

- More Androgens you have - faster the cancer will grow
 - Can give chemical castration or physical castration
- PSA = Prostate Specific Antigen
 - Marker for prostate cancer - not necessarily indicative of cancer
 - BPH (Benign Prostatic Hyperplasia) can also express it
- CRPC - Castrate Resistant Prostate Cancer
 - Cancer still grows despite castration
 - Adrenals produce testosterone
- Adrenal glands give you steroids to give you oestrogen post-menopausal as ovaries have atrophied
- Tamoxifen - given to pre-menopausal women
 - Can't give them aromatase inhibitors as ovaries would be stimulated by HPG axis to produce more oestrogen! (hence given to post-menopausal only)
- Can remove ovaries (irreversible)
- LH suppression (reversible)
- Micrometastasis
 - Hormone treatment can starve these
 - Usually done as even though you may have removed the main cancer - could be micrometastasis
- Duration of drug therapy is important
 - Longer you are on Tamoxifen // aromatase Inhibitors - less risk of reoccurrence
- mTOR - Mammalian Target of Rapamycin
 - mTOR inhibitors can make cancer dependant on hormones (again) which can then be blocked

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