

FREE take one

3rd Edition

PROSTATE CANCER

*A treatment guide for
patients and their families*

*Communication
is key to your
path forward*


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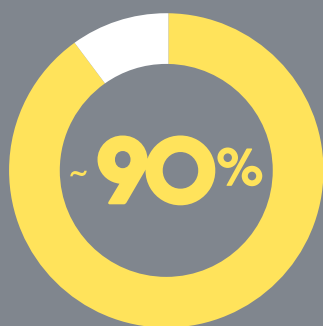
CANCER IS TESTING ME. NOW WE'RE TESTING IT.

Talk to your doctor about a genomic test that may give you different options to help manage your metastatic prostate cancer.

Not a real patient.

Certain people with metastatic prostate cancer may have options that are not hormone therapy or chemotherapy.¹

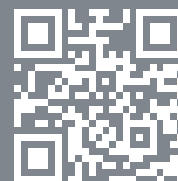
A genomic test can help you and your doctor learn about what options you might be eligible for.¹



In a study of 150 people with metastatic castration-resistant prostate cancer, approximately 90% of patients had a tumor mutation.^{1,2}

Your doctor can prescribe a genomic test that looks for these gene mutations. That information can help you and your doctor make informed decisions about your treatment plan.

To learn more about genomic testing, talk to your doctor and visit www.testingprostatecancer.com.



References: 1. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Prostate Cancer V.2.2021. ©National Comprehensive Cancer Network, inc. 2021. All rights reserved. Accessed September 27, 2021. To access the complete version of the guideline, go online to NCCN.org. 2. Robinson D, Van Allen EM, Wu YM, et al. Integrative clinical genomics of advanced prostate cancer. *Cell*. 2015;161(5):1215-1228.



PROSTATE CANCER



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“I have seen firsthand the many treatment options that are out there. I have alternatives, and I have hope.”

Jerry Peterson, page 11
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Understand your diagnosis and move forward with confidence

Facing a prostate cancer diagnosis is easier with open and honest communication. Though it may seem difficult to talk about something so personal, doing so can be both healing and helpful. A support group can offer valuable information from men who've been in your shoes. Talking with friends can be a source of strength and surprisingly enlightening if you discover that some of your friends have had prostate cancer themselves. And you could make a life-saving difference by sharing your diagnosis with a family member. As you learn more about your diagnosis, remember that the path ahead can be made clearer with a simple conversation.

Prostate cancer, one of the most common cancers diagnosed in men, begins in the prostate, a gland in the male reproductive system. Most prostate cancers are adenocarcinomas that start when healthy cells mutate into abnormal cells, growing uncontrollably and not dying when they should. The abnormal cells gradually accumulate to form a tumor.

These prostate cancers generally grow very slowly, may not cause symptoms for a long time (or ever) and often remain contained within the prostate gland. Sometimes, they spread outside the prostate gland to other parts of the body. Such spread is known as metastasis, and it can be accompanied by symptoms such as pain and fatigue.

To better understand prostate cancer and your specific diagnosis, it may help to know basic information about the prostate.

ABOUT THE PROSTATE GLAND

A healthy prostate is the size and shape of a walnut, situated under the bladder and in front of the rectum (see Figure 1). The prostate wraps around the urethra, which is the

tube that carries urine from the bladder and semen from the prostate through the penis. The main job of the prostate is to produce seminal fluid that protects and transports sperm out of the body.

As men age, the prostate normally increases in size. This is benign prostatic hypertrophy (BPH) and may block the normal flow of urine. Though growth of a cancer in the prostate may also block the flow of urine, such blockage and the symptoms that result are usually due to BPH rather than cancer. Prostate cancer in the prostate usually causes no symptoms at all. Therefore, monitoring your prostate health through regular exams and tests enables your physician to determine whether you have age-related issues or prostate cancer (see *Diagnosing & Staging*, page 3).

All males are at risk of developing prostate cancer. Risk increases with age, and most cancers are diagnosed in men 50 years of age or older. African American men have a higher risk of prostate cancer than White or Asian men, as do men with a family history of the disease. Genetic factors also increase that risk.

Genetic testing may be recommended based on a family history of prostate cancer (see *Genomic & Genetic Testing*, page 6).

Many of the symptoms and side effects, which may indicate prostate cancer, are personal and sensitive; this makes it important for you to fully understand your diagnosis and treatment options and to be comfortable with your health care team. Ask questions, consider the quality of life you wish to maintain and talk with other men who have had a similar diagnosis. The more you know, the more confident you will be moving forward. ■

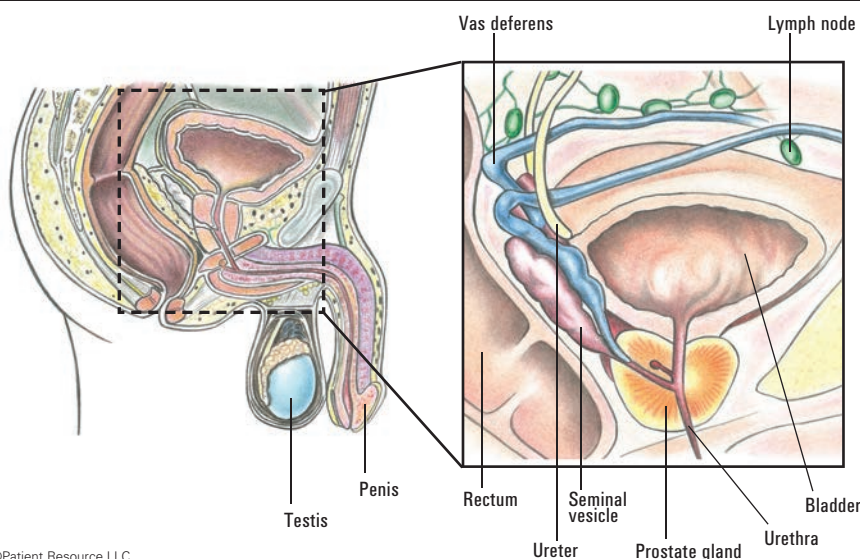


Should you seek a second opinion?

➔ **Gathering as much information as you can about your diagnosis and treatment options may help you feel more prepared to make the decisions ahead. Consider the following:**

- ▶ Doctors in each oncology specialty (surgery/urology, medical oncology or hematology oncology and radiation oncology) bring different training and experience to treatment planning. Some doctors may favor one treatment approach, while others might suggest a different combination of treatments.
- ▶ Some cancer specialists are considered leaders in the field of caring for patients with prostate and other genitourinary cancers. Such specialists may have access to the newest and potentially improved therapies for prostate cancer. For example, such a surgeon may operate on the most complicated tumors that other surgeons will not approach, or a medical oncologist might use an experimental treatment that has been shown to be successful in preliminary studies but is still not widely offered.
- ▶ You may live in a small town or rural area where there are few oncology specialists. If so, you may want to get an opinion from specialists at a larger medical center or comprehensive cancer center with particular expertise in treating prostate cancer.
- ▶ A second opinion is also a way to make sure your pathology, diagnosis and staging are accurate, and that you are aware of clinical trials you might want to consider.
- ▶ Most doctors welcome a second opinion and may even recommend another physician or hospital. Above all, the goal is for you to have the best care available.

FIGURE 1
PROSTATE ANATOMY



Test results reveal your cancer's stage and guide your treatment

Determining your best path forward begins with learning as much as possible about your type of prostate cancer. That may be easier once you understand more about the results of your diagnostic tests and how they, along with your personal and family medical histories, contribute to your personalized treatment plan.

Your doctor may perform any of the following tests to diagnose your tumor and begin planning your treatment. Some tests may be used for monitoring once treatment begins.

PHYSICAL EXAM

A digital rectal exam (DRE) is a common test to screen for prostate cancer, as well as to determine how large the tumor is. The doctor will insert a lubricated, gloved finger into your rectum and feel for any abnormalities in the prostate.

BLOOD TESTS

Prostate-specific antigen (PSA) is one of the most accurate cancer biomarkers available. PSA is a protein produced only by prostate cells, both normal and cancerous. Some of this protein enters the bloodstream and can be measured in a small sample of blood. Generally, higher PSA levels indicate a greater risk that prostate cancer cells are present. However, infection, inflammation, enlargement or other injuries to the prostate can also raise a man's PSA level.

In men with an elevated PSA, the Prostate Health Index (phi) and 4Kscore tests can help

avoid unnecessary biopsies without missing more than an occasional high grade, aggressive cancer, which would likely be found on the next screening test.

Biomarkers are molecules produced by cancer cells or by other cells in response to cancer and can be measured in blood or urine samples and used to indicate whether a cancer is present and how aggressive it may be.

If your PSA level is consistently elevated, your doctor may recommend some of the following related tests to help determine if a biopsy is needed or how serious the cancer may be:

- **PSA density (PSAD)** helps to determine how likely you are to have an aggressive cancer. It is calculated by dividing the PSA by the size of the prostate measured by ultrasound or MRI.
- **PSA velocity** measures how fast PSA levels change over time. It can be used to decide if a biopsy is needed but is most valuable as an indicator of how fast the cancer may be growing if it recurs after treatment.
- **PSA doubling time** is the time it takes for the

PSA level to double. A shorter doubling time is associated with a more aggressive cancer. Your doctor may use this information to choose the best options for your therapy.

- **Percent free PSA** measures the proportion of the total PSA that circulates "freely" in the blood, not bound to another molecule. The higher the percent, the more likely the elevated PSA level is coming from benign enlargement of the prostate (BPH) rather than cancer.
- **Prostate Health Index (phi)** measures PSA, free PSA and proPSA and uses a formula to predict the presence of a high grade (Grade Group 2 or more) cancer in the prostate in men with an elevated PSA.
- **4Kscore test** measures PSA, free PSA, intact PSA and hK2 in a blood sample and combines these results with age and DRE, and whether a man had a previous negative biopsy into an algorithm to predict the likelihood that a biopsy would show a high-grade cancer.

PSA level may increase with age. It is important to be tested regularly so your doctor can compare these levels over time and watch for an increase, which may indicate a need for further evaluation.

URINE TESTS

Several tests help predict the likelihood that cancer is present within the prostate by measuring the level of abnormal RNA in cells excreted into the urine. Some require a vigorous prostate massage before the urine sample is collected (MiPS, PCA3, Select MDx) and some are geared to help predict whether a high grade cancer (Grade Group 2 or more) is present (MiPS, Select MDx, ExoDx or EPI).

Continued on page 4

TABLE 1
▲ **AJCC TNM SYSTEM FOR CLASSIFYING PROSTATE CANCER** (Illustrations, page 4)

Classification	Definition
Tumor (T)	
TX	Primary tumor cannot be assessed.
T0	No evidence of primary tumor.
T1 T1a T1b T1c	Clinically inapparent (produces no signs or symptoms) tumor that is not palpable (noticeable by touch). Tumor incidental histologic finding in 5 percent or less of tissue resected. Tumor incidental histologic finding in more than 5 percent of tissue resected. Tumor identified by needle biopsy found in one or both sides, but not palpable (noticeable by touch).
T2 T2a T2b T2c	Tumor is palpable (noticeable by touch) and confined within prostate. Tumor involves one-half of one side (one prostate lobe) or less. Tumor involves more than one-half of one side (one prostate lobe) but not both sides (both lobes). Tumor involves both sides (prostate lobes).
T3 T3a T3b	Extraprostatic tumor (tumor extends beyond the prostate gland) that is not fixed or does not invade adjacent structures. Extraprostatic extension (tumor extends beyond the prostate gland) (unilateral or bilateral). Tumor invades seminal vesicle(s) (gland on each side of the bladder).
T4	Tumor is fixed or invades adjacent structures other than seminal vesicles such as external sphincter, rectum, bladder, levator muscles and/or pelvic wall.
Node (N)	
NX	Regional nodes were not assessed.
N0	No positive regional nodes.
N1	Metastases in regional node(s).
Metastasis (M)	
M0	No distant metastasis.
M1 M1a M1b M1c	Distant metastasis. Nonregional lymph node(s). Bone(s). Other site(s) with or without bone disease.

Used with permission of the American Joint Committee on Cancer (AJCC), Chicago, Illinois. The original and primary source for this information is the AJCC Cancer Staging Manual, Eighth Edition (2017) published by Springer Science+Business Media.

TABLE 2
▲ **STAGES OF PROSTATE CANCER**

Group/stage	T	N	M	Gleason grade	Prostate-specific antigen (PSA) level
I	T1a-c	N0	M0	1	Less than 10
	T2a	N0	M0	1	Less than 10
IIA	T1a-c	N0	M0	1	Greater than or equal to 10, but less than 20
	T2a	N0	M0	1	Greater than or equal to 10, but less than 20
	T2b-c	N0	M0	1	Less than 20
IIB	T1-2	N0	M0	2	Less than 20
IIC	T1-2	N0	M0	3	Less than 20
	T1-2	N0	M0	4	Less than 20
IIIA	T1-2	N0	M0	1-4	Greater than or equal to 20
IIIB	T3-4	N0	M0	1-4	Any level
IIIC	Any T	N0	M0	5	Any level
IVA	Any T	N1	M0	Any grade	Any level
IVB	Any T	Any N	M1	Any grade	Any level

BIOPSIES

A biopsy is the only way to definitively diagnose prostate cancer. Multiple tissue samples (typically 12 to 14 of them) are usually collected.

- **Core needle biopsy** is the most commonly used test for detecting the presence and grade of cancer in the prostate.
 - **Transrectal ultrasound (TRUS)-guided biopsy** uses sound waves to visualize the prostate and evaluate for cancer and other conditions. The ultrasound image is also used by the doctor to guide needles to the correct areas during the biopsy.
 - **Transperineal, ultrasound-guided biopsy** removes tissue with a thin needle that is inserted through the skin between the scrotum and rectum and into the prostate.
- **MRI-US fusion biopsy** fuses, or combines, detailed MRI images with live, real-time ultrasound images of the prostate. An MRI is done first. At another appointment, an ultrasound of the prostate is performed. Fusion software combines the images from both tests and gives the doctor a detailed three-dimensional ultrasound/MRI view to help guide the biopsy needles more precisely to areas suspicious for cancer.
- **Pelvic lymphadenectomy** is a surgical procedure to remove lymph nodes in the pelvis to see if they contain cancer. This procedure helps to determine the cancer's stage.
- **Seminal vesicle biopsy** uses a needle to remove a sample of tissue from the seminal vesicles to check for spread of the cancer.

- **Prostate “bed” biopsy** may be performed after prostate cancer surgery if an abnormal lump arises in the area where the prostate was removed.

THE GRADE OF PROSTATE CANCER

The grade of a cancer refers to its appearance under a microscope and can only be determined from a tissue sample. Prostate cancer grade groups range from 1-5. In group 1, the cancer cells appear nearly normal and form recognizable glands — these are the most favorable, slowest growing cancers. Group 5 consists of sheets of disorganized, irregular cells hardly recognizable as coming from the prostate — these are the most aggressive, fastest growing. Since prostate cancers are usually composed of more than one grade, the grade of the largest area of cancer is listed first and the second largest, second (for example, 4+3). These combinations of grades are then grouped into the 5 grade groups, which powerfully predict the behavior of the tumor.

IMAGING TESTS

Transrectal ultrasound (TRUS) uses sound waves to visualize organs and evaluate them for cancer and other conditions. During this test, the technician will insert a lubricated transducer (a small instrument that emits sound waves) into the rectum. As the sound waves reach the prostate and create echoes, images of the prostate will appear on the monitor for the technician to view.

Magnetic resonance imaging (MRI) uses magnetic fields instead of X-rays to visualize internal organs in the body; the MRI is particularly helpful in showing a detailed view of the prostate.

A **bone scan** may be performed if the patient has bone pain or is at high risk for bone metastases based on other test results.

Computed tomography (CT) is primarily performed to look for the spread of cancer to lymph nodes and other organs but is not especially helpful at showing details inside the prostate.

Positron emission tomography (PET) involves intravenous administration of a tiny dose of radioactivity, which hones in on cancer, to identify its spread. A new version of PET, the PSMA PET, hones in on any clusters of prostate cancer more accurately than CT or MRI and is particularly valuable in men with advanced or very aggressive cancer.

ProstaScint scan detects the presence of PSMA on the surface of prostate cancer cells using an antibody carrying a radioactive molecule that can be detected by single photon emission computed tomography (SPECT). It is more accurate than a standard bone scan but less accurate than a PSMA PET scan.

UNDERSTANDING STAGING AND GRADING

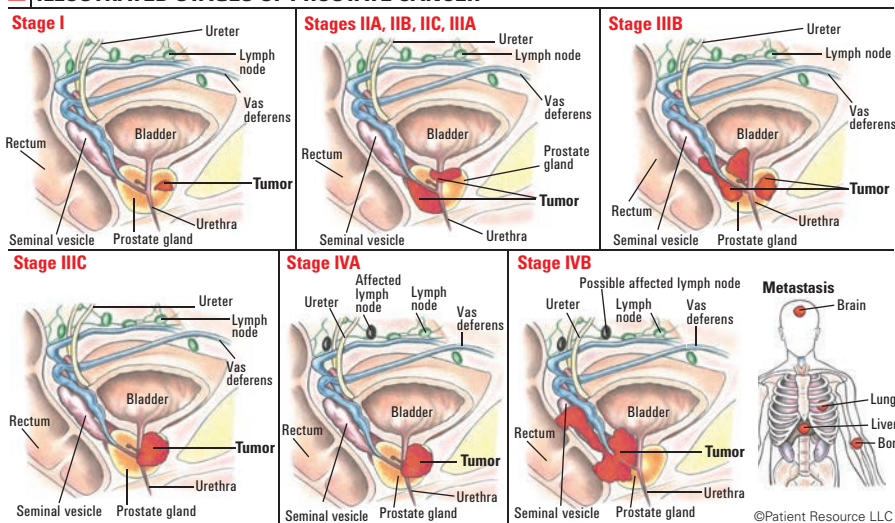
The results of a thorough exam, imaging studies, blood tests and a biopsy are used to stage and grade the cancer. Staging determines the extent of your cancer, where it is located and whether it has metastasized (spread) to nearby organs, tissues or lymph nodes, or to other parts of your body.

The TNM system is used to classify prostate cancer. The tumor (T) is categorized by its size, including how much of the prostate is occupied by cancer and whether it has spread to adjacent structures such as the seminal vesicles, rectum, bladder and/or pelvic wall; whether cancer has affected nearby lymph nodes (N); and whether the cancer has metastasized (M), or spread, to other parts of the body. The TNM classification, Gleason grade group, PSA level and other factors are considered in assigning a stage.

Prostate cancer can be described as localized, locally advanced, regional or metastatic:

- Localized cancer is found only in the prostate or the closely surrounding tissue.
- Locally advanced cancer has spread outside the prostate to the bladder or rectum or is fixed to the nearby muscles.
- Regional cancer has spread to the pelvic lymph nodes.
- Metastatic prostate cancer has spread to distant parts of the body. ■

ILLUSTRATED STAGES OF PROSTATE CANCER



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A message to prostate cancer survivors and caregivers from
Caesar Augustus Blevins, our co-founder & prostate cancer warrior, May 24, 1957-April 7, 2021

“We are on a journey we didn’t sign up for, yet here we are. But we aren’t alone. Support makes us stronger emotionally and physically. Stay open to receiving help, and do your part to uplift others. We are **STRONGER TOGETHER”**

Survivors

Those who get support do better mentally and physically. There are 29.5 million American men living with prostate cancer. Support is all around you. Just reach out.

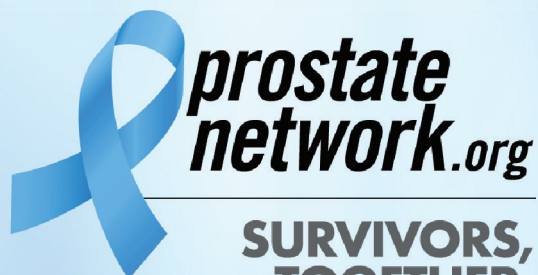
Stack the deck in your favor by eating well and exercising. So much of this journey is out of your control, but these two key factors are in your hands!

Be open and honest with your nurses and doctors.

Caregivers

Men often express fear as anger. On behalf of us all ahead of time, we’re sorry and we love you.

➡ **The Prostate Network is 100% committed to helping everyone facing prostate cancer. Please reach out if you need more help.**



**SURVIVORS,
TOGETHER.**

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Testing leads to knowledge and empowered decision making

Cancers are caused by genetic mutations, which are changes in DNA – the information plan for the growth and control of cells. Several genes have been identified that are known to be associated with the development of prostate cancer. These gene mutations may be inherited or developed during a person's lifetime. Your doctor may use specialized gene testing to detect such DNA changes.

It is important to understand the differences between the two often-confused terms: genomics and genetics. Genomics is the study of genes and their functions, and genetic testing refers to the study of inherited genes.

Testing for genetic alterations in the tumor may be conducted for several reasons:

- Classifying your cancer into a prognosis or risk group
- Determining the cancer's ability to metastasize or spread
- Identifying targets for treatment with drugs, and genetic testing refers to the study of inherited genes.

GENOMIC TESTING

This type of testing is conducted to determine the mutations present or the level of expression of certain genes in your cancer cells. It is usually performed on tumor tissue and may sometimes be applied to cancer cells detected in the blood. The identified mutations or expression patterns may indicate the cancer's behavior, how aggressive it might be and whether it will metastasize (spread). This information can lead to better decisions about the need for and choices of treatment.

Genomic tests are performed on a sample of cancerous tissue taken from a biopsy or surgical specimen. Once a cancer is diagnosed, a genomic test such as Prolaris, Oncotype DX or Decipher may help determine how aggressive the cancer is.

In addition to genomic profiling of the cancer, your doctor may recommend testing the cancer for specific genetic mutations such as microsatellite instability high (MSI-H) and deficient mismatch repair (dMMR) genes. This information may help you and your doctor make decisions regarding which therapy is best for your cancer.

Keep in mind, if testing does not identify a mutation that has a specialized treatment, standard of care and clinical trials may be options to consider.

GENETIC TESTING

Genetics is the study of genes and the passing of genetic information and traits from parents to children (heredity). Some cases of prostate cancer are inherited, and these abnormalities can be detected in normal cells (blood or cheek swab specimen). Finding mutations in some genes may indicate an increased risk of developing cancer. Tests for these mutations

may be performed before or after someone is diagnosed with cancer.

A strong family history of cancer or the presence of prostate, breast or ovarian cancers among your relatives are reasons to ask your physician about genetic testing. Knowing whether you have an inherited mutation that may influence your risk of getting cancer is important for your care and follow up, and for your relatives to know.

The following features may indicate a risk of hereditary prostate cancer:

- Mutations in genes *MLHL*, *MSH2*, *MSH6*, *PMS2* and *EPCAM* that cause Lynch Syndrome (Familial Nonpolyposis Colon Cancer)
- Hereditary Breast and Ovarian Cancer (HBOC) Syndrome associated with inherited mutations in *BRCA1* and *BRCA2* genes
- Family history of breast, colon, ovarian, pancreatic or prostate cancer
- A diagnosis of high-risk, very high-risk, regional or metastatic prostate cancer
- Prostate cancer in three generations on the same side of the family
- Multiple cancers in one relative
- Two or more close relatives diagnosed with prostate cancer before age 55

In addition, mutations in the *ATM*, *CHEK2* and Lynch Syndrome genes noted above are associated with an increased cancer risk. Other genes are still being examined to determine whether they increase the risk of prostate cancer.

SHARING YOUR FAMILY HEALTH HISTORY

Choosing to have genetic testing is a decision that affects your entire family. Knowing and sharing the information could help them be screened and monitored closely if they have a gene mutation associated with cancer. Preventing or detecting a cancer early offers the best chance of a successful treatment outcome.

A genetic counselor can be crucial to help you understand what the results mean for you and your family and their future health. Once you understand your results, you can choose to share them with your children, siblings, nieces, nephews, etc. Family members may be offered testing if a mutation is found.

If a genetic counselor is not on staff at your cancer center, ask your doctor for a referral. ■

GENE MUTATIONS

► A variety of mutations in a normal gene can increase a person's risk of developing cancer.

Some mutations that can occur in genes include the following.

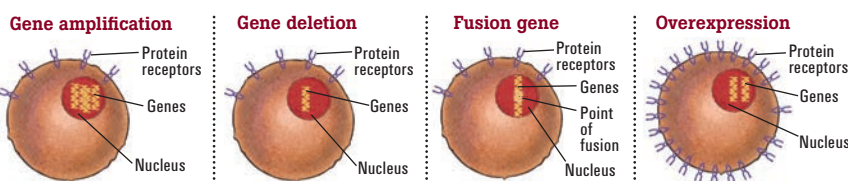
Gene amplification — An increase in the number of copies of a gene, which is common in cancer cells. Some amplified genes may cause cancer cells to grow or become resistant to anticancer drugs.

Gene deletion — The loss of all or part of a gene.

Fusion gene — A gene made by joining parts of two different genes. Fusion genes, and the fusion proteins that come from them, may be made in the body when part of the DNA from one chromosome moves to another chromosome. Fusion proteins produced by this change may lead to the development of some types of cancer.

Overexpression — Too many copies of a protein or other substance, which may play a role in cancer development.

Rearrangement — A mutation that occurs in chromosomes where portions of the chromosome are not in order, which creates a new gene (not shown).



Being informed helps you make decisions confidently

After receiving your diagnosis, the next step is to decide on a treatment plan. Though many therapies are approved for various types and stages of prostate cancer, your path will be uniquely yours. It should include input from your doctor, health care team, the loved ones you choose to involve and, most importantly, you.

To determine the treatments that are appropriate for you, your doctor will consider several factors, including the stage and grade of disease and whether it has metastasized (spread), your age, and results of risk assessments, predictive tests and molecular testing. Next, you will discuss your goals of treatment. Is it to cure the prostate cancer or manage it?

Lastly, it is key to weigh the potential side effects that accompany each type of treatment. Share your expectations for your quality of life. Be open and honest about the side effects you are most concerned about, and find out if and how they can be managed. Some can temporarily or permanently affect sexual function, fertility and bladder and bowel control. Learn as much as possible before you begin treatment so you are not surprised later. It is crucial that you are comfortable with your decision.

TYPES OF TREATMENT

Active surveillance delays active treatment while closely monitoring the course of the cancer. This may be an option for men who have complicating illnesses that make therapy risky. The physician may recommend an MRI every 12 to 18 months and a biopsy every 2 to 3 years.

Watchful waiting is similar to active surveillance, but the goals are to minimize any symptoms or serious medical consequences from the cancer. It requires less frequent visits to the doctor and fewer imaging studies, such as MRIs or PSMA PETs. Biopsies are only done “for cause” if treatment becomes necessary to avoid serious symptoms from the cancer. Watchful waiting is often recommended for much older men, particularly those with other serious medical issues.

Surgery is a common option that may be used alone or with another therapy based on the size and location of the tumor.

The standard surgery is a radical prostatectomy, which removes the entire prostate, surrounding tissues and the seminal vesicles. Ask your doctor if a nerve-sparing approach,

in which the surgeon attempts to preserve the prostate nerves that control erection capability, is an option for you. This approach may increase the chances of maintaining sexual function.

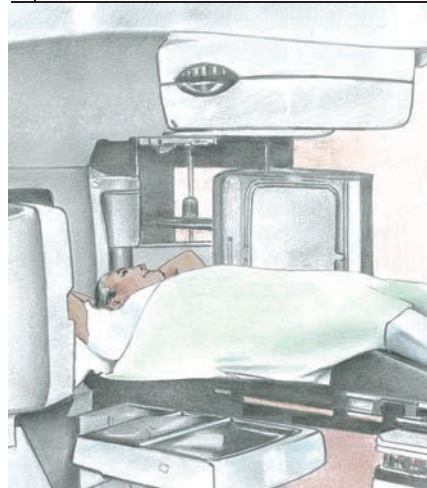
An open radical prostatectomy can be performed in different ways:

- A radical retropubic prostatectomy, the most common method, involves making a large incision in the lower abdomen.
- A radical perineal prostatectomy requires an incision in the area between the anus and scrotum.

A closed or minimally invasive radical prostatectomy is another approach:

- A robotic-assisted radical prostatectomy is the most common minimally invasive option. The surgeon performs the procedure by controlling robotic arms that operate surgical tools through a few small abdominal incisions.
- A laparoscopic radical prostatectomy allows the surgeon to operate through a few small incisions while guided by a laparoscope, a thin lighted instrument with a tiny camera attached that provides views of the surgical field through a telescopic lens.

FIGURE 1
RADIATION THERAPY



External-beam radiation therapy (EBRT) may be used to treat prostate cancer. EBRT uses a machine to direct high-energy beams of radiation at cancer cells inside the body.

©Patient Resource LLC

A pelvic lymph node dissection may be performed along with prostatectomy to remove lymph nodes.

An orchiectomy, not a part of a standard radical prostatectomy, surgically removes both testicles. It is a form of hormone therapy used to reduce testosterone levels.

Transurethral resection of the prostate (TURP) is a procedure that removes tissue from the prostate to relieve symptoms caused by a tumor, such as urinary symptoms. TURP is not designed to cure the cancer, but only to relieve obstruction to voiding.

Radiation therapy may be given as a form of treatment to cure the cancer or simply to prevent or relieve symptoms. Several forms of radiation therapy are available and used depending on the grade and stage of the prostate cancer.

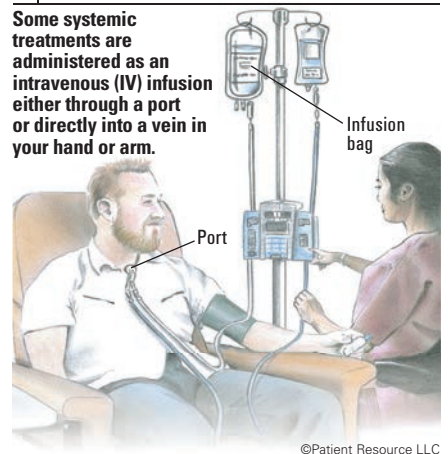
External-beam radiation therapy (EBRT) involves a large machine that aims radiation at the prostate and surrounding tissues (see Figure 1). Types of EBRT include the following:

- Stereotactic body radiation therapy (SBRT) uses high-energy radiation beams to treat cancer in five or fewer treatments.
- Proton beam radiation therapy uses streams of protons to kill tumor cells.
- Three-dimensional conformal radiation therapy (3D-CRT) combines computed tomography (CT) images and computer software to aim beams that match the shape of the tumor.
- Intensity-modulated radiation therapy (IMRT) uses small beams of different strengths to match the shape of the tumor in the prostate and surrounding tissue.

Continued on page 8

FIGURE 2
SYSTEMIC THERAPY

Some systemic treatments are administered as an intravenous (IV) infusion either through a port or directly into a vein in your hand or arm.



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- **Image-guided radiation therapy (IGRT)** uses a computer to create a picture of the tumor that helps guide the radiation beams to ensure they target the same spot every time. It can be used with the other types of radiation.

Brachytherapy, also called internal radiation therapy, involves placing tiny radioactive “seeds” or needles directly into the prostate. Radiation may be delivered at a “high dose rate” (over several hours) with needles implanted and removed a short time later or as a “low dose rate” with small radioactive “seeds” that are permanently implanted. Combined with EBRT, it can also be used as a “boost” to treat intermediate or high-risk cancers.

Alpha emitter radiation therapy uses radiopharmaceuticals, which are drugs that give off targeted radiation, to suppress cancer in the bones and reduce pain.

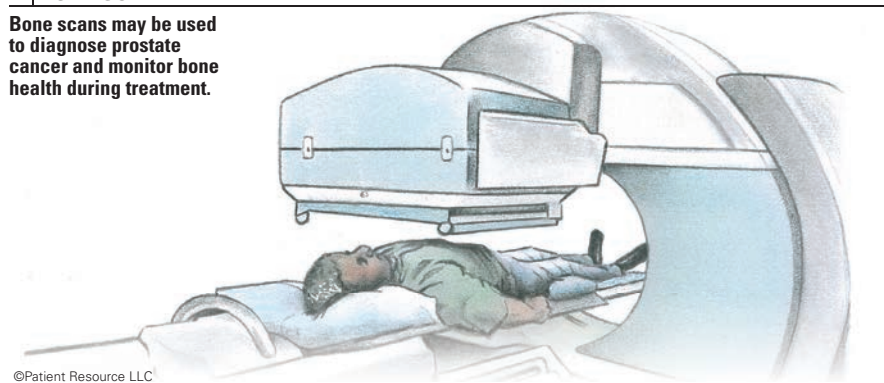
DRUG THERAPY

The following types of systemic therapy affect the whole body (see Figure 2, page 7). They may be used alone or with another treatment.

Hormone therapy adds, blocks or removes hormones. Androgens are male hormones, and prostate cancer cells need them to grow. The main male androgen is testosterone. A type of hormone therapy called androgen-deprivation therapy (ADT) slows tumor growth by preventing the body from producing androgens or by blocking the effect the androgens have on the tumor. Several types of ADT are available.

FIGURE 3 BONE SCAN

Bone scans may be used to diagnose prostate cancer and monitor bone health during treatment.



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Luteinizing hormone-releasing hormone (LHRH) agonists and LHRH antagonists both prevent the testicles from making testosterone, resulting in medical castration. These drugs suppress the body's production of certain hormones, which is what ultimately stimulates the testicles to produce androgens.

Antiandrogens block the protein receptors for testosterone and other androgens, thus blocking the stimulation that androgens exert in cells. Used primarily with medical castration as initial treatment, they are sometimes combined with an LHRH agonist or surgical castration in a treatment strategy known as a combined androgen blockade or total androgen blockade.

Androgen synthesis blockers block enzymes important in converting certain hormones into testosterone in the fat tissue, adrenal glands and even cancer cells.

An orchiectomy surgically removes both testicles to reduce testosterone levels.

Chemotherapy uses drugs to kill rapidly multiplying cells throughout the body. To treat prostate cancer, it may be given intravenously (IV) through a small tube inserted into a vein or port, or taken orally as a pill. It is typically delivered in cycles, with treatment periods followed by rest periods to give your body time to recover.

A specific strategy may consist of a single chemotherapy drug, a combination given at the same time or drugs given one after another. Chemotherapy may be used alone or with other forms of treatment.

Recent evidence suggests that chemotherapy as well as androgen-deprivation therapy (ADT) and androgen synthesis blockers may be combined with surgery or radiation therapy as treatment for prostate cancer that seems localized in the prostate but has features that indicate a high likelihood of spread.

Targeted therapy uses drugs or other materials to target specific substances,

What is castration-resistant prostate cancer (CRPC)?

Prostate cancer growth is often driven by male sex hormones (androgens), which include testosterone. Because of this, a common treatment option for prostate cancer is to use hormone therapy (also referred to as androgen-deprivation therapy) to lower the levels of androgens in a man's body.

Treatments can include surgically removing the testicles or prescribing drugs that stop the testicles from making androgens or block how they affect the body. However, prostate cancer sometimes continues to grow even when the amount of testosterone in the body is reduced to very low levels by medical or surgical treatment. This is known as castration-resistant prostate cancer (CRPC).

CRPC can be detected at early or advanced stage or when the cancer has spread. Non-metastatic CRPC (nmCRPC) means the cancer is not detectable in other parts of the body by any method typically used, such as a CT, MRI, bone scan or physical exam. Metastatic CRPC (mCRPC) means that spread beyond the prostate has been detected despite prior treatment including drugs or other treatments used to lower androgen levels in the blood.

It is not uncommon for men with metastatic prostate cancer to develop castration-resistant disease. If this happens, the treat-

ment strategy must change.

Although hormone therapy is often continued to keep the androgen levels low, several other treatment options may be considered as well.

- **Targeted therapy.** A type of targeted therapy known as a PARP inhibitor helps to kill cancer cells by preventing the body from repairing damaged DNA in cells.
- **Immunotherapy.** Available as a vaccine using the patient's own blood cells or a drug infusion, immunotherapy stimulates the body's immune response.
- **Radiopharmaceuticals.** A radioactive substance given by injection may be an option for treating cancer cells that have metastasized (spread) to the bone.

Before deciding on a treatment, it is important to talk with your doctor about your overall goals of treatment. Managing your symptoms while still enjoying a certain quality of life may become your priority, and each treatment option has potential risks and benefits. Talk openly and honestly with your doctor about your feelings and concerns so you know what to expect.

such as biomarkers, genes, proteins or other factors. Your doctor will likely order tests to identify any substances present in the tumor that may respond to this type of therapy. A blood sample may be used for finding an inherited mutation or for tumor DNA floating in the bloodstream. Genomic tests may be performed on new or previously collected biopsy tissue to determine the mutations within the tumor.

Using the test results, your doctor will determine the most effective treatment possible. Some targeted therapy drugs are oral medications given in pill form, and others may be given intravenously by a needle inserted into a vein. They may be given alone or in combination with other drug therapies.

Immunotherapy harnesses the potential of the body's own immune system to recognize and destroy cancer cells. By training the immune system to respond to cancer, this strategy has the potential for a response that can extend beyond the end of treatment. Immunotherapy in the form of a vaccine may be used. A man's white blood cells are collected, modified in a lab to recognize prostate cancer cells and then injected back into his body to find and destroy the cancer.

Bone-modifying (strengthening) therapy uses drugs to help relieve bone pain and may reduce the risk of bone problems. They may be recommended when cancer metastasizes (spreads) to the bone or if a man is receiving androgen-deprivation therapy (ADT) for a year or more, as ADT itself increases the risk of osteoporosis. Your doctor may order a bone scan at diagnosis as well as during treatment to monitor bone health (see Figure 3).

OTHER TREATMENTS

Thermal ablation uses extreme cold or heat to treat cancer cells:

- Cryoablation or cryotherapy kills cancer cells by freezing them with a probe super-cooled with liquid nitrogen or a similar substance. This may be an option when surgery or irradiation are not advisable, or for recurrent prostate cancer.
- Radiofrequency ablation (RFA) places needles in the area of the prostate tumor. High-frequency electric waves generate heat at the tips of the needles, which destroys the tumor.
- Another option involves the use of high-energy sound waves that create heat to kill

cancer cells. This is known as high-intensity focused ultrasound (HIFU).

Clinical trials are medical research studies that may offer access to leading-edge prostate cancer treatments not yet widely available. Sometimes clinical trials may be a first-line treatment option, which is the first treatment given. Clinical trials for treating and managing different stages of prostate cancer are underway. Ask your doctor if you should consider this valuable option first or at any other time during your treatment.

EXPLAINING PSA PERSISTENCE AND RECURRENCE

The recurrence of prostate cancer can be de-

tected in different ways. The goal of treatment is for the PSA level to fall close to zero. The very first indication that recurrence has happened is a measurable and increasing PSA blood level. If the PSA does not fall to or near zero, it is called PSA persistence. When the PSA level falls close to zero but subsequently rises, it is referred to as recurrence. Recurrence or persistence of PSA will usually prompt your doctor to repeat other tests, such as a bone scan, CT or MRI. The management of recurrent or persistent PSA will depend on other types of therapy you have received and whether evidence of spread of the cancer to other organs is detected. Each of these conditions is treated uniquely. Your doctor will discuss treatment options with you. ■



QUESTIONS TO ASK YOUR DOCTOR

- ▶ **How soon should I begin treatment?**
- ▶ **What type of prostate cancer do I have?**
- ▶ **What are the goals of my treatment?**
- ▶ **Should I consider a clinical trial?**
- ▶ **What potential side effects are associated with each type of treatment?**
- ▶ **How can I manage the side effects of treatment?**
- ▶ **How will we know if my treatment is working?**

Taking medication correctly is crucial to your treatment plan

Today, an increasing number of cancer treatments are oral therapies (pills), which means patients are responsible for how and when they take their medications. It is important to know that to be fully effective, every dose must be taken with accuracy, precise timing and safety precautions, whether you receive it via IV, injection or pill form. Taking the right dose of the right drug at the right time on the right schedule is referred to as medication adherence.

Most cancer therapies are designed to maintain a specific level of drugs in your system for a certain time based on your cancer type and stage, your overall health, previous therapies and other factors. If your medi-

cations aren't taken exactly as prescribed, the consequences can be serious, even life-threatening.

Taking medications from the comfort of home comes with more responsibility. Though taking your cancer treatment correctly may sound simple, it requires serious effort and coordination to make it happen. Medication adherence also includes attending your appointments at a cancer center or medical office to receive IV infusions or injections. Set reminders to help you remember to leave on time.

Start by talking with your pharmacist. Pharmacists not only prepare and dispense prescriptions, ensure medicines and doses are correct and prevent harmful drug interactions, they also counsel patients on the safe and appropriate use of their medications. Your pharmacist is an excellent resource, especially if you have multiple prescriptions for cancer and other conditions. Never hesitate to ask your pharmacist a question.

Keeping track of your adherence is an important part of being successful. It can be helpful to write down any side effects you experience during treatment so you remember to tell your doctor. Sharing these details allows your doctor to manage and monitor these side effects and will help you keep track of your medication schedule.

If you miss a dose or take one late, tell your health care team. The information you provide can help them determine whether to change the dose or even change the drug based on your reaction. Although dosing changes are sometimes necessary, don't ever make changes to your treatment regimen without being told to do so by your doctor.

Explore the many reminder tools available to help you. Set alarms or phone reminders, make a daily medication schedule, use a weekly pillbox, ask loved ones to remind you, track medications on a calendar, or check out medication trackers online or use smartphone apps. You have many options to help you stay on track.

6 FACTORS FOR MEDICATION ADHERENCE

- 1 The right drug
- 2 At the right dose
- 3 At the right time
- 4 On the right schedule
- 5 Under the right conditions
- 6 With the right precautions

SPECIALTY PHARMACIES OFFER MORE THAN JUST MEDICATIONS

Some prostate cancer drugs are available only through limited distribution to certain pharmacies called specialty pharmacies. In addition to dispensing the drugs accordingly, these specialty pharmacies must be able to provide clinical support and patient education, including information and counseling on the proper administration, intended benefit and potential adverse effects of each drug.

A specialty pharmacy may also have a pharmacist or nurse make regular follow-up calls to patients to help guide them through their comprehensive cancer care. This involvement allows more effective monitoring of a patient's disease progression, medication adherence and quality of life. It also allows medical personnel to respond appropriately to specific complications from a medication.

Specialty pharmacies are vital to the success of many anticancer regimens because they help enhance care for people with cancer. Your doctor will let you know if your prescription requires a specialty pharmacy and will work with you to get the prescription filled. ■

[KEY TAKEAWAYS]

- ▶ When you take the right dose of the right drug at the right time on the right schedule, you are taking your medicine correctly.
- ▶ A variety of tools, such as pill boxes, calendars and apps, are available to help remind you to take your medications.
- ▶ Your cancer medication may be available from a specialty pharmacy.
- ▶ Your pharmacist is a resource who can help you take your medication as directed.

COMMON DRUG THERAPIES FOR PROSTATE CANCER

These therapies may be used alone or in combination.

CHEMOTHERAPY

- ▶ cabazitaxel (Jevtana)
- ▶ docetaxel (Docetaxel, Taxotere)
- ▶ mitoxantrone hydrochloride (Novantrone)

HORMONE THERAPY

Androgen synthesis blocker

- ▶ abiraterone acetate (Zytiga)

Antiandrogens

- ▶ apalutamide (Erleada)
- ▶ bicalutamide (Casodex)
- ▶ darolutamide (Nubeqa)
- ▶ enzalutamide (Xtandi)
- ▶ flutamide (Eulexin)
- ▶ nilutamide (Nilandron)

GnRH receptor antagonists

- ▶ degarelix (Firmagon)
- ▶ relugolix (Orgovyx)

LHRH agonists

- ▶ goserelin acetate implant (Zoladex)
- ▶ histrelin acetate (Vantas)
- ▶ leuprolide acetate (Eligard, Lupron, Lupron Depot)
- ▶ triptorelin pamoate (Trelstar)

IMMUNOTHERAPY

- ▶ sipuleucel-T (Provenge)

RADIOPHARMACEUTICAL

- ▶ radium Ra 223 dichloride (Xofigo)

TARGETED THERAPY

- ▶ olaparib (Lynparza)
- ▶ rucaparib (Rubraca)

SOME POSSIBLE COMBINATIONS

- ▶ abiraterone acetate (Zytiga) with prednisone
- ▶ bicalutamide (Casodex) with a luteinizing hormone-releasing hormone (LHRH) analog
- ▶ cabazitaxel (Jevtana) with prednisone
- ▶ docetaxel (Docetaxel, Taxotere) with prednisone
- ▶ flutamide (Eulexin) with a luteinizing hormone-releasing hormone (LHRH) analog
- ▶ goserelin acetate implant (Zoladex) with flutamide (Eulexin)
- ▶ mitoxantrone hydrochloride (Novantrone) with corticosteroids
- ▶ nilutamide (Nilandron) with surgical castration

As of 12/1/21

➔ *Jerry Peterson knows the value of support. The retired elementary school principal immediately sought the help of others when he learned he had prostate cancer at age 71. Today, he has a clean bill of health. As he continues to be monitored, he also continues to offer the type of support that helped him so much during his treatment.*

Gratitude and hope shape this survivor's perspective

When you discover you have prostate cancer, you have a lot to learn and important choices to make. My best advice is to make sure you are comfortable with your treatment decision — then put it behind you and move forward.

A high PSA result from an annual physical was the first indication something was wrong. My doctor monitored my condition for the next few months then referred me to a urologist.

I was diagnosed with prostate cancer after test results from a targeted biopsy showed four spots on my prostate and my Gleason scores were a bit concerning. My urologist also ordered a bone scan. After reviewing all my test results, he recommended a treatment plan consisting of intensity-modulated radiation therapy (IMRT) and hormone therapy. After meeting with him, I began researching treatment options to learn more. There are many good resources available online. If you aren't sure where to look, ask your health care team.

At the insistence of my wife Patti and my daughter-in-law, who is a nurse anesthetist, I got a second opinion. I think they did everything but make the appointment for me, and I'm glad. That doctor agreed with my first doctor's treatment plan, which made me feel very comfortable.

Prostate cancer can run in families. My grandpa had it. My dad passed away at 61 of a heart attack, so I have no idea if he had it or would have had it. But I knew I had to talk with my son right away to tell him now was the time to get checked. When I did, he told me he'd already made a doctor's appointment.

I started treatment with a single hormone shot. At first, I thought I might have been given a placebo instead of actual hormone therapy because I didn't have any of the hot flashes or night sweats I'd heard so much about. As time went on, I developed some hot flashes, but they were minimal.

Next I began the first of 43 IMRT treatments. Those took two months to the day, Monday through Friday. I went by myself to the appointments because it was really very easy. The only issue I had was keeping a full bladder, which was required for the treatments. I'm not a water drinker, and I had to make a concerted effort to get enough down. I had a long ride to the treatment center, and that presented an additional challenge — especially when there was road construction!

I realize it may sound like my prostate cancer was no big deal, but that isn't the case. I had challenges, but they were easier to handle because of the support that surrounded me.

As a retired elementary school principal, I was used to meeting with people and finding support in a group setting. At my first urology appointment, I asked the nurse about support groups and she gave me information about an organization for men with prostate cancer called the Prostate Network.



Jerry Peterson spreads cheer as Santa during the holiday season with Prostate Network founders Caesar Blevins (left) and Steve Hentzen (right).

I found the meetings to be quite valuable right from the start. We meet twice a month. The first is a general meeting, where we talk about our situations and things that can be difficult to talk about with other people, such as sexual issues. The second meeting typically consists of a speaker, where we learn about a specific topic such as a new treatment or research developments.

The Prostate Network also offers meetings for spouses and partners. They share how to manage certain side effects and talk about their feelings. Read Patti's story on page 14.

I've always been a relatively open person, and I have also shared a lot about my experience on Facebook. That has opened the door to reconnecting with old friends, and it has even prompted some of my friends to get tested. I always encourage men to get their annual physicals and include the PSA test. One friend who has prostate cancer even felt comforted because he wasn't surprised when a certain side effect I had talked about happened to him. My experience had prepared him.

I'm pleased that my treatment plan was successful, and I will have follow-ups for some time. In the meantime, I'll continue to be involved with the Prostate Network. Thanks to that group, I've had an important realization about how lucky I am. I've met men with all stages and types of prostate cancer. I've really had a smooth path in comparison to some, and I am grateful.

Being alongside them in their journeys also comforts me. I know there is a risk of the cancer returning, and I have seen firsthand the many treatment options that are out there. I have alternatives, and I have hope. ■

Plan ahead for managing common side effects of treatment

The side effects that accompany prostate cancer treatment are often a source of great concern. Though most cancer treatments have side effects, you likely won't have all of them. Every person responds differently, even to the same type of treatment. As you discuss potential therapies, ask your doctor about the possible physical, sexual and/or emotional side effects of each so you can set your expectations accordingly (see Table 1, *Common Physical Side Effects of Prostate Cancer Treatment*).

INCONTINENCE

Difficulty with urination may happen after treatment for prostate cancer with surgery or radiation therapy. Incontinence, or leakage of urine, can range from mild to severe. There are three types of incontinence.

- Stress incontinence, the most common type following prostate surgery, happens when the muscle that squeezes the urethra to keep urine in the bladder is weak or damaged, or the nerves that help the muscle work have been damaged. As a result, urine may leak out when you cough, laugh, sneeze, lift heavy objects or exercise. You typically sleep through the night without having to get up to go to the bathroom, but have urine leak out when you stand up in the morning.
- Overflow incontinence occurs when the bladder does not empty well and the amount of urine made is more than the bladder can hold. Usually caused by a blockage or narrowing caused by scar tissue, overflow incontinence may happen when the bladder muscle cannot squeeze well enough to release all the urine. You may get up often during the night to go to the bathroom, take a long time to urinate or have a weak, dribbling stream with little force. In addition, you may pass small amounts of urine but not feel as though the bladder is empty, or you may feel like you need to go to the bathroom but cannot. Urine may leak throughout the day.
- Urge incontinence is the most common type after radiation therapy and the symptoms are similar to those with an overactive bladder. The bladder muscle, irritated by the radiation, contracts too often, sometimes powerfully enough to force urine out with little warning. Even a small amount of urine in the bladder can trigger a strong need to urinate, necessitating frequent bathroom trips. Daytime or nighttime accidents may occur.

There are ways to manage incontinence. The goal is to continue with your daily life with

little disruption. Be open about your symptoms. Your honesty will help your doctor find the best ways to make you more comfortable, which may include the following:

- Pelvic floor exercises, commonly known as Kegels (pronounced KEE-gulz), can help reduce leakage from stress incontinence (see *About Kegel exercises*, page 13).
- Medications that will tighten or relax your muscles may be prescribed. These drugs can have side effects, so make sure to ask about them.
- For overflow incontinence caused by blockage of the urethra by scar tissue or by an enlarged prostate, a surgical procedure done through a scope can

relieve the obstruction.

- In serious cases of stress incontinence, the surgeon may implant a sling to hold up the bladder or place an artificial urinary sphincter (device that constricts) around the urethra to prevent or reduce leakage.
- As temporary measures, catheters and compression devices to collect urine or stop leakage, such as a condom catheter (which fits over the penis and drains urine into a storage bag), a penile clamp (which stops leakage with a v-shaped foam cushion that presses on the urethra) or a small urethral plug, are options.

ERECTILE DYSFUNCTION

Also called impotence, erectile dysfunction (ED) is one of the most common side effects of prostate cancer treatment, and it may be one of the most feared. ED is the inability to achieve or maintain an erection and can be caused by several factors:

- Damage during treatment to nerves or blood vessels that supply the penis

TABLE 1
▲ COMMON PHYSICAL SIDE EFFECTS OF PROSTATE CANCER TREATMENT

Side Effect	Description
Anemia	Abnormally low red blood cell count
Bleeding	Blood in the urine or stool
Bone problems	Weak, less dense or thin bones are at higher risk for fracture
Bowel incontinence	Stool leakage caused by the inability to control bowel movements
Burning sensation	Can occur during urination with some forms of treatment
Chemo brain (cognitive dysfunction)	Brain fog, confusion and/or memory problems
Constipation	Difficulty passing stools or less frequent bowel movements compared to your usual bowel habits
Diarrhea	Frequent loose or watery bowel movements that are commonly an inconvenience but can become serious if left untreated
Dyspnea	Shortness of breath, with or without cough
Fatigue	Tiredness that is much stronger and harder to relieve than the fatigue an otherwise healthy person has
Infertility	Inability to father a child
Lymphedema	Fluid buildup from lymph node removal that causes swelling
Nausea and vomiting	Stomach upset that may be prevented by antiemetic (anti-nausea) medications
Neuropathy	Numbness, pain, burning sensations and tingling, usually in the hands or feet at first
Neutropenia	Low white blood cell count that increases the risk of infection
Pain	Abdominal, muscular or bone discomfort
Sexuality issues	Erectile dysfunction, reduced desire or feeling less desirable
Skin reactions	Rash, redness and irritation or dry, flaky or peeling skin that may itch
Urinary incontinence	Inability to control the flow of urine from the bladder
Urinary retention	Inability to completely empty the bladder (bladder may feel full even after urinating)

- Reduced level of testosterone in the blood resulting from hormone therapy

ED can be intensified if erection problems due to age or other reasons were present before treatment.

Regaining erectile function is possible, but it typically takes time for full recovery after surgery. After radiation therapy, erections are not affected immediately, but may begin to fail over time, worsening year by year for three to five years. Three to five years after either prostatectomy or radiation, approximately the same percentage of men have erectile dysfunction. Men age 60 and under, when treated, recover or retain erections more readily than older men.

As you and your doctor discuss potential treatments, ask which ones may cause ED, if it will be temporary or permanent, and how to manage it. If you are having surgery, ask if a nerve-sparing approach that improves the chances of recovering erections is an option.

Some men regain their ability to have erections naturally, whereas others need medical help to correct the issue.

To manage your ED, your doctor may recommend one or more of the following:

- Oral medications may help you achieve and maintain an erection. These must be used with care if you take nitrates or alpha-blockers for high blood pressure, heart disease or urinary control.
- Penile injections are an option if oral medications are ineffective or if you cannot tolerate them. Drugs may be self-injected into the erectile tissues of the penis to increase blood flow, resulting in an erection that lasts about 30 minutes.

- Urethral suppositories involve a special applicator to insert a suppository into your urethra inside the penis. The erection begins within about 10 minutes and may last between 30 and 60 minutes.
- A vacuum constriction device is a small pump that is placed over the penis to increase blood flow and create an erection.
- A penile prosthesis or implant put in place with a surgical procedure may help restore firmness when no other treatments work.

FATIGUE

People with advanced cancer often experience fatigue, a type of tiredness related to cancer and its treatment that is different from the fatigue that healthy individuals occasionally feel. It usually lasts longer, is more severe and is unrelieved by sleep. Talk to your doctor if fatigue affects your daily life. These suggestions may help.

- Get enough sleep. Sleep 7 to 8 hours a night. Take naps during the day, but limit them to no more than 45 minutes each.
- Maintain good nutrition. Eat a well-balanced diet of fruits, vegetables, protein and water to help promote healing and restore your energy.
- Be active. Exercise, even a short walk, relieves fatigue. Balance your activity with rest. Save your strength for activities that are most important.
- Consider alternative therapies. Massage, acupuncture and acupressure may help you relax.

EMOTIONAL WELL-BEING

Prostate cancer treatment can affect your mental health in many ways. These feelings are normal,

» Find the right personal care products

Adult briefs and other products can help keep you active and comfortable. You may have to try different types before you find the best fit. Bed pads and absorbent mattress covers offer protection at home.

Consider these questions as you shop:

- ▶ How absorbent is it? How long will it protect me?
- ▶ Can it be seen under my clothing?
- ▶ Is it disposable or reusable?
- ▶ Is it comfortable? How does it feel when I move or sit down?
- ▶ Can I get it at a store or online?
- ▶ Are customer product reviews available?
- ▶ Does my insurance cover it?

and it is important to acknowledge and address them. They may include any of the following:

- Loss of identity. Many men associate masculinity with sexual performance. If that ability is impaired, they may feel shame, frustration or depression.
- Feeling out of control. A change in sexual abilities and bowel or bladder control can be upsetting. Tell your health care team as soon as you experience problems. They are skilled in helping you manage these side effects.
- A lack of desire. Your interest in sex may be low due to hormone changes. Be honest with your partner. You may explore ways to be intimate other than the physical relationship you are used to.
- Financial stress. Talk with the financial representative at your cancer center, and contact your insurance company to find out your coverage.
- Depression. Contact your doctor about excessive crying or continued feelings of hopelessness or despair. Get immediate medical attention for thoughts of suicide or death.

Support is available from many sources, such as in-person and virtual (online) prostate cancer survivor groups. Some organizations are men only, others offer buddy programs that pair you with another prostate cancer survivor. In addition, telephone and email cancer helplines are available.

Consider talking with a therapist who has experience counseling cancer survivors.

Lastly, keep in mind that your diagnosis also affects your loved ones. Your partner and other family members could be a source of comfort. ■

About Kegel exercises: Exercises to help manage incontinence

➔ **Kegel exercises** are helpful before and after prostate surgery. With consistent practice, you could strengthen your muscles and see a marked improvement in just weeks depending on your goal. Your goal may be to manage stress urinary incontinence, which is leakage that occurs during moments of physical activity or when you sneeze, cough, laugh, etc. Or you may be trying to manage leakage that happens when you have a sudden urge to urinate and have not yet reached the bathroom.

Your doctor or a pelvic health therapist can work with you to ensure you are using the correct muscles for what you are trying to achieve. And, you should not practice Kegels if you have a catheter in your penis.

To get started, try to perform these exercises while you are standing. If you are not able to, try sitting or choose a position that is comfortable for you.

1. Tighten your pelvic floor muscles. Ensure you're flexing the correct muscles (not your abdomen, thighs or buttocks). Tighten the muscles used to stop urinating mid-flow.
2. Hold the contraction for 10 seconds, and then relax for 10 seconds. Breathe freely during the exercises.
3. Aim for at least six sets of 10 repetitions a day. As your muscles get stronger, increase your repetitions daily.

How to help your loved one find empowerment

A *caregiver's support and dedicated* efforts can make a cancer diagnosis more bearable. As you take on these and other responsibilities for caring for a loved one with prostate cancer, remember your hard work and support can make a world of difference. Following are some important things to keep in mind.

Sign appropriate forms. Be sure you are authorized to communicate with the health care team, access medical information, renew prescriptions and more. If you are unsure about the forms you may need to sign, ask a member of your health care team.

Attend medical appointments. It is difficult to remember everything that is discussed, and it helps to have a second set of ears. Keep a running list of questions to bring with you, and take notes. Always ask for an explanation about anything you don't understand. Don't wait for appointments if your questions or concerns are urgent. Contact the health care team by phone, email or through the patient portal. Telehealth options may allow you to join your loved one's appointment.

Track medications. Cancer medications are most effective when taken exactly as prescribed. Help your loved one stay on schedule with medications taken at home. Use a calendar, pill box or reminder tool.

Stay alert to physical and emotional changes. You will likely spend more time than anyone with your loved one, which means you may notice changes more easily than a doctor or nurse. Before treatment begins, find out which symptoms and side effects require a call to the doctor or emergency medical attention.

Encourage a healthy lifestyle. Following a nutritious diet, exercising appropriately, getting enough sleep and protecting against infection will benefit your loved one at any stage of disease. Ask the health care team for specific instructions.

Don't "over-help." Talk with your loved one about the type of help that is most needed. You may have the urge to do everything, but it is important to let your loved one maintain independence. Also, the level of care needed often changes throughout treatment, so pace yourself.

Be a good listener. Having prostate cancer can feel overwhelming. Simply listening when your loved one needs to talk is more helpful than you may realize.

Accept help. Create a list of things that can be delegated to others. If people offer to bring food, ask for healthy meals that can go in the freezer for when they are needed.

Take care of yourself. You will be more effective if you maintain your own health. Eat right, exercise, keep medical appointments and give yourself time off. Take advantage of family and friends offering help. ■

CAREGIVING INSIGHT / from Patti Peterson

You know best how to support your partner

➔ **My husband, Jerry, and I have always** led very independent lives when it comes to the practical parts of our 51-year marriage, including our doctor's appointments. His prostate cancer treatment was no different.

I, along with my daughter-in-law, encouraged him to get a second opinion. We came together when we needed to, but I also ensured he had the independence to make his own decisions. After all, it is his body. He went to most of his appointments and treatments by himself. Granted, if he had needed me with him, I would have been there in a heartbeat.

He became involved with the Prostate Network, a support group for men with prostate cancer, right from the beginning. It was a good fit for him because he has always been very comfortable talking to people. And though I was happy he was getting a lot out of the meetings, I wanted to be more involved. Every time he came home from one, I'd ask, "What is there for me?"

I actually had to point out that this diagnosis affected the whole family, not just him. But like many men, the diagnosis hit him hard and he felt like he was in it alone. He admitted it was an awakening for him, and he realized he needed to include me. He talked with the group organizer, and a new meeting was set up for partners.

As a former therapist who worked a great deal with the LGBTQ community, I realize how important it is to feel like you're included in something your partner is going through. We encourage men to bring their loved one, whether that be a partner, wife or husband. This group is a wonderful resource and so necessary. Being involved in the group is a gentle reminder about how grateful I am that we have had a relatively smooth experience. We are all going through this together, and we all need support.

Everyone's situation is unique, and how I approach the role of caregiver works for us. However, some things can apply across the board, so here is my advice:

- Do your research to learn about the type of cancer and the different treatments that are available.
- Explore the benefits of good nutrition.
- Be available for attending appointments and treatments.
- Communicate in whatever way works for the two of you.
- Take care of yourself by practicing self-care. You don't have to be strong to be strong. Sometimes falling apart helps us re-group and develop new coping skills.



▲ Patti and Jerry Peterson

➔ *Read Jerry's story on page 11.*

Survivorship includes continuing care and a healthy lifestyle

You and your doctor will work together to create a survivorship care plan. This means making your life goals known for the treatment planning process and beyond. The plan may include instructions for maintenance medications; referrals for cancer rehabilitation services, such as physical or occupational therapy; information about your risk of a recurrence or second cancer; and recommended cancer screening guidelines.

Your plan should also contain information about follow-up care. Whether you are still receiving treatment or have finished, you will continue to be monitored. The goal is to determine how the disease is responding to treatment or check for a relapse. Follow-up appointments also give you the opportunity to address any new symptoms or concerns. It is important to tell your doctor how you're feeling physically, mentally and emotionally at these appointments, or sooner if something changes, including:

- New or ongoing pain that isn't adequately relieved
- Changes in sexual health, including erectile dysfunction, body image and intimacy
- Bowel problems or incontinence
- Emotional issues such as depression, anxiety, fear or anger
- Any visits to the emergency room, urgent care or other doctors

A PATH TO HEALTHY LIVING

Leading a well-balanced lifestyle may help you tolerate treatment better, lower the risk of a recurrence or the risk of other chronic diseases, help protect against secondary cancers and prevent bone loss.

Assess your bone health. Bone health is especially important for men who have had hormone therapy. These treatments come with a risk of weakening bones and osteoporosis. To monitor your treatment's effect on your bones, your doctor should order tests to establish a baseline for your bone health. The standard test is a bone density scan, which can find bone metastasis before symptoms occur.

Exercise and physical activity are effective for managing fatigue, maintaining a healthy weight, boosting muscle strength and endurance, and improving self-esteem. Weight-bearing exercise is also good for bone health and helps prevent bone loss.

Good nutrition gives your body essential nutrients to improve your health, better tolerate treatment-related side effects and help ward off additional illnesses. Keeping good nutrition habits may help you manage your weight, maintain your strength and energy, reduce your risk of infection and recover faster. A healthy diet also improves your mood and helps you stay positive for what's ahead.

Stop tobacco use to reduce your risk of a recurrence and to prevent the development of aggressive, high-grade prostate cancer. Ask your health care team about options to help you stop using tobacco.

Limit alcohol consumption. Drinking alcohol can interfere with medications and may make you more tired if you're receiving radiation therapy.

PREPARING FOR LATE EFFECTS

Late effects may occur months or years after treatment has ended. Like almost all side effects, most late effects can be treated more easily the earlier they're detected. That's why it's so important to stay in contact with your doctor to communicate any new health concerns.

Treatment-related side effects, such as fatigue, chronic pain and cognitive dysfunction (chemo brain), can last for weeks, months or even years. You may also experience emotional changes that can range from relief and gratitude to fear and anxiety. Many options are available to alleviate and manage these issues, so it is essential to stay in frequent contact with your health care team after treatment.

Depending on your unique diagnosis, your doctor may prescribe maintenance therapy, which is treatment given to keep cancer from coming back or to slow the growth of advanced cancer to prolong a person's life. Maintenance therapy includes using chemotherapy, immunotherapy or targeted therapy, and you may receive this treatment for a long time. ■

Being Aware of Scanxiety

Though you might not be familiar with the name, "scanxiety" is the anxiety that can happen when you are awaiting results from imaging scans, laboratory tests or exams you have as part of your treatment or follow-up plan. The feeling is understandable because the results will indicate whether your disease management plan is working the way it is intended. First, remind yourself that it is normal to feel this way. Set expectations with your doctor or nurse about when and how you will receive the results so you are not left waiting and wondering.



You may begin to feel anxious as the appointment nears and stay that way until you get your results. That is a lot of stress to put on your mind and your body, so it is key to get a handle on your scanxiety. These suggestions may help:

- Recognize and accept that it is okay to be scared. Be open about your fears with your doctor, your friends, a support group or a therapist.
- Keep your mind occupied with things you enjoy, such as reading, playing games or gardening. Staying busy may give you less time to worry.
- Talk to your doctor about whether you can exercise daily, and how. It is a stress reliever, and you may feel better physically and emotionally.
- Help calm your nerves with meditation or deep breathing.
- Contact your doctor if you become overwhelmed. Medication or therapy may help.

Support and financial resources available for you

BASIC LIVING EXPENSES

Bringing Hope Home.....	www.bringinghopehome.org, 484-580-8395
Cleaning for a Reason.....	www.cleaningforareason.org, 877-337-3348
Family Reach Foundation.....	www.familyreach.org, 973-394-1411
Stupid Cancer.....	www.stupidcancer.org, 212-619-1040

CANCER EDUCATION

American Cancer Society.....	www.cancer.org
American Society of Clinical Oncology.....	www.cancer.net
CANCER101.....	www.cancer101.org
Cancer Care.....	www.cancercare.org
Cancer Support Community.....	www.cancersupportcommunity.org
Centers for Disease Control and Prevention (CDC).....	www.cdc.gov
The Gathering Place.....	www.touchedbycancer.org
Get Palliative Care.....	www.getpalliativecare.org
Global Resource for Advancing Cancer Education (GRACE).....	www.cancergrace.org
The Hope Light Foundation.....	www.hopelightproject.com
National Cancer Institute.....	www.cancer.gov
National Comprehensive Cancer Network (NCCN).....	www.nccn.org
National LGBT Cancer Network.....	www.cancer-network.org
NCI Cancer Information Service.....	800-422-6237
OncoLink.....	www.oncolink.org
Patient Resource.....	www.patientresource.com
Scott Hamilton CARES Foundation.....	www.scottcares.org
Triage Cancer.....	www.triagecancer.org
Union for International Cancer Control.....	www.uicc.org
U.S. National Library of Medicine.....	www.nlm.nih.gov

CAREGIVERS & SUPPORT

4th Angel Patient & Caregiver Mentoring Program.....	www.4thangel.org, 866-520-3197
Cactus Cancer Society.....	www.cactuscancer.org
CanCare.....	www.cancare.org, 888-461-0028
CANCER101.....	www.cancer101.org, 646-638-2202
Cancer and Careers.....	www.cancerandcareers.org, 646-929-8032
CancerCare.....	www.cancercare.org, 800-813-4673
Cancer Connection.....	www.cancer-connection.org, 413-586-1642
Cancer Financial Assistance Coalition.....	www.cancerfac.org
Cancer Hope Network.....	www.cancerhopenetwork.org, 877-467-3638
Cancer Really Sucks!.....	www.cancerreallysucks.org
Cancer Support Community.....	www.cancersupportcommunity.org, 888-793-9355
Cancer Support Community Helpline.....	888-793-9355
Cancer Survivors Network.....	csn.cancer.org, 800-227-2345
Caregiver Action Network.....	www.caregiveraction.org, 855-227-3640
CaringBridge.....	www.caringbridge.org

Center to Advance Palliative Care.....	www.capc.org
Chemo Angels.....	www.chemoangels.com
Cleaning for a Reason.....	www.cleaningforareason.org
Connect Thru Cancer.....	www.connectthrucancer.org
Cooking with Cancer.....	www.cookingwithcancer.org, 205-978-3570
Family Caregiver Alliance.....	www.caregiver.org, 800-445-8106
Friend for Life Cancer Support Network.....	www.friend4life.org, 866-374-3634
The Gathering Place.....	www.touchedbycancer.org, 216-455-1517
Guide Posts of Strength, Inc.....	www.cancergps.org, 336-883-4483
Imerman Angels.....	www.imermanangels.org, 866-463-7626
LivingWell Cancer Resource Center.....	www.livingwellcrg.org, 630-933-7860
Lotsa Helping Hands.....	www.lotsahelpinghands.com
The Lydia Project.....	www.thelydiaproject.org, 877-593-4212
MyLifeLine.....	www.mylifeline.org, 888-793-9355
The National LGBT Cancer Project.....	www.lgbtcancer.org, 212-673-4920
Patient Empowerment Network.....	www.powerfulpatients.org
SHARE Caregiver Circle.....	www.sharecancersupport.org/caregivers-support, 844-275-7427
Stronghold Ministry.....	www.mystronghold.org, 877-230-7674
Triage Cancer.....	www.triagecancer.org, 424-258-4628
Walk With Sally.....	www.walkwithsally.org, 310-322-3900
Well Spouse Association.....	www.wellspouse.org, 732-577-8899
weSPARK Cancer Support Center.....	www.wespark.org, 818-906-3022

CLINICAL TRIALS

Cancer Support Community.....	www.cancersupportcommunity.org/find-clinical-trial
Center for Information & Study on Clinical Research Participation.....	www.searchclinicaltrials.org
ClinicalTrials.gov.....	www.clinicaltrials.gov
Lazarex Cancer Foundation.....	www.lazarex.org, 877-866-9523
National Cancer Institute.....	www.cancer.gov/clinicaltrials, 800-422-6237
NCI Cancer Information Service.....	800-422-6237
WCG CenterWatch.....	www.centerwatch.com

COMPLEMENTARY PROGRAMS & ALTERNATIVE MEDICINE

Believe Big.....	www.believebig.org
The Center for Mind-Body Medicine.....	www.cmbm.org
National Center for Complementary and Integrative Health.....	www.nccih.nih.gov
Office of Cancer Complementary and Alternative Medicine.....	cam.cancer.gov
Society for Oncology Massage.....	www.s4om.org
Stewart's Caring Place.....	www.stewartscaringplace.org
Touch, Caring and Cancer.....	www.partnersinhealing.net, 541-632-3502

FERTILITY & CANCER


Alliance for Fertility Preservation.....	www.allianceforfertilitypreservation.org
American Society for Reproductive Medicine.....	www.reproductivefacts.org
Livestrong Fertility Program.....	www.livestrong.org/what-we-do/program/fertility
RESOLVE: The National Infertility Association.....	www.resolve.org
SaveMyFertility.....	www.savemyfertility.org

GOVERNMENT ASSISTANCE

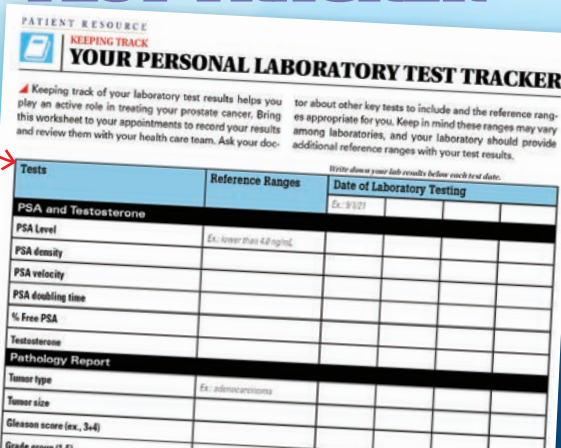
Benefits.gov.....	www.benefits.gov
Centers for Medicare & Medicaid Services.....	www.cms.gov
Disability Benefits Center.....	www.disabilitybenefitscenter.org
Eligibility.com (Medicare resources).....	www.eligibility.com/medicare
Hill-Burton Program.....	www.hrsa.gov/get-health-care/affordable/hill-burton, 800-638-0742
Legal Services Corporation.....	www.lsc.gov, 202-295-1500
Medicare Rights Center.....	www.medicarerights.org, 800-333-4114
National Council on Aging.....	www.ncoa.org, 571-527-3900
Social Security Administration.....	www.ssa.gov, 800-772-1213
State Health Insurance Assistance Programs.....	www.shiphelp.org
U.S. Department of Veterans Affairs.....	www.va.gov/health

HOUSING DURING TREATMENT EXPENSES

American Cancer Society (Hope Lodge).....	www.cancer.org/hopelodge, 800-227-2345
Fisher House Foundation.....	www.fisherhouse.org, 888-294-8560
Healthcare Hospitality Network, Inc.....	www.hhnetwork.org, 800-542-9730
Hospitality Homes.....	www.hosp.org, 888-595-4678
Joe's House.....	www.joeshouse.org, 877-563-7498
Stupid Cancer.....	www.stupidcancer.org, 212-619-1040



Download your personal TEST TRACKER



PATIENT RESOURCE
KEEPING TRACK
YOUR PERSONAL LABORATORY TEST TRACKER

Keeping track of your laboratory test results helps you play an active role in treating your prostate cancer. Bring this worksheet to your appointments to record your results and review them with your health care team. Ask your doctor about other key tests to include and the reference ranges appropriate for you. Keep in mind these ranges may vary among laboratories, and your laboratory should provide additional reference ranges with your test results.

Write down your lab results before each test date.

Tests	Reference Ranges	Date of Laboratory Testing
PSA and Testosterone		
PSA Level	Ex: lower than 4.0 ng/mL	
PSA density		
PSA velocity		
PSA doubling time		
% Free PSA		
Testosterone		
Pathology Report		
Tumor type	Ex: adenocarcinoma	
Tumor size		
Gleason score (ex., 3+4)		

Grade: none (1-5)

Download your copies at
PatientResource.com/ProstateTestTracker.aspx

INSURANCE PREMIUM EXPENSES

CancerCare Co-Payment Assistance Foundation.....	www.cancercarecopay.org, 866-552-6729
Patient Advocate Foundation Co-Pay Relief	www.copays.org, 866-512-3861
Patient Services, Inc.....	www.patientservicesinc.org, 800-366-7741
Stupid Cancer	www.stupidcancer.org, 212-619-1040

LEGAL ISSUES

Aging in Place	www.aginginplace.org
American Bar Association.....	www.americanbar.org, 800-285-2221
Cancer and Careers.....	www.cancerandcareers.org
Disability Rights Legal Center.....	www.drlcenter.org, 866-999-3752
LawHelp.org	www.lawhelp.org
Legal Services Corporation	www.lsc.gov, 202-295-1500
National Coalition for Cancer Survivorship	www.canceradvocacy.org, 877-622-7937
National Health Law Program (links to assistance programs) ..	www.healthlaw.org, 202-289-7661
Patient Advocate Foundation	www.patientadvocate.org, 800-532-5274
Social Security Disability Resource Center	www.ssdrc.com

MEDICAL CARE EXPENSES

CancerCare	www.cancercare.org, 800-813-4673
Cancer Warrior, Inc.	www.cancerwarriorinc.org, 702-546-8575
Patient Access Network Foundation.....	www.panfoundation.org, 866-316-7263
Patient Advocate Foundation	www.patientadvocate.org, 800-532-5274
Stupid Cancer	www.stupidcancer.org, 212-619-1040

PAIN MANAGEMENT

American Chronic Pain Association.....	www.theacpa.org
American Society of Anesthesiologists.....	www.asahq.org
Cancer Pain Research Consortium.....	www.cancerpainresearch.com
U.S. Pain Foundation.....	www.uspainfoundation.org

PRESCRIPTION EXPENSES

America's Pharmacy.....	www.americaspharmacy.com, 888-495-3181
CancerCare Co-Payment Assistance Foundation.....	www.cancercarecopay.org, 866-552-6729
Cancer Financial Assistance Coalition.....	www.cancerfac.org
Good Days	www.mygooddays.org, 972-608-7141
Medicine Assistance Tool.....	www.medicineassistancetool.org
NeedyMeds.....	www.needymeds.org, 800-503-6897
Patient Access Network Foundation.....	www.panfoundation.org, 866-316-7263
Patient Advocate Foundation Co-Pay Relief	www.copays.org, 866-512-3861
RxAssist.....	www.rxassist.org
RxHope	www.rxhope.org
SingleCare.....	www.singlecare.com, 844-234-3057
Stupid Cancer	www.stupidcancer.org, 212-619-1040
Together Rx Access.....	www.togetherrxaccess.com, 800-444-4106

PROSTATE CANCER

Arkansas Prostate Cancer Foundation.....	www.arprostatecancer.org
Center for Prostate Disease Research.....	www.cpdr.org
da Vinci Surgery	www.davincisurgery.com
Ed Randall's Fans for the Cure.....	www.fans4thecure.org
Malecare, Inc.	www.malecare.org
Prostate Advocates Aiding Choices in Treatment	www.paact.help
Prostate Cancer Foundation.....	www.pcf.org
Prostate Cancer International, Inc.	www.pcainternational.org
Prostate Cancer Research Institute	www.pcri.org
Prostate Cancer Roundtable	www.prostatecancerroundtable.net
Prostate Conditions Education Council.....	www.prostateconditions.org
The Prostate Health Education Network.....	www.prostatehealth.ed.org
The Prostate Net.....	www.theprostatenet.org
Prostate Network.....	www.prostatenet.org, 913-485-1892
Urology Care Foundation.....	www.urologyhealth.org
US TOO International Prostate Cancer Education & Support Network	www.ustoo.org
ZERO360 Comprehensive Patient Support.....	www.zerocancer.org/get-support/zero360
ZERO – The End of Prostate Cancer.....	www.zerocancer.org



REIMBURSEMENT & PATIENT ASSISTANCE PROGRAMS

AstraZeneca Access 360.....	myaccess360.com/patient, 844-275-2360
Erleada Janssen CarePath	www.janssencarepath.com/patient/erleada/patient-support, 833-375-3232
Firmagon.....	firmagon.com/prostate-cancer-support/, 616-453-1477
Jevtana CareAssist.....	www.jevtana.com/care-assist-financial-support, 833-930-2273
Lynparza Support.....	lynparza.com/resources-support/financial-support, 844-275-2360
Merck Helps.....	merckhelps.com, 800-727-5400
MyLynparza	mylynparza.com
Nubeqa Bayer US Patient Assistance Foundation.....	patientassistance.bayer.us, 866-228-7723
Orgovyx.....	www.orgovyxhcp.com/_assets/pdfs/orgovyx-support-program-patient-start-form.pdf, 833-674-6899
Provenge Dendreon ON Call	dendreononcall.com/billing-reimbursement, 877-336-3736
Rubraca Connections	www.rubracaconnections.com, 844-779-7707
Xofigo Access Services.....	www.xofigo-us.com/patient/xofigo-support, 855-696-3446
Xtandi Support Solutions.....	www.xtandi.com/financial-support, 855-898-2634
Zoladex Co-pay Card	activatethecard.com/7526, 844-864-3014
Zytiga Janssen CarePath Savings Program	www.janssencarepath.com/patient/zytiga/patient-support, 855-998-4421

TRANSPORTATION & TRAVEL RESOURCES

The Air Care Alliance	www.aircarealliance.org, 215-395-1645
Air Charity Network	www.aircharitynetwork.org, 877-621-7177
American Cancer Society (Hope Lodge).....	www.cancer.org/hopelodge, 800-227-2345
American Cancer Society (Road to Recovery).....	www.cancer.org/roadtorecovery, 800-227-2345
Angel Flight Central	www.angelflightcentral.org, 866-569-9464
CancerCare	www.cancercare.org, 800-813-4673
Chai Lifeline	www.chailifeline.org, 877-242-4543
Corporate Angel Network	www.corpangelnetwork.org, 914-328-1313
Family Reach Foundation.....	www.familyreach.org, 973-394-1411
Fisher House Foundation.....	www.fisherhouse.org, 888-294-8560
Healthcare Hospitality Network, Inc.	www.hhnnetwork.org, 800-542-9730
Hospitality Homes.....	www.hosp.org, 888-595-4678
Joe's House.....	www.joeshouse.org, 877-563-7498
Lifeline Pilots.....	www.lifelinepilots.org, 800-822-7972
Mercy Medical Angels.....	www.mercymedical.org, 757-318-9174
Operation Liftoff.....	www.operationliftoff.com
Patient Access Network Foundation.....	www.panfoundation.org, 800-394-0161
Patient AirLift Services	www.palservices.org, 888-818-1231
Stupid Cancer	www.stupidcancer.org, 212-619-1040
Veterans Airlift Command.....	www.veteransairlift.org, 952-582-2911

VETERANS' ASSISTANCE

CancerCare	www.cancercare.org
Family Caregiver Alliance	www.caregiver.org
Fisher House Foundation.....	www.fisherhouse.org
National Hospice and Palliative Care Organization.....	www.nhpc.org
U.S. Pain Foundation.....	www.uspainfoundation.org
Veterans Airlift Command.....	www.veteransairlift.org, 952-582-2911

➔ **For more resources, go to PatientResource.com**

PATIENT
RESOURCE

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