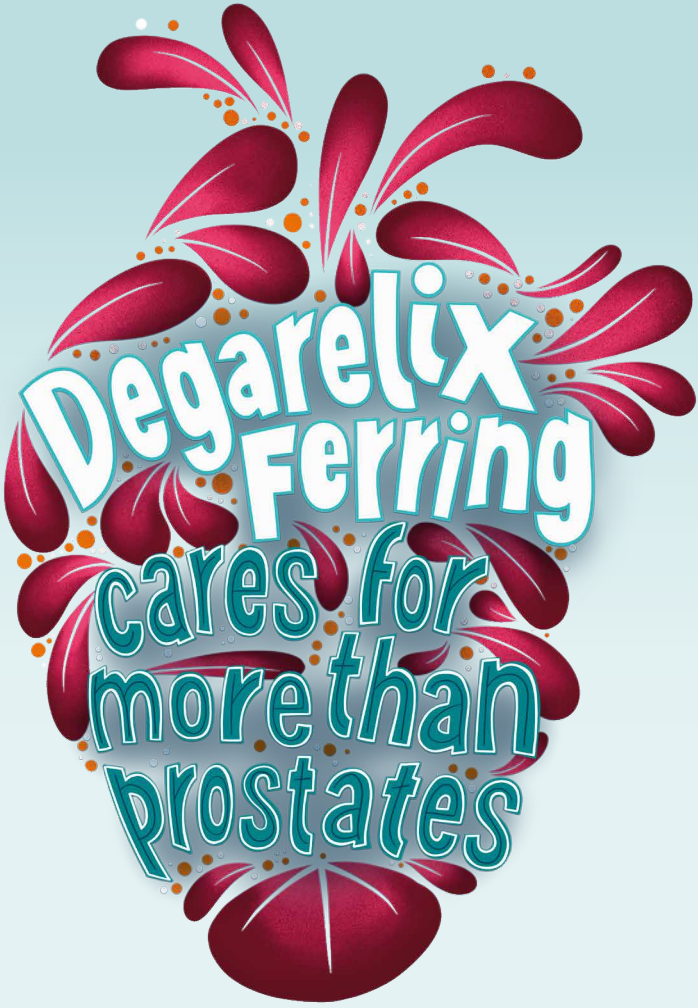
DEGARELIX FERRING is a gonadotrophin releasing hormone (GnRH) antagonist indicated for the treatment of adult male patients with advanced hormone-dependent prostate cancer, also in combination with radiotherapy and as neo-adjuvant treatment prior to radiotherapy in patients with high-risk localised or locally advanced hormone-dependent prostate cancer.[1,2]



Discover an ADT that can help your high-risk CV patients[3-8]

Adverse event reporting and details on where to find the Prescribing Information can be found on the back page.

FERRING
PHARMACEUTICALS

For patients with prostate cancer, CVD is a major cause of death[9,10]

CVD is the leading cause of death in prostate cancer patients, after prostate cancer itself [9,10]

- As many as **30% of advanced prostate cancer patients** are likely to be at **high risk** of a CV event[9]
- **CVD-related healthcare costs** are estimated at **£7.4 billion** annually in England alone,[11] with one event costing an estimated average of **£3,449**[12,13]

The estimated CVD-related healthcare costs in Scotland, Wales and Northern Ireland are:

£800 million[14]

£550 million[14]

£412 million[14]

STAMP – Identification of patients with CVD[15]

EAU GUIDELINES: GnRH antagonists may be associated with less CV morbidity vs. agonists, and patients with pre-existing CVD or other CV risk factors may be considered for treatment with GnRH antagonists if chemical castration is chosen.[16]

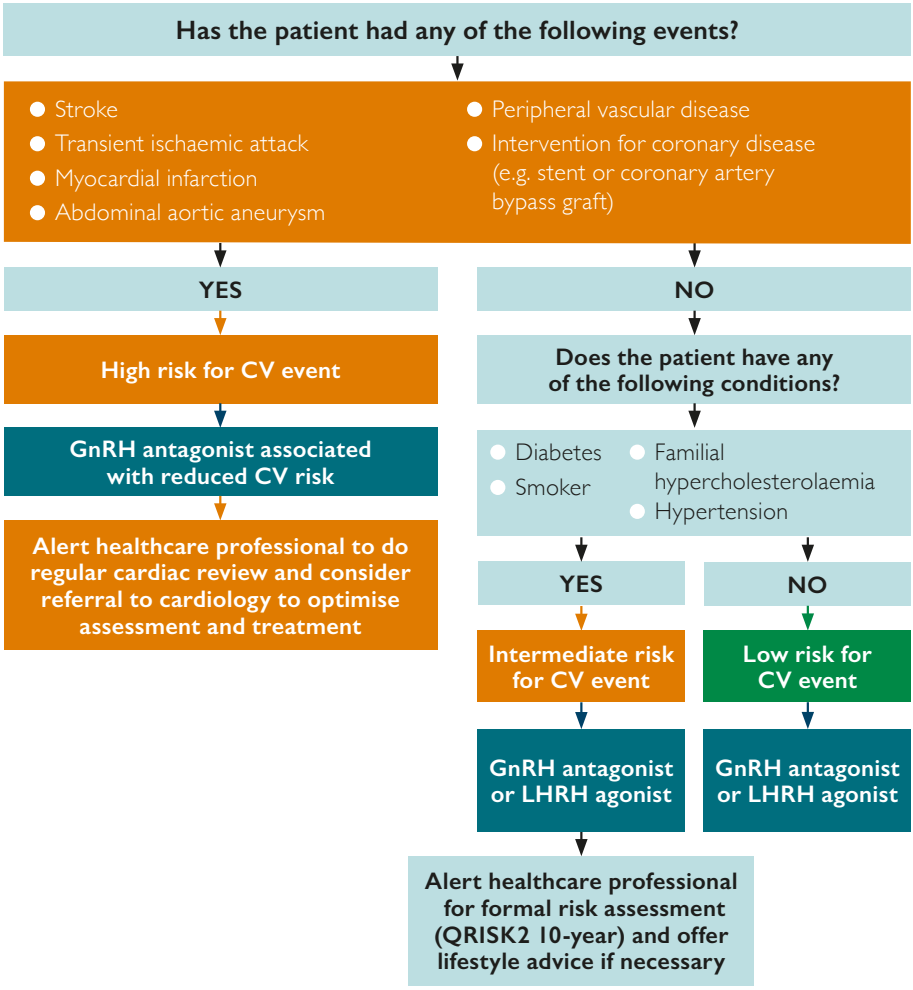
The STAMP tool can be used to help you identify patients with pre-existing CVD:

S	**Stroke**
T	**Transient ischaemic attack**
A	**Abdominal aortic aneurysm or other aortic disease**
M	**Myocardial infarction, angina, or previous coronary revascularisation**
P	**Peripheral arterial disease**

Adapted from Kenk M. et al 2020[15]

Identifying and managing patients with CVD[15,17]

A careful CV risk assessment should be considered in all prostate cancer patients receiving ADT.[18]



Adapted from Davey P. and Alexandrou P. 2021[17]

DEGARELIX FERRING significantly reduces the risk of CV events vs. LHRH agonists[3-8]

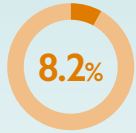
Retrospective pooled analysis from six Phase III, prospective, RCTs of prostate cancer patients (n=2,328), initiated on DEGARELIX FERRING or LHRH agonists.[3*]

DURING THE FIRST YEAR OF TREATMENT:

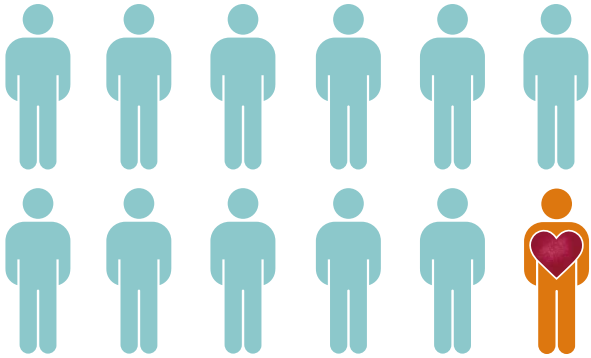
Significantly lower risk of experiencing a CV event with DEGARELIX FERRING patients vs. LHRH agonists in patients **with pre-existing CVD**

(HR: 0.44; 95% CI: 0.26–0.74; **p=0.002**)[3]

relative risk reduction[3]



absolute risk reduction[3]



With DEGARELIX FERRING, the number needed to treat to prevent 1 CV event is 12[3]

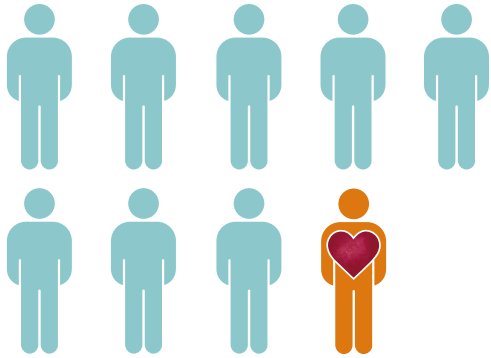
*LHRH agonists included goserelin and leuprorelin.

DEGARELIX FERRING significantly lowers the risk of CV events vs. LHRH agonists in a UK real-world setting[4]

UK Primary Care database of patients with prostate cancer (population based cohort study)

(n=9,081, aged ≥40 years)[4]

- More patients prescribed DEGARELIX FERRING had pre-existing CVD at baseline vs. patients on LHRH agonists[4*]
- **6.9%** estimated **relative risk of CV event** with DEGARELIX FERRING vs. **17.7%** with LHRH agonists (**RR: 0.39**; 95% CI: 0.191-0.799; **p=0.01**)[4]



In a real-world setting, with DEGARELIX FERRING, the number needed to treat to prevent 1 CV event was 9[4]**

* LHRH agonists refers to pooled data of patients receiving leuprorelin, goserelin and triptorelin.
** Calculated by Ferring using relative and absolute risk reduction.

DEGARELIX FERRING: A different class of ADT that significantly reduces the risk of CV events vs. LHRH agonists[3-8]

CVD is the **leading cause of death** in prostate cancer patients, after prostate cancer itself[9,10]

CVD-related healthcare costs are a major burden to the NHS with just one event costing an estimated average of £3,449[12,13]

As a **GnRH antagonist**, DEGARELIX FERRING blocks GnRH receptors for immediate and profound LH, FSH and testosterone suppression[19]

DEGARELIX FERRING reduces the risk of CV events in patients with pre-existing CVD[3-8] and **improves overall survival** rates vs. LHRH agonists[20]

56% relative risk reduction and 8.2% absolute risk reduction of experiencing a CV event in patients with pre-existing CVD vs. LHRH agonists*[3] (HR: 0.44; 95% CI: 0.26–0.74; p=0.002)

* Retrospective pooled analysis from six Phase III, prospective, RCTs of prostate cancer patients (n=2,328) initiated on DEGARELIX FERRING or LHRH agonists. LHRH agonists included goserelin and leuprorelin.

To view the prescribing information for DEGARELIX FERRING scan the QR code or visit: https://pi.ferring.co.uk/degarelixferring

SCAN ME

Adverse events should be reported.
Reporting forms and information can be found at www.mhra.gov.uk/yellowcard.
Adverse events should also be reported to Ferring Pharmaceuticals Ltd. Tel: 0800 111 4126.
Email: medical.uk@ferring.com

Abbreviations: ADT, androgen deprivation therapy; CI, confidence interval; CV, cardiovascular; CVD, cardiovascular disease; EAU, European Association of Urology; FSH, follicle-stimulating hormone; GnRH, gonadotrophin-releasing hormone; HR: hazard ratio; LH, luteinising hormone; LHRH, luteinising hormone-releasing hormone; OS, overall survival; PSA, prostate specific antigen; RR, risk ratio.

References: 1. DEGARELIX FERRING 120 mg injection Summary of Product Characteristics. Ferring Pharmaceuticals Ltd. June 2025. Available at: https://www.medicines.org.uk/emc/product/100906. Last accessed: June 2025. **2.** DEGARELIX FERRING 80 mg injection Summary of Product Characteristics. Ferring Pharmaceuticals Ltd. June 2025. Available at: https://www.medicines.org.uk/emc/product/100905. Last accessed: June 2025. **3.** Albertsen PC, *et al. Eur Urol* 2014;65:565–573. **4.** Davey P and Kirby MG. *World J Urol* 2021;39:307– 315. **5.** Margel D, *et al. J Urol* 2019;202(6):1199–1208. **6.** Perrone V, *et al. Ther Clin Risk Manag* 2020;16:393–401. **7.** Cone EB, *et al. J Clin Oncol* 2020;38:6 Suppl 34. **8.** Zhang KW, *et al. J Urol* 2021;206: 613-622. **9.** Plummer C, *et al. Trends Urol Men's Health* 2017;13–18. **10.** Chowdhury S, *et al. BJU Int* 2013;112(2):182-9. **11.** Health Matters: Preventing cardiovascular disease. UK Health Security Agency. Available at: https://ukhsa.blog.gov.uk/2019/02/14/health-matters-preventing-cardiovascular-disease/. Last accessed: June 2025. **12.** Hospital Episode Statistics (HES) database. (Data for Jan-Dec 2021). **13.** Data on file, Ferring Pharmaceuticals Ltd. Based on HES data, Xiang-Ming *et al.* 2017, NICE 2011. **14.** British Heart Foundation. Heart statistics https://www.bhf.org.uk/what-we-do/our-research/heart-statistics/heart-statistics-publications/cardiovascular-disease-statistics-2022 Last accessed: June 2025. **15.** Kenk M, *et al. Can Urol Assoc J* 2020;14:E458–E464. **16.** Cornford P, *et al. European Association of Urology*. Prostate cancer guidelines. Available at: https://uroweb.org/guidelines/prostate-cancer. Last accessed: June 2025. **17.** Davey and Alexandrou. *Int J Clin Pract* 2022 May 17:2022:2976811 **18.** Cereda V, *et al. Heart Fail Rev* 2022; 27(1):119-134. **19.** Drudge-Coates L. *Int J Urol Nurs* 2009;3(3):85–92. **20.** Klotz L, *et al. Eur Urol* 2014;66:1101–1108.

For further resources scan the QR code or visit the website https://hcp.ferring.co.uk/urology/degarelix-ferring/

SCAN ME

Date of preparation: June 2025
UK-URO-2500002

FERRING PHARMACEUTICALS