy and the support available in our booklet, Living with hormone therapy: A guide for men with prostate cancer.
Questions to ask your doctor or nurse

You may find it helpful to keep a note of any questions you have to take to your next appointment.

What is the aim of treatment?

How often will I have check-ups?

How often will I need a PSA test?

How long will it be before I know if the degarelix is working?

What are the possible side effects?

What other treatments are available if the cancer starts to grow again?

What will happen if I decide to stop my treatment?
More information

British Association for Counselling & Psychotherapy (BACP)
www.itsgoodtotalk.org.uk
Phone 01455 883300
Information about counselling and details of therapists in your area.

CancerHelp UK
www.cancerhelp.org.uk
Nurse helpline 0808 800 4040
Patient information from Cancer Research UK.

Macmillan Cancer Support
www.macmillan.org.uk
Helpline 0808 808 00 00
Practical, financial and emotional support for people with cancer, their family and friends.

NHS Choices
www.nhs.uk
Information about treatments, conditions and lifestyle. Support for carers and a directory of health services in England.

NHS Direct Wales
www.nhsdirect.wales.nhs.uk
Phone 0845 46 47
Provides health advice 24 hours a day, and lists local health services in Wales, including GPs.

NHS Inform
www.nhsinform.co.uk
Phone 0800 22 44 88
Provides health information and details of NHS and other support services in Scotland.

nidirect
www.nidirect.gov.uk
Information about government services in Northern Ireland, including health services.

UK Prostate Link
www.prostate-link.org.uk
Helps you find and compare reliable information about prostate cancer.

About us

Prostate Cancer UK fights to help more men survive prostate cancer and enjoy a better life.

This fact sheet is part of the Tool Kit. You can order more Tool Kit fact sheets, including an A-Z of medical words, which explains some of the words and phrases used in this fact sheet.

Download and order our free publications from our website at prostatecanceruk.org or call us on 0800 074 8383.

At Prostate Cancer UK, we take great care to provide up-to-date, unbiased and accurate facts about prostate cancer. We hope these will add to the medical advice you have had and help you to make decisions. Our services are not intended to replace advice from your doctor.

References to sources of information used in the production of this fact sheet are available at prostatecanceruk.org

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There are many other ways to support us. For more details please visit: prostatecanceruk.org/get-involved

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