

THE  
Educated Patient®

# *Metastatic Castration-Resistant Prostate Cancer (mCRPC)*

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RESOURCE GUIDE



*Presented by*  
**cure®**

A collection of resources that provide  
information and support for patients and  
the professionals who treat them

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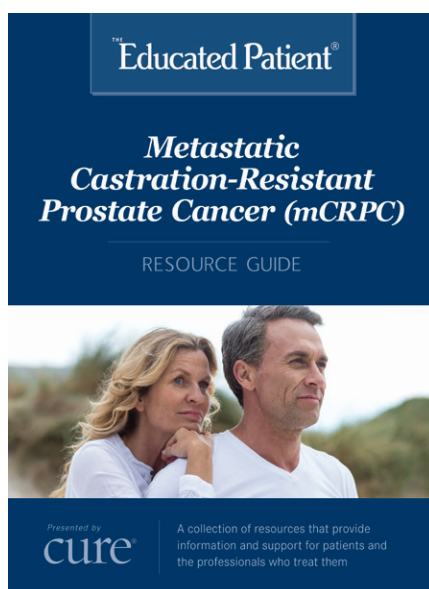


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FOR THE TREATMENT OF METASTATIC  
CASTRATION-RESISTANT PROSTATE CANCER<sup>1</sup>

# HARNESS THE PERFORMANCE OF MICRONIZATION

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## An innovative formulation of abiraterone acetate is here.

YONSA® (abiraterone acetate) is a micronized formulation taken in a 500 mg (four 125mg tablets) dose once daily in combination with 4 mg of methylprednisolone taken twice daily, with or without food.<sup>1</sup>



Learn more at [www.YonsaRx.com](http://www.YonsaRx.com)

### INDICATION

YONSA® (abiraterone acetate) in combination with methylprednisolone is indicated for the treatment of patients with metastatic castration-resistant prostate cancer (CRPC).

### Important Administration Instructions

YONSA® may not be interchangeable with other abiraterone acetate products. To avoid substitution errors and overdose, be aware that YONSA® tablets may have different dosing and food effects than other abiraterone acetate products. Patients receiving YONSA® should also receive a gonadotropin-releasing hormone (GnRH) analog concurrently or should have had bilateral orchiectomy.

### IMPORTANT SAFETY INFORMATION

#### CONTRAINDICATIONS

YONSA® can cause fetal harm and potential loss of pregnancy.

### WARNINGS AND PRECAUTIONS

**Hypertension, Hypokalemia, and Fluid Retention Due to Mineralocorticoid Excess:** YONSA® may cause hypertension, hypokalemia, and fluid retention as a consequence of increased mineralocorticoid levels resulting from CYP17 inhibition. Monitor patients for hypertension, hypokalemia, and fluid retention at least once a month. Control hypertension and correct hypokalemia before and during treatment with YONSA®.

Closely monitor patients whose underlying medical conditions might be compromised by increases in blood pressure, hypokalemia or fluid retention, such as those with heart failure, recent myocardial infarction, cardiovascular disease, or ventricular arrhythmia. The safety of YONSA® in patients with left ventricular ejection fraction < 50% or New York Heart Association (NYHA) Class III or IV heart failure (in Study 1) or NYHA Class II to IV heart failure (in Study 2) was not established because these patients were excluded from these randomized clinical trials.

Please see the following pages for Important Safety Information and Brief Summary of the Full Prescribing Information.



# YONSA® DELIVERS UNIQUE BENEFITS

## PROPRIETARY YONSA® MICRONIZATION PROVIDES



### RAPID ABSORPTION

Increases surface area for rapid dissolution and absorption<sup>2</sup>



### LOW 500 MG DOSE

Four 125 mg tablets plus 4 mg methylprednisolone<sup>1,2</sup>



### FLEXIBLE DOSING

Patients can take YONSA® with or without food<sup>1,3</sup>

## IMPORTANT SAFETY INFORMATION, CONTINUED

### WARNINGS AND PRECAUTIONS, CONTINUED

**Adrenocortical Insufficiency (AI):** AI was reported in patients receiving abiraterone acetate in combination with corticosteroid, following an interruption of daily steroids and/or with concurrent infection or stress. Monitor patients for symptoms and signs of AI, particularly if patients are withdrawn from corticosteroids, have corticosteroid dose reductions, or experience unusual stress. Symptoms and signs of AI may be masked by adverse reactions associated with mineralocorticoid excess seen in patients treated with YONSA®. Perform appropriate tests, if indicated, to confirm AI. Increased dosages of corticosteroids may be used before, during, and after stressful situations.

**Hepatotoxicity:** In postmarketing experience, there have been abiraterone acetate-associated severe hepatic toxicity, including fulminant hepatitis, acute liver failure and deaths. Measure serum transaminases (ALT and AST) and bilirubin levels prior to starting treatment with YONSA®, every two weeks for the first three months of treatment and monthly thereafter. In patients with baseline moderate hepatic impairment receiving a reduced YONSA® dose of 125 mg, measure ALT, AST, and bilirubin prior to the start of treatment, every week for the first month, every two weeks for the following two months of treatment and monthly thereafter. Promptly measure serum total bilirubin, AST, and ALT if clinical symptoms or signs suggestive of hepatotoxicity develop. Elevations of AST, ALT, or bilirubin from the patient's baseline should prompt more frequent monitoring. If at any time AST or ALT rise above five times the ULN, or the bilirubin rises above three times the ULN, interrupt YONSA® treatment and closely monitor liver function.

Re-treatment with YONSA® at a reduced dose level may take place only after return of liver function tests to the patient's baseline or to AST and ALT less than or equal to 2.5X ULN and total bilirubin less than or equal to 1.5X ULN.

Permanently discontinue treatment with abiraterone acetate for patients who develop a concurrent elevation of ALT greater than 3X ULN and total bilirubin greater than 2X ULN in the absence of biliary obstruction or other causes responsible for the concurrent elevation.

The safety of YONSA® re-treatment of patients who develop AST or ALT greater than or equal to 20X ULN and/or bilirubin greater than or equal to 10X ULN is unknown.

### ADVERSE REACTIONS

The most common adverse reactions (≥10%) are fatigue, joint swelling or discomfort, edema, hot flush, diarrhea, vomiting, cough, hypertension, dyspnea, urinary tract infection and contusion.

The most common laboratory abnormalities (>20%) are anemia, elevated alkaline phosphatase, hypertriglyceridemia, lymphopenia, hypercholesterolemia, hyperglycemia, elevated AST, hypophosphatemia, elevated ALT and hypokalemia.

### DRUG INTERACTIONS

Based on *in vitro* data, YONSA® is a substrate of CYP3A4. In a drug interaction trial, co-administration of rifampin, a strong CYP3A4 inducer, decreased exposure of abiraterone by 55%. Avoid concomitant strong CYP3A4 inducers during YONSA® treatment. If a strong CYP3A4 inducer must be co-administered, increase the YONSA® dosing frequency only during the co-administration period.

Abiraterone is an inhibitor of the hepatic drug-metabolizing enzymes CYP2D6 and CYP2C8. Avoid coadministration of abiraterone acetate with substrates of CYP2D6 with a narrow therapeutic index (e.g., thioridazine). If alternative treatments cannot be used, exercise caution and consider a dose reduction of the concomitant CYP2D6 substrate drug.

In a CYP2C8 drug-drug interaction trial in healthy subjects, the AUC of pioglitazone (CYP2C8 substrate) was increased by 46% when pioglitazone was given together with an abiraterone acetate single dose equivalent to YONSA® 500 mg. Therefore, patients should be monitored closely for signs of toxicity related to a CYP2C8 substrate with a narrow therapeutic index if used concomitantly with abiraterone acetate.

### USE IN SPECIFIC POPULATIONS

- **Females and Males of Reproductive Potential: Advise male patients with female partners of reproductive potential to use effective contraception.**
- Do not use YONSA® in patients with baseline severe hepatic impairment (Child-Pugh Class C).

Please see additional Important Safety Information throughout and Brief Summary on next page.

**References:** 1. YONSA® [prescribing information]. Cranbury, NJ: Sun Pharmaceutical Industries, Inc; May 2018. 2. Goldwater R, Hussaini A, Bosch B, Nemeth P. Comparison of a novel formulation of abiraterone acetate vs. the originator formulation in healthy male subjects: two randomized, open-label, crossover studies. *Clin Pharmacokinet.* 2017;56:803-813. 3. Hussaini A, Olszanski AJ, Stein CA, Bosch B, Nemeth P. Impact of an alternative steroid on the relative bioavailability and bioequivalence of a novel versus the originator formulation of abiraterone acetate. *Cancer Chemo Pharmacol.* 2017;80(3):479-486.



**Brief Summary of Prescribing Information for YONSA® (abiraterone acetate) tablets**

This Brief Summary does not include all the information needed to use YONSA safely and effectively.

See full prescribing information for YONSA.

See package insert for full Prescribing Information

Initial U.S. approval: 2011

**INDICATIONS AND USAGE:**

YONSA (abiraterone acetate) is indicated in combination with methylprednisolone for the treatment of patients with metastatic castration-resistant prostate cancer.

**CONTRAINDICATIONS:**

YONSA is contraindicated for use in pregnant women. YONSA can cause fetal harm and potential loss of pregnancy.

**DOSAGE AND ADMINISTRATION:**

Recommended dose: YONSA 500 mg (four 125 mg tablets) administered orally once daily in combination with methylprednisolone 4 mg administered orally twice daily. Patients receiving YONSA should also receive a gonadotropin-releasing hormone (GnRH) analog concurrently or should have had bilateral orchiectomy.

To avoid medication errors and overdose, be aware that YONSA tablets may have different dosing and food effects than other abiraterone acetate products.

**WARNINGS AND PRECAUTIONS:**

YONSA may cause hypertension, hypokalemia, and fluid retention as a consequence of increased mineralocorticoid levels resulting from CYP17 inhibition. Monitor patients for hypertension, hypokalemia, and fluid retention at least once a month. Control hypertension and correct hypokalemia before and during treatment with YONSA.

Monitor for symptoms and signs of adrenocortical insufficiency. Increased dosage of corticosteroids may be indicated before, during and after stressful situations.

Hepatotoxicity can be severe and fatal. Measure serum transaminases (ALT and AST) and bilirubin levels prior to starting treatment with YONSA, every two weeks for the first three months of treatment and monthly thereafter.

**ADVERSE REACTIONS:**

The most common adverse reactions ( $\geq 10\%$ ) are fatigue, joint swelling or discomfort, edema, hot flush, diarrhea, vomiting, cough, hypertension, dyspnea, urinary tract infection and contusion.

The most common laboratory abnormalities ( $>20\%$ ) are anemia, elevated alkaline phosphatase, hypertriglyceridemia, lymphopenia, hypercholesterolemia, hyperglycemia, elevated AST, hypophosphatemia, elevated ALT and hypokalemia.

**DRUG INTERACTIONS:**

CYP3A4 Inducers: Avoid concomitant strong CYP3A4 inducers during YONSA treatment. If a strong CYP3A4 inducer must be co-administered, increase the YONSA dosing frequency.

CYP2D6 Substrates: Avoid co-administration of YONSA with CYP2D6 substrates that have a narrow therapeutic index. If an alternative treatment cannot be used, exercise caution and consider a dose reduction of the concomitant CYP2D6 substrate.

**USE IN SPECIFIC POPULATIONS:**

Females: Women who are pregnant or women who may be pregnant should not handle YONSA tablets without protection, e.g., gloves.

Males of Reproductive Potential: Males with female partners of reproductive potential should use effective contraception.

Hepatic Impairment: Do not use YONSA in patients with baseline severe hepatic impairment (Child-Pugh Class C).

Pediatric Use: Safety and effectiveness of abiraterone acetate in pediatric patients have not been established.

**To report SUSPECTED ADVERSE REACTIONS, contact Sun Pharmaceutical Industries, Inc. at 1-800-818-4555, FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch).**

**Manufactured for:**

Sun Pharma Global FZE

**Distributed by:**

Sun Pharmaceutical Industries, Inc.  
Cranbury, NJ 08512

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## Information About Metastatic Castrate-Resistant Prostate Cancer

Prostate cancer begins when cells in the prostate gland, which produces seminal fluid that transports sperm, begin to grow out of control.<sup>1,2</sup> In the United States, prostate cancer is the second most common cancer occurring in men. In their lifetimes, approximately 1 in 9 men will receive a diagnosis of prostate cancer. In 2020, there will be about 191,930 new cases of prostate cancer in the United States; about 33,330 deaths will occur from those new cases, according to the American Cancer Society.<sup>3</sup> Some gene mutations are inherited, or passed down, from a family member; hereditary prostate cancer plays a role in approximately 5% of cases.<sup>4,5</sup>

There are different types of prostate cancer. Almost all prostate cancers are adenocarcinomas, or cancers that develop in the gland. Other types of prostate cancer include small cell carcinomas, neuroendocrine tumors (other than small cell carcinomas), transitional cell carcinomas and sarcomas, though these are rare.<sup>1</sup> In some cases, prostate cancer will continue to grow even when the amount of male sex hormones (androgens), like testosterone, in the body is low; early-stage prostate cancers need normal levels of male sex hormones, including testosterone, to grow, but castrate-

resistant prostate cancers (CRPC) do not. Patients with CRPC have advanced disease and are no longer responding to medical or surgical treatments that lower testosterone. CRPC is considered metastatic (mCRPC) when it spreads throughout the body—notably to the bones—despite treatment.<sup>6-8</sup> Five-year survival rates for patients with mCRPC is 31%.<sup>9</sup>

### Risk Factors

Age is the most common factor that can affect a man's risk of developing prostate cancer; the chance of developing prostate cancer increases after 50 years of age.<sup>4,5,10,11</sup> Six in 10 cases are diagnosed in men who are 65 years and older. Race and ethnicity are other risk factors of prostate cancer. It develops more often in African American men and in Caribbean men of African ancestry and less often in Asian-American and Latino men. In fact, black men are twice as likely to die from prostate cancer as white men. The racial differences in risk factors are not entirely clear.<sup>5,10</sup> Some genomic changes may be acquired throughout an individual's lifetime and may be linked to an increased risk of prostate

cancer.<sup>12</sup> Other risk factors that have a less clear effect on prostate cancer include<sup>5</sup>:

- Diet.
- Obesity.
- Chemical exposure from smoking.
- Inflammation of the prostate.
- Sexually transmitted infections.
- Vasectomy.

## Signs and Symptoms

Many patients with prostate cancer usually show no symptoms in early stages of the disease; signs of prostate cancer are usually found early, during physical screenings. Advanced prostate cancer can cause symptoms, including<sup>13</sup>:

- Problems urinating.
- Blood in the urine or semen.
- Painful ejaculation.
- Trouble getting an erection.
- Pain in hips, back, chest or other areas from cancer that has spread to the bone.
- Weakness and numbness in legs or feet.
- Loss of bladder or bowel control.

Different stages of prostate cancer may have different symptoms. Advanced prostate cancer symptoms include swelling in the legs or pelvic area; numbness or pain in the hips, legs or feet and bone pain that does not go away. Recurrent prostate cancer symptoms include blood in the urine, difficulty urinating, fatigue, difficulty breathing and jaundice.<sup>14</sup>

## Diagnosis

In most cases, prostate cancer is found as a result of a prostate specific antigen (PSA) blood test or a digital rectal exam (DRE).<sup>15</sup> A PSA test examines the PSA from a blood sample drawn from a vein in a patient's arm. PSA is naturally produced by the prostate gland. If the level in the blood is higher than normal, it could indicate prostate infection, inflammation, enlargement or cancer. In advanced cancer, it is important to monitor PSA levels. Throughout treatment, a doctor will examine PSA levels to identify trends, like how quickly the levels are going up and over what period of time. The cancer could be getting worse if PSA levels continue to rise during treatment to lower testosterone levels. During a DRE, the doctor will examine the prostate by inserting a lubricated gloved finger in the rectum. The health care provider will look for abnormalities in texture, shape or size of the gland, which will require more tests.<sup>16,17</sup> These tests help to diagnose prostate cancer at an early stage. If the results are abnormal, further diagnostic tests such as the following may be recommended and can include a(n)<sup>15-19</sup>:

- **Ultrasound.** A transrectal ultrasound probe is inserted into the rectum and uses sound waves to create a picture of the prostate gland.
- **MRI fusion.** MRI fusions are being used more often to assist in prostate biopsy and diagnosis. Scans like an MRI fusion can help determine if the cancer has metastasized to different parts of the body or if the number of tumors has increased.
- **Prostate biopsy.** This relatively quick procedure usually takes place in the doctor's office, where a urologist will perform the biopsy. It is the main method used to diagnose prostate cancer. The doctor will use a core needle biopsy and insert a thin, hollow needle into the prostate, either through the wall of the rectum (transrectal biopsy) or through the skin between the scrotum and the anus (transperineal biopsy). If evidence of prostate cancer is found during a biopsy, it will be assigned a grade using the Gleason score or Grade Groups, which will describe what the cancer looks like under a microscope and how likely the cancer is to grow. In other cases, cells may look suspicious but may not be cancer.

## Staging

After a doctor determines a diagnosis of prostate cancer, the next step will be to stage the disease. To do that, a doctor will consider the PSA level, the grade of the tumor (via biopsy), the stage of the tumor and whether the cancer has metastasized or spread.<sup>20</sup>

In addition to the Gleason score and Grade Groups, doctors may use the American Joint Committee on Cancer's TNM system to stage the tumor, which is based on three more key pieces of information<sup>19</sup>:

- Size of the main tumor (T category)
- If the cancer has spread to nearby lymph nodes (N category)
- If the cancer has spread, or metastasized, to other parts of the body (M category)

## Treatment

After a diagnosis of prostate cancer, a patient's cancer care team will discuss treatment options, weighing potential risks and side effects.<sup>21</sup> A diagnosis of mCRPC may also influence treatment options and will be used to control the growth of cancer even though the current treatment options are no longer working.<sup>7</sup> There are different options for the treatment of prostate cancer<sup>7,22-27</sup>:

- **Watchful waiting or active surveillance.** Because treatments can cause side effects like erectile dysfunction and impact an individual's quality of life, a doctor



may recommend active surveillance. Active surveillance is preferred in older men with low-risk or very low-risk prostate cancer; a patient's condition is closely followed unless there is a change in test results. In watchful waiting, treatment is given to relieve symptoms and improve quality of life. Managing symptoms is an important aspect of treating mCRPC.

- **Surgery.** Patients in good health may be treated with surgery to remove the tumor and surrounding lymph nodes. There are different types of surgery, based on the stage of the disease, the man's overall health and other factors.
- **Radiation therapy and radiopharmaceutical therapy.** There are different types of radiation therapy, and they all use high-energy Xrays or other kinds of radiation to kill cancer cells or keep them from growing.
- **Hormone therapy.** Hormone therapy removes hormones or blocks them to stop cancer cells from growing. There are various types of hormone treatments, which may have side effects such as hot flashes, impaired sexual function, loss of desire for sex, nausea, diarrhea and itching. In patients with mCRPC, hormone therapy should continue to be used to keep sex hormones in the body low, even with other treatment options. Sex hormone levels can be lowered by surgically removing the testicles and with drugs that stop the testicles from making the hormones.

Commonly used hormonal therapies include anti-androgens, gonadotropin-releasing hormone (GnRH) receptor agonists and antagonists and androgen biosynthesis inhibitors. Antiandrogens attach to a protein in the cancer cell, preventing the androgen from causing tumor growth. Both GnRH agonists and antagonists stop the testicles from producing testosterone without having to remove the testicles. Other cells in the body produce small amounts of androgens that may drive cancer growth. Androgen biosynthesis inhibitors target an enzyme in these cells to stop them from making testosterone. In 2018, a micronized formulation of an androgen biosynthesis inhibitor, abiraterone acetate, was approved by the FDA in combination with 4 mg methylprednisolone. Micronization technology reduces abiraterone acetate particle size, allowing for increased absorption.

- **Chemotherapy.** Drugs that are used to stop the growth of cancer, or chemotherapy, either kill the cells or stops them from growing. The type of chemotherapy depends on the type and stage of the cancer. Patients with mCRPC may also require chemotherapy along with hormone therapy to control the growth of cancer.

- Docitaxel is approved as a first-line chemotherapy in patients with mCRPC, although most patients will develop resistance to this therapy.
- Cabazitaxel is approved as a second-line option for patients who have previously been treated with docetaxel and has been shown to improve overall survival.
- Mitoxantrone is approved for use in patients with mCRPC. Patients see an improvement in pain and quality of life.

- **Immunotherapy.** Boosting the body's natural defenses to fight cancer, immunotherapy may be an option to improve or restore the immune system function. Some men with mCRPC who have few symptoms may be treated with vaccine therapy. Sipuleucel-T is adapted for each patient and can lengthen survival by about 4 months.
- **Clinical trials.** Though there are strict specifications for clinical trials, some patients may qualify to try treatments that are being studied. New treatments that are being tested include cryosurgery, high-intensity focused ultrasound therapy, proton beam radiation therapy and photodynamic therapy. If you would like to learn more about clinical trials that would best fit your disease course, talk with your health care provider and visit <http://clinicaltrials.gov/>.

Speak with your health care provider if you think you may have symptoms of prostate cancer. Regardless of treatment, a health care team will be there to monitor side effects and results. When visiting your doctor, be prepared with a list of symptoms you are experiencing and key personal information, and think about bringing a family member or friend along. A diagnosis of prostate cancer can be overwhelming, but the information provided can help to keep patients informed about their disease.



# Health, Diet and Emotional Support

## Health

Many aspects of a man's life can be affected by prostate cancer. Some men may experience fatigue, increased pain, sleep disturbances, frequent urination and hot flashes during their treatment; other men may experience other side effects.<sup>28,29</sup>

There are lifestyle choices that can affect prostate health and can help men deal with the side effects from treatment<sup>28,29</sup>:

- **Limit alcohol consumption.** Studies show that men who have 2 or more drinks per day are 20% more likely to develop prostate cancer.
- **Stop smoking tobacco.** Younger men who smoke have a greater chance of prostate cancer. It is also important to try to avoid secondhand smoke.
- **Have regular physical exams.** Communicate with a health care provider about risks for prostate cancer. If you have already received treatment, stay in touch with your health care team to look for signs of recurrence, and manage long-term side effects.
- **Sexually transmitted diseases (STDs) can make men more vulnerable to prostate cancer.** Some STDs increase the risk of death threefold in men with prostate cancer.
- **Sleep.** It is important to get enough sleep to maintain a healthy immune system.
- **Maintain a healthy weight.** Exercise can help men maintain a healthy weight or lose weight. Physical activity also has additional health benefits; consult with a health care professional for guidance if exercise is not part of your daily routine.

## Diet

Though dietary impact is still being investigated and research is mixed, some studies suggest an association between diet and prostate cancer. Red meat, processed meats and foods high in fat may be coupled with increased risk in prostate cancer. By comparison, healthy diets are beneficial and may account for variable prostate cancer rates globally. There is no absolute way to reduce the risk of developing prostate cancer, but health care professionals recommend choices that benefit overall health in cancer prevention. Increase your intake of fruits and vegetables, especially tomatoes and cruciferous vegetables; limit fats from red meat and dairy and get your vitamins from food sources. Before changing dietary habits, consult your health care provider.<sup>28,30,31</sup>

Another consideration while being treated for prostate cancer is whether some medications can be taken with



food. Although some medications must be taken on a full stomach, others give patients the flexibility to take them with or without food. Some medications require food restrictions, whereas others do not. Talk to your doctor about what option is best for you based on your treatment.<sup>32,33</sup>

## Emotional Support

Men who have been given a diagnosis of prostate cancer may face emotional hardships. A diagnosis of mCRPC may be especially worrisome and stressful. Although a diagnosis of prostate cancer can be difficult to handle, patients face a social stigma that can prevent them from seeking help.<sup>34</sup>

Patients with cancer may feel overwhelmed and experience denial, anger, fear and worry, stress and anxiety, sadness, or depression. Men with prostate cancer may also experience decreased sexual desire, changes in sexual functioning and discomfort about being a sexually intimate partner. If you are feeling worried or finding it hard to deal with a diagnosis, it is recommended that you speak with your health care provider.<sup>34-37</sup>

A list of educational and supportive resources is available toward the end of this *Educated Patient® Resource Guide* that may be useful if you need further assistance and guidance with your cancer diagnosis. Please see pages 16 through 23 for more information.

# Frequently Asked Questions

## What is metastatic castrate-resistant prostate cancer (mCRPC)?

mCRPC is a type of prostate cancer that will continue to grow even when the amount of testosterone level in the body is very low.<sup>6,7</sup>

## How many men have prostate cancer?

In the United States, prostate cancer is the second most common cancer occurring in men; 1 in 9 men will be receive a diagnosis of prostate cancer. In 2020, there will be about 191,930 new cases of prostate cancer in the United States; about 33,330 deaths will occur from those new cases.<sup>3</sup>

## How do I know if I have prostate cancer?

Many early prostate cancers usually cause no symptoms; they are found during screenings. In most cases, prostate cancers are found as a result of a prostate specific antigen (PSA) blood test or a digital rectal exam (DRE).<sup>15</sup>

## What are the symptoms of prostate cancer?

Many early prostate cancers usually cause no symptoms and are found during physical screenings. Symptoms may include<sup>13</sup>:

- Problems urinating.
- Blood in the urine or semen.
- Painful ejaculation.
- Trouble getting an erection.
- Pain in the hips, back, chest or other areas from cancer that has spread to the bone.
- Weakness in numbness in the legs or feet.
- Loss of bladder or bowel control.

Symptoms of advanced disease may include<sup>14</sup>:

- Swelling in the legs or pelvic area.
- Numbness or pain in the hips, legs or feet.
- Bone pain that does not go away.

Recurrent prostate cancer symptoms include<sup>14</sup>:

- Blood in the urine.
- Difficulty urinating.
- Fatigue.
- Difficulty breathing.
- Jaundice.

## How is prostate cancer detected?

Most prostate cancers are found as a result of a PSA blood test or a DRE. After a health care provider determines an abnormal test result, other tests will be ordered, such as the following<sup>15,16,18,19</sup>:

- Ultrasound.
- MRI fusion.
- Prostate biopsy.

## How is prostate cancer treated?

After a diagnosis of prostate cancer, a cancer care team will discuss treatment options and help weigh the risks and side effects. There are different options for the treatment of prostate cancer<sup>21-23</sup>:

- Watchful waiting or active surveillance.
- Surgery.
- Radiation therapy and radiopharmaceutical therapy.
- Hormone therapy.
- Chemotherapy.
- Clinical trials.

## How will a diagnosis of mCRPC affect treatment?

A diagnosis of mCRPC may also influence treatment options and will be used to control the growth of cancer even though the current treatment options are no longer working. Often a combination of treatments will be used along with chemotherapy.<sup>7</sup>





## Glossary of Important Terms

**Adenocarcinomas:** cancers that develop in the prostate gland

**Chemotherapy:** drugs that are used to stop the growth of cancer and either kill the cells or stop them from growing

**Clinical trial:** a study in which people volunteer to take part in tests of new drugs or procedures

**Digital rectal exam:** a test used to determine prostate cancer in men

**Gleason Score:** a test used to determine what cancer cells look like under a microscope and how they are behaving on a micro level; score is scaled from 6 to 10

**Grade Groups:** a test used to determine what cancer cells look like under a microscope and how they are behaving on a micro level; score is scaled from 1 to 5

**Hormone therapy:** removes hormones or blocks them to stop cancer cells from growing

**Magnetic resonance imaging fusion:** a procedure that combines a specialized magnetic resonance imaging scan with an ultrasound image to help urologists precisely target the area of the prostate that needs to be biopsied

**Metastatic castrate-resistant prostate cancers**

**(mCRPC):** advanced disease that has spread to other parts of the body and is no longer responding to medical or surgical treatments that lower testosterone

**Prostate biopsy:** the main method used to diagnose prostate cancer

**Prostate cancer:** cancer that begins when cells in the prostate gland begin to grow out of control

**Prostate gland:** a gland that produces the seminal fluid that transports sperm

**Prostate specific antigen blood test:** a test that examines the prostate specific antigen which is naturally produced by the prostate gland, from a blood sample drawn from a vein in a patient's arm

**Radiation therapy and radiopharmaceutical therapy:** tests that use high-energy X-rays or other kinds of radiation to kill cancer cells or keep them from growing

**Ultrasound:** a transrectal ultrasound probe inserted into the rectum uses sound waves to create a picture of the prostate gland

# Questions to Ask Your Health Care Provider

A cancer diagnosis can be overwhelming. Here are some questions you may want to ask your health care provider, suggested by the American Cancer Society and Prostate Cancer Foundation. Take this list to your appointment; there's space so you can add notes and questions of your own.<sup>38-40</sup>

**What is castrate-resistant prostate cancer (CRPC)?**

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**What are the chances that the cancer has spread beyond my prostate? If it has is it still curable?**

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**What should I do to keep my body and mind healthy now that I've received a diagnosis of prostate cancer?**

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**Do I need any other tests before we decide on treatment?**

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**Should I see any other types of doctors before deciding on treatment?**

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**What are the clinical stage and grade (Gleason score or Grade Groups) of my cancer? What do those mean to me?**

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**What are my prostate-specific antigen (PSA) levels?**

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**What might a rising PSA level mean for my prostate cancer?**

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**If I'm concerned about the costs and insurance coverage for my diagnosis and treatment, who can help me?**

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**How will we know if the treatment is working?**

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**Is there anything I can do to help manage side effects?**

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**Will I have problems with bladder control or sexual function?**

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**What does it mean if I am experiencing bone pain?**

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**What can I do to improve the success of my therapy?**

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**What kind of follow-up can I expect after treatment?**

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## Questions to Ask Your Health Care Provider (Continued)

### What symptoms should I watch for?

### How often will I need to have follow-up exams and tests? What tests will I need?

### Questions of your own:

# I AM MORE THAN A PATIENT.

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## I AM A GRANDPARENT, A CONFIDANT, A CAREGIVER AND A FIGHTER.

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Those who have gone through cancer are more than their diagnosis. At CURE®, we provide insight to everyday people whose lives have been touched by cancer, letting them know that they are not alone. We strive to give readers an identity that extends beyond their diagnosis. CURE® makes cancer understandable, and we aim to make life with cancer understandable.

*A community of more than just patients. Join us. [curetoday.com](http://curetoday.com)*

cure®

Join the conversation on social  
media using #MoreThanAPatient.



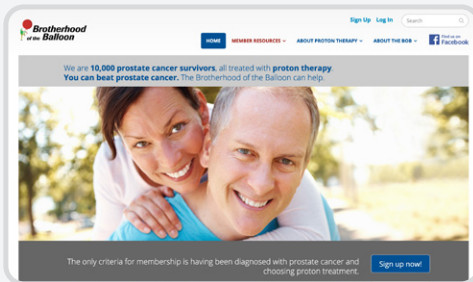
cure\_magazine



Cure Magazine



CureToday



## CONTACT INFO

**Email:** [dhickey@protonbob.com](mailto:dhickey@protonbob.com)

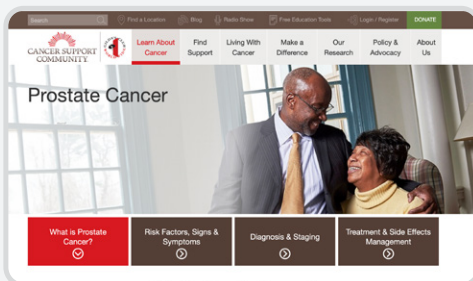
## Brotherhood of the Balloon

<https://protonbob.com>

The Brotherhood of the Balloon, aptly named after a treatment process called proton beam radiation therapy in which a balloon is used, was started by a group of patients who have gone through this treatment. Reaching almost 10,000 members from all over the world, the Brotherhood of the Balloon brings together men who have had similar experiences are to educate and support each other.

### Resource Checklist

- ✓ Monthly newsletter
- ✓ Support group
- ✓ Free membership
- ✓ Educational PowerPoint



## ADDRESS

734 15th St. NW  
Suite 300  
Washington, DC 20005

## CONTACT INFO

**Email:** through website

**Phone:** 202-659-9709

**Toll-free:** 888-793-9355

## Cancer Support Community

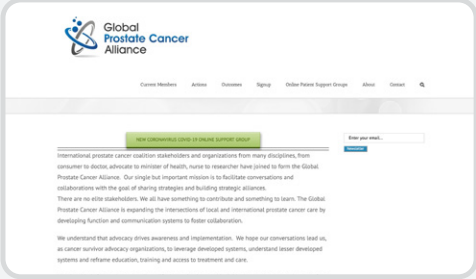
[www.cancersupportcommunity.org](http://www.cancersupportcommunity.org)

The Cancer Support Community is one of the largest professionally led nonprofit networks of cancer support. The global organization has 175 locations that deliver support services to patients with cancer and a toll-free helpline for patients to receive educational resources. Cancer Support Community conducts research to learn about the emotional, psychological and financial implications that cancer can have on patients.

### Resource Checklist

- ✓ Prostate cancer information
- ✓ Toll-free cancer support helpline
- ✓ Live webchat
- ✓ Free education tool
- ✓ Online blog
- ✓ Radio show





**CONTACT INFO**  
**Email:** [darryl@malecare.org](mailto:darryl@malecare.org)  
**Phone:** 212-673-4920


## Global Prostate Cancer Alliance

<https://prostatecanceralliance.org>

The Global Prostate Cancer Alliance builds awareness of prostate cancer locally, nationally and internationally, so men can have access to affordable care. The organization distributes important information through the development of media, online education, archives and publications.

### Resource Checklist:

- ✓ Online patient support groups
- ✓ Patient assistance programs
- ✓ Online information



**ADDRESS**  
 85 Delancey St. (The Yard)  
 New York, NY 10002

**CONTACT INFO**  
**Email:** [info@malecare.org](mailto:info@malecare.org)  
**Phone:** 212-673-4920

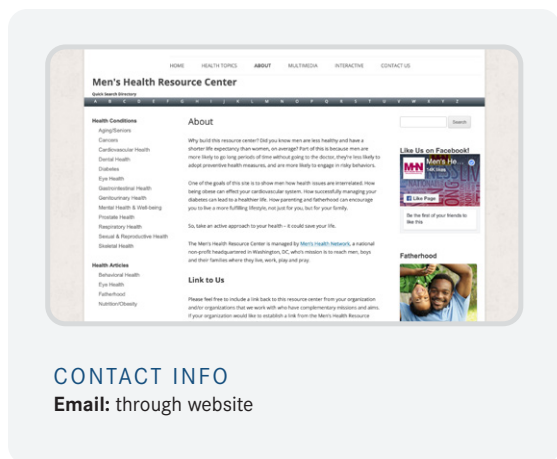
## Malecare

<https://malecare.org>

Founded for cancers that occur in men, including prostate cancer, Malecare is a nonprofit group staffed by oncologists, psychologists and social workers. With a goal of helping men and their loved ones live long and happy lives, the organization sets the standard for peer-to-peer support. They have pioneered several men's health programs for underserved populations, like African American, LGBT and Native American survivors of cancer.

### Resource Checklist:

- ✓ Caregiver support
- ✓ Online information
- ✓ Online prostate cancer support groups



## CONTACT INFO

**Email:** through website

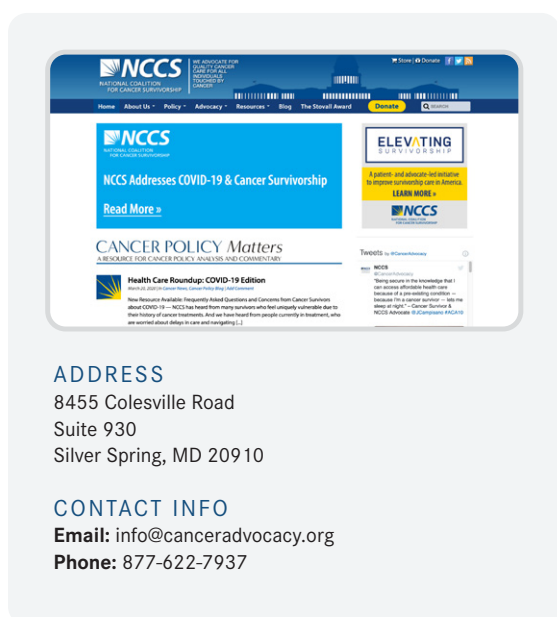
# Men's Health Resource Center

[www.menshealthresourcecenter.com/about](http://www.menshealthresourcecenter.com/about)

With a wide array of men's health information, including prostate cancer, Men's Health Resource Center provides information on all things men's health. The organization's goal is to reach all men and their families.

## Resource checklist:

- ✓ Health articles
- ✓ Health conditions
- ✓ Interactive tools



## ADDRESS

8455 Colesville Road  
Suite 930  
Silver Spring, MD 20910

## CONTACT INFO

**Email:** [info@canceradvocacy.org](mailto:info@canceradvocacy.org)

**Phone:** 877-622-7937

# National Coalition for Cancer Survivorship

[www.canceradvocacy.org](http://www.canceradvocacy.org)

The National Coalition for Cancer Survivorship advocates on behalf of patients with cancer and calls for change in policy regarding research, regulation and finances. The organization's mission is to encourage quality cancer care for all by working with legislators on policy change and education. The coalition was started in 1986 by patients with cancer for patients with cancer.

## Resource Checklist

- ✓ Public policy information
- ✓ Cancer advocacy
- ✓ Cancer survival toolbox
- ✓ Online blog



## ADDRESS

421 Butler Farm Road  
Hampton, VA 23666

## CONTACT INFO

**Email:** [help@patientadvocate.org](mailto:help@patientadvocate.org)

**Phone:** 800-532-5274

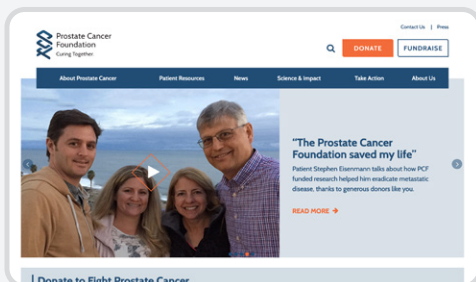
# Patient Advocate Foundation

[www.patientadvocate.org](http://www.patientadvocate.org)

The Patient Advocate Foundation is a national nonprofit organization that serves as an active liaison between patients and their insurer, employers and creditors to resolve diagnosis-related insurance, job retention and debt crisis issues through case managers, physicians and attorneys. The foundation seeks to safeguard patients through effective mediation to ensure access to care, maintenance of employment and preservation of financial stability.

## Resource Checklist:

- ✓ Insurance and financial information
- ✓ Copay assistance
- ✓ Free webinars and information sessions



## ADDRESS

Prostate Cancer Foundation  
1250 Fourth St.  
Santa Monica, CA 90401

## CONTACT INFO

**Email:** [info@pcf.org](mailto:info@pcf.org)

**Phone:** 800-757-CURE (800-757-2873)

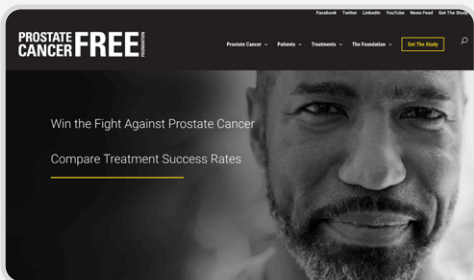
# Prostate Cancer Foundation

[www.pcf.org](http://www.pcf.org)

Prostate Cancer Foundation (PCF) was started in 1993 to give men and their families hope. The foundation is dedicated to investing in the most promising research about prevention, detection and treatment of prostate cancer. PCF provides information, patient guides and news, as well as patient stories and support group information for patients with prostate cancer to feel connected.

## Resource Checklist:

- ✓ Patient stories
- ✓ Free patient guide
- ✓ Prostate cancer informational guides
- ✓ News
- ✓ Support group information



#### ADDRESS

10016 Edmonds Way  
Suite C #153  
Edmonds, WA 98020

#### CONTACT INFO

**Email:** [info@prostatecancerfree.org](mailto:info@prostatecancerfree.org)  
**Phone:** 206-453-2987

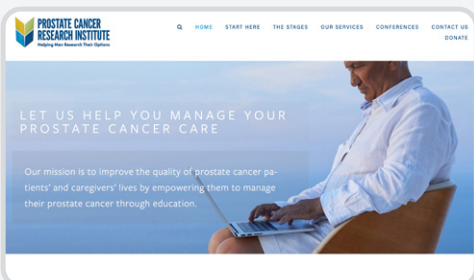
## Prostate Cancer Free Foundation

<https://prostatecancerfree.org>

Providing information and education about their disease, Prostate Cancer Free Foundation helps patients make the best decision regarding their prostate cancer treatments. The foundation also provides an open and inclusive community with clear and graphic data and information.

#### Resource checklist:

- ✓ Prostate cancer patient guide
- ✓ Video library
- ✓ Prostate cancer information
- ✓ Prostate cancer patient worksheet



#### ADDRESS

300 Corporate Pointe  
Suite 383  
Culver City, CA 90230

#### CONTACT INFO

**Email:** [help@pcri.org](mailto:help@pcri.org) or through website  
**Helpline:** 424-277-0743

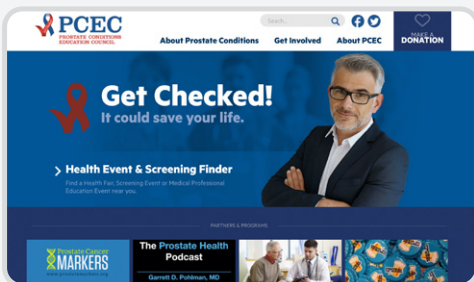
## Prostate Cancer Research Institute

<https://pcri.org/#welcome>

Prostate Cancer Research Institute enables patients to research their own treatment options. Designed by a team of multidisciplinary experts, the institute educates patients about their disease to empower patients to have better communication with their health care provider using tools like conferences, helplines, brochures.

- ✓ Newsletters
- ✓ Conferences
- ✓ Staging Guide
- ✓ Helpline
- ✓ Support group information





#### ADDRESS

7009 S. Potomac Street  
Suite 125  
Centennial, CO 80112

#### CONTACT INFO

**Email:** through website

**Phone:** 866-4-Prost8 (866-477-6788)

## Prostate Conditions Education Council

[www.prostateconditions.org](http://www.prostateconditions.org)

Prostate Conditions Education Council is a nonprofit organization that prioritizes patient education to help save lives through learning and awareness. The national organization strives to reach not only men with prostate cancer but also other close friends and family members, as well as the medical community, about prostate cancer prevalence, the importance of early detection and available treatment options.

#### Resource Checklist:

- ✓ Outreach programs
- ✓ Prostate cancer information
- ✓ Clinical trial information



#### ADDRESS

Prostate Health Education Network Inc.  
500 Victory Road  
Fourth Floor  
Quincy, MA 02171

#### CONTACT INFO

**Email:** rapcancer@prostatehealthd.org

**Phone:** 617-481-4020

## Prostate Health Education Network

<http://prostatehealthd.org>

In the United States, black men have the highest incidence and mortality rates. Prostate Health Education Network (PHEN) was founded in 2003 by a prostate cancer survivor. To help eliminate African American prostate cancer disparity, PHEN provides resources, like online networks and monthly support group meetings, to educate patients and to eventually lead to a cure.

#### Resource Checklist:

- ✓ Clinical trial information
- ✓ Information and statistics
- ✓ Survivor network
- ✓ Church partnerships
- ✓ PHEN Survivor Network



#### ADDRESS

500 Westover Drive #13149  
Sanford, NC 27330

#### CONTACT INFO

**Email:** support@prostatenet.org  
**Phone:** 201-289-8221

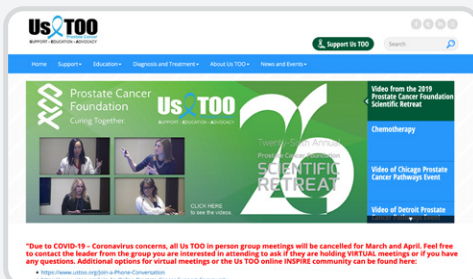
## The Prostate Net

[www.theprostatenet.org/index.html](http://www.theprostatenet.org/index.html)

The Prostate Net is a patient education and advocacy organization. The group implements tools, inform the community about prostate cancer, create open lanes of communication between the medical field and the community, and motivate consumers to make informed and educated choices concerning their health. Importantly, The Prostate Net delivers information to at-risk communities to connect them with public health departments.

#### Resource checklist:

- ✓ The BarberShop Initiative
- ✓ Press and news
- ✓ Podcast
- ✓ Online information
- ✓ Workshops and seminars



#### ADDRESS

2720 S. River Road  
Suite 112  
Des Plaines, IL 60018

#### CONTACT INFO

**Email:** ustoo@ustoo.org  
**Phone:** 630-795-1002  
**Prostate Cancer Support Helpline:**  
800-80-US TOO (800-808-7866)

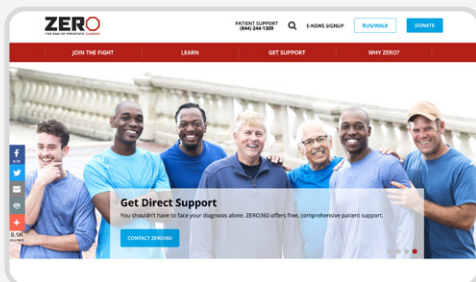
## Us Too

[www.ustoo.org](http://www.ustoo.org)

Us Too provides support, education and advocacy to patients with prostate cancer and their caregivers, friends and family. The organization raises awareness about the disease and provides educational resources and support services to those that are affected. Us Too optimizes emotional and physical well-being.

#### Resource Checklist:

- ✓ Online support group community
- ✓ One-on-one support
- ✓ Helpline
- ✓ Caregiver support



## ADDRESS

515 King St.  
Suite 420  
Alexandria, VA 22314

## CONTACT INFO

**Email:** [info@zerocancer.org](mailto:info@zerocancer.org)

**Phone:** 202-463-9455

**Support line:** 844-244-1309

# ZERO

<https://zerocancer.org>

ZERO – The End of Prostate Cancer is a nonprofit organization that provides support for prostate cancer patients. With a focus on education, ZERO provides information to keep families and patients informed. Through financial assistance programs, ZERO has helped more than 48,000 men with advanced prostate cancer afford treatment.

## Resource Checklist

- ✓ Support line
- ✓ Resource library
- ✓ Prostate cancer news
- ✓ Peer-to-peer support
- ✓ ZERO360: Comprehensive Patient Support
- ✓ Financial assistance programs

## PATIENT EDUCATION RESOURCES

Website	Address	Contact
<b>Brotherhood of the Balloon</b> <a href="https://protonbob.com">https://protonbob.com</a>		<b>Email:</b> <a href="mailto:dhickey@protonbob.com">dhickey@protonbob.com</a>
<b>Cancer Support Community</b> <a href="http://www.cancersupportcommunity.org">www.cancersupportcommunity.org</a>	734 15th St. NW Suite 300 Washington, DC 20005	<b>Email:</b> through website <b>Phone:</b> 202-659-9709 <b>Toll-free:</b> 888-793-9355
<b>Global Prostate Cancer Alliance</b> <a href="https://prostatecanceralliance.org">https://prostatecanceralliance.org</a>		<b>Email:</b> <a href="mailto:darryl@malecare.org">darryl@malecare.org</a> <b>Phone:</b> 212-673-4920
<b>Malecare</b> <a href="https://malecare.org">https://malecare.org</a>	85 Delancey St. (The Yard) New York, NY 10002	<b>Email:</b> <a href="mailto:info@malecare.org">info@malecare.org</a> <b>Phone:</b> 212-673-4920
<b>Men's Health Resource Center</b> <a href="http://www.menshealthresourcecenter.com/about">www.menshealthresourcecenter.com/about</a>		<b>Email:</b> through website
<b>National Coalition for Cancer Survivorship</b> <a href="http://www.canceradvocacy.org">www.canceradvocacy.org</a>	8455 Colesville Road Suite 930 Silver Spring, MD 20910	<b>Email:</b> <a href="mailto:info@canceradvocacy.org">info@canceradvocacy.org</a> <b>Phone:</b> 877-622-7937
<b>Patient Advocate Foundation</b> <a href="http://www.patientadvocate.org">www.patientadvocate.org</a>	421 Butler Farm Road Hampton, VA 23666	<b>Email:</b> <a href="mailto:help@patientadvocate.org">help@patientadvocate.org</a> <b>Phone:</b> 800-532-5274
<b>Prostate Cancer Foundation</b> <a href="http://www.pcf.org">www.pcf.org</a>	Prostate Cancer Foundation 1250 Fourth St. Santa Monica, CA 90401	<b>Email:</b> <a href="mailto:info@pcf.org">info@pcf.org</a> <b>Phone:</b> 800-757-CURE (800-757-2873)
<b>Prostate Cancer Free Foundation</b> <a href="https://prostatecancerfree.org">https://prostatecancerfree.org</a>	10016 Edmonds Way Suite C #153 Edmonds, WA 98020	<b>Email:</b> <a href="mailto:info@prostatecancerfree.org">info@prostatecancerfree.org</a> <b>Phone:</b> 206-453-2987
<b>Prostate Cancer Research Institute</b> <a href="https://pcri.org/#welcome">https://pcri.org/#welcome</a>	300 Corporate Pointe Suite 383 Culver City, CA 90230	<b>Email:</b> <a href="mailto:help@pcri.org">help@pcri.org</a> or through website <b>Helpline:</b> 424-277-0743
<b>Prostate Conditions Education Council</b> <a href="http://www.prostateconditions.org">www.prostateconditions.org</a>	7009 S. Potomac Street Suite 125 Centennial, CO 80112	<b>Email:</b> through website <b>Phone:</b> 866-4-Prost8 (866-477-6788)
<b>Prostate Health Education Network</b> <a href="http://prostatehealthd.org">http://prostatehealthd.org</a>	Prostate Health Education Network Inc. 500 Victory Road Fourth Floor Quincy, MA 02171	<b>Email:</b> <a href="mailto:rapcancer@prostatehealthd.org">rapcancer@prostatehealthd.org</a> <b>Phone:</b> 617-481-4020
<b>The Prostate Net</b> <a href="http://www.theprostatenet.org/index.html">www.theprostatenet.org/index.html</a>	500 Westover Drive #13149 Sanford, NC 27330	<b>Email:</b> <a href="mailto:support@prostatenet.org">support@prostatenet.org</a> <b>Phone:</b> 201-289-8221
<b>Us Too</b> <a href="http://www.ustoo.org">www.ustoo.org</a>	2720 S. River Road Suite 112 Des Plaines, IL 60018	<b>Email:</b> <a href="mailto:ustoo@ustoo.org">ustoo@ustoo.org</a> <b>Phone:</b> 630-795-1002 <b>Prostate Cancer Support Helpline:</b> 800-80-US TOO (800-808-7866)
<b>ZERO</b> <a href="https://zerocancer.org">https://zerocancer.org</a>	515 King St. Suite 420 Alexandria, VA 22314	<b>Email:</b> <a href="mailto:info@zerocancer.org">info@zerocancer.org</a> <b>Phone:</b> 202-463-9455 <b>Support line:</b> 844-244-1309



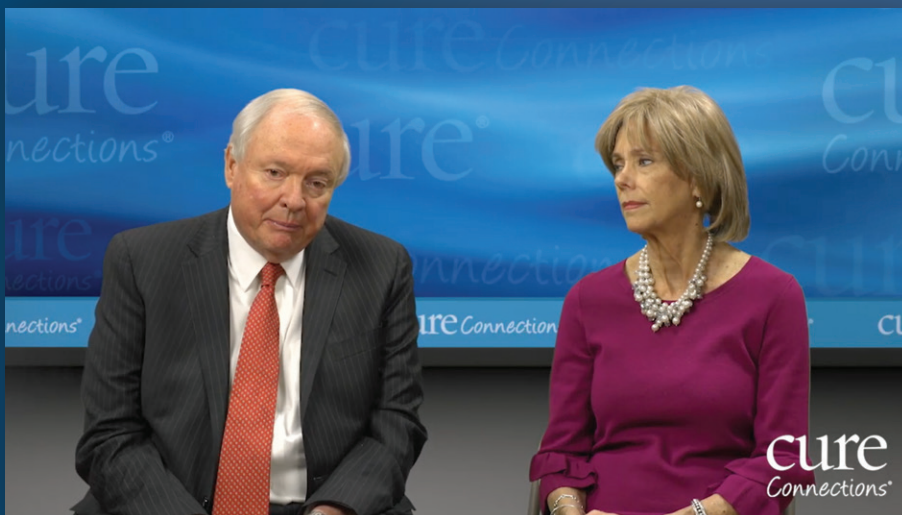
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2. Mayo Clinic Staff. Prostate cancer. Mayo Clinic website. [mayoclinic.org/diseases-conditions/prostate-cancer/symptoms-causes/syc-20353087](https://mayoclinic.org/diseases-conditions/prostate-cancer/symptoms-causes/syc-20353087). Published April 17, 2019. Accessed March 20, 2020.
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