



Advanced
**Prostate
Cancer**

[AT-A-GLANCE]

» A RESOURCE FOR
PATIENTS & CAREGIVERS

[OVERVIEW]

As the most common type of cancer (after skin cancer) threatening men in America, prostate cancer will affect one in seven men during his lifetime. Many of these patients are diagnosed with advanced stages of this disease – defined as Stages III or IV – and are faced with a number of choices regarding treatment.

Advanced prostate cancer is no longer contained within the prostate but has instead spread to other areas of the body. Stage III is also known as “locally advanced” and is defined by the spread of cancerous cells to nearby tissues or lymph nodes. Stage IV cancer may be either “regional” disease, which means the cancer has spread to nearby lymph nodes but has not spread to other parts of the body, or “distant” disease, which means the cancer has spread to distant lymph nodes, bone or other organs.

Regardless of your stage, many advanced prostate cancer patients are able to effectively manage this disease and its symptoms thanks to recent improvements to several treatment options.

If you’ve been diagnosed with advanced prostate cancer, you have many choices to consider and resources available to you, so reach out and find others who can give you guidance.

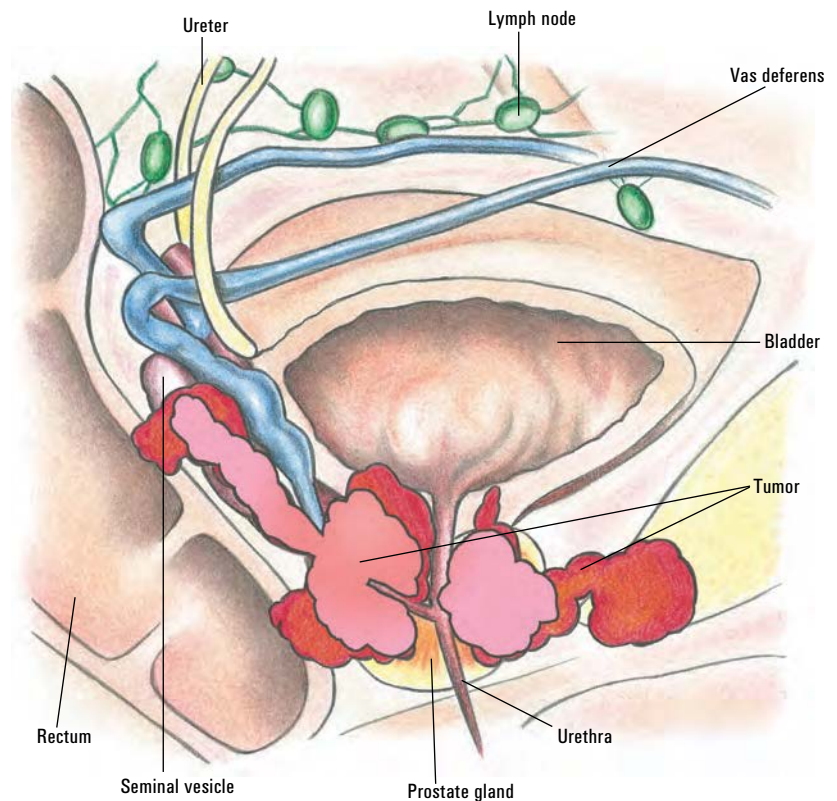


STAGES OF ADVANCED PROSTATE CANCER

This illustration demonstrates the difference between examples of a Stage III tumor and a Stage IV tumor. The pink coloring defines the approximate boundaries of the Stage III tumor; the red color shows the further spread of a Stage IV tumor.

Stage III

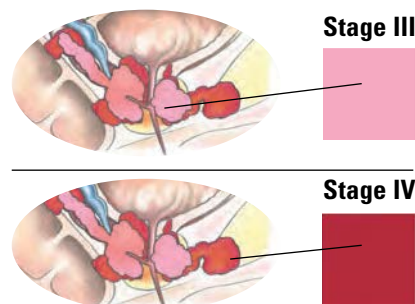
The tumor has spread outside the prostate and may have reached the seminal vesicles (the glands on both sides of the bladder). Cancer cells may look similar to healthy cells or very abnormal, and the PSA may be any level.



Stage IV

The tumor may have spread to nearby structures, including the rectum, bladder and pelvic wall, and may have spread to nearby lymph nodes and/or distant organs or tissues. Cancer cells may look similar to healthy cells or very abnormal, and the PSA may be any level.

[KEY]



TREATMENT OPTIONS BY STAGE

Advanced stages of prostate cancer are classified into the following categories and then treated accordingly, but also ask about clinical trials for which you might qualify:

Stage III

Locally advanced prostate cancer –

Cancerous cells remain confined to nearby tissue surrounding the prostate. Treatment consists of one or more of the following:

- Surgery
- External-beam radiation therapy
- Hormone therapy

Stage IV

Regional disease – Cancer cells have invaded nearby lymph nodes but not yet spread to other body parts or organs.

Distant disease – Cancer cells have migrated to distant lymph nodes, bones and/or other organs.

Treatment options for Stage IV cancer include:

- Hormone therapy
- Chemotherapy
- Immunotherapy

What to consider when deciding on a treatment plan:

- Estimated life expectancy
- Biopsy results
- Cancer stage
- Gleason score
- Disease-related symptoms
- Clinical trial availability
- Possible side effects of each option

SURVIVOR VOICE | TED GORTON

» | Stage IV prostate cancer survivor



I must confess to having the best possible ally. I will not gush about how supportive my wife was, and is. It was as though she had been born for this role and until that moment had suppressed a huge talent for making one feel that things are brighter than they say, that one is living with a wellspring of love and unconditional solidarity. She made every day a joyful one, with no laments or tears to waste a minute of the time remaining...

I now understand a lot more about being on the receiving end of an advanced cancer diagnosis. I used to shy away from friends who suddenly found they have cancer in one form or another, thinking surely they don't want to talk about it and generally not knowing what attitude to take. Now, I seek out friends or acquaintances who have had such news, to let them know that they are not alone. I welcome them to this exclusive club—exclusive because it rejects all those smugs still living with the illusion that they are and always will be healthy. We members have been served with tangible reminders of our mortality, and this gives us something very precious: the realization that every day, every minute must be made to count, to provide the maximum texture of having been lived well.

→ Read updates to Ted's journey through prostate cancer at <http://tjgorton.wordpress.com/teds-blog>

TREATMENT OPTIONS FOR ADVANCED PROSTATE CANCER

Type of treatment	Examples	Recommendation
Hormone therapy		Primary treatment for men with advanced disease
LHRH* agonists (medical castration)	goserelin (Zoladex) histrelin (Vantas) leuprolide (Eligard, Lupron, Viadur) triptorelin (Trelstar)	
Antiandrogens	bicalutamide (Casodex) flutamide (Eulexin) nilutamide (Nilandron)	
Agents that further block androgen action	abiraterone (Zytiga) enzalutamide (Xtandi)	Abiraterone or enzalutamide may be an option when another hormone therapy drug fails
Surgical castration	Removal of testicles	
Chemotherapy (when hormone therapy fails)	docetaxel (Taxotere)	For men who have symptomatic disease
	mitoxantrone	For men who cannot tolerate docetaxel or in whom docetaxel/cabazitaxel are no longer effective
	cabazitaxel (Jevtana)	As second-line chemotherapy (if docetaxel fails to stop disease from progressing)
Immunotherapy	sipuleucel-T (Provenge)	For men who have no or minimal symptoms and no evidence of metastasis to other organs*
Radiopharmaceuticals	radium-223 (Xofigo)	For men with bone metastases
External-beam radiation therapy		Primary treatment for men with Stage III disease
Bone-modifying drugs	denosumab (Prolia, Xgeva) zoledronic acid (Zometa)	To prevent osteoporosis in men receiving hormone therapy For treatment of bone metastases
Surgery	Radical prostatectomy	For some men with Stage III disease For men with Stage IV disease who have symptoms that would be relieved by surgery
	Transurethral resection of the prostate (TURP)	For relief of symptoms related to the disease

*Additional requirements include good performance status (ability to carry out daily activities and perform ordinary tasks) and a life expectancy of more than six months.

[SECOND-LINE THERAPY]

Your initial plan, known as first-line therapy (or treatment), is often selected based on which options are most likely to have the greatest benefit with the fewest side effects. Every individual responds differently to treatment, however, so what may work for most may not always be the best option for you.

If your first-line treatment isn't successful, stops working at any point, or causes unmanageable or dangerous

side effects, you should talk to your doctor about alternative treatment options, known as second-line therapy. Learn as much as possible about all of your options so you can keep making progress against this disease.

The success of second-line treatments depend on your cancer type, stage, age, overall health and treatment history, including which treatments you've already pursued and how you responded (effectiveness, side effects, etc).



If you and your oncologist need to discuss possible second-line treatment options, the following questions may be helpful to get the conversation started:

- ▶ Has the cancer grown and/or spread since my initial treatment?
- ▶ Has my PSA level risen?
- ▶ Is there a second-line therapy available that might work for me?
- ▶ How soon can I start?
- ▶ What is the goal of this treatment (to eliminate the cancer, alleviate symptoms, both)?
- ▶ What are the risks, benefits and potential side effects?
- ▶ What is the success rate of this treatment for my cancer type?
- ▶ What is my prognosis if I choose not to have second-line treatment?

? QUESTIONS TO ASK YOUR DOCTOR WHEN DISCUSSING TREATMENT OPTIONS

- ▶ What hormone therapy treatments are available and compatible with my cancer type?
- ▶ What are the risks and benefits of each?
- ▶ How will I know if hormone therapy is working?
- ▶ What is my next option going to be if hormone therapy is unsuccessful? Are there other options?
- ▶ What are the benefits of chemotherapy for me?
- ▶ How long and how often will I need to receive chemotherapy?
- ▶ What are the risks and benefits of chemotherapy?
- ▶ What are my options if chemotherapy doesn't work?
- ▶ How could I benefit from immunotherapy?
- ▶ What are potential side effects I might encounter?
- ▶ Is radiation therapy an option for my stage and location of cancer?
- ▶ What are the temporary and long-lasting side effects of radiation?
- ▶ Is surgery an appropriate treatment for me?
- ▶ What are the risks associated with this procedure?
What are the benefits?
- ▶ How often should I have checkups after my recommended treatment?
- ▶ How will my treatment affect my sexual well-being and fertility?
- ▶ What are ways to manage these symptoms?
- ▶ What is the cost of the treatment plan you recommend, and will my insurance cover any of the cost?
- ▶ Is there a clinical trial offered that I might be eligible for?



FREE DOWNLOAD ▶ Learn more about treatment-related side effects with a **FREE** download of *Supportive Care: A Treatment Guide for Managing Side Effects* at www.PatientResource.com/Treatment_Side_Effects.aspx

READ MORE ▶ *Dr. Peter Scardino's Prostate Book, Revised Edition: The Complete Guide to Overcoming Prostate Cancer, Prostatitis, and BPH* Available at www.amazon.com



MYTHS vs. FACTS



MYTH

FACT

Prostate cancer is hereditary, so my son(s) will develop prostate cancer, too.



Actually, only about 9 percent of prostate cancers are hereditary. While your son(s) are at risk, you should encourage them to get screened to catch and treat the disease early if it should develop.

The treatments used to fight prostate cancer are more painful than the disease itself.



Both the cancer itself and its treatments may cause pain, some treatments used to fight this disease can often help alleviate the pain, and your doctor can help you manage any pain so you can and remain comfortable.

I will never be able to have sex or go to the bathroom normally again.



Erectile dysfunction and incontinence are common side effects that can be temporary or permanent depending on several factors, but several medications and surgical procedures are available to help you regain control of both issues.

Only elderly men are at risk of prostate cancer.



While most patients are over the age of 65, around 35 percent of prostate cancer patients are diagnosed between the ages of 40 to 65.

If my cancer returns, I won't have any other treatment options.



While it can take a toll on your emotions and your body, recurrent cancer is still treatable and survivable. Talk to your doctor about second-line therapies that might be more effective than your first treatment(s).

[BONE HEALTH]

For most men, the overall treatment plan for advanced prostate cancer includes a bone-modifying agent to prevent or manage osteoporosis. Help strengthen your bones to prevent bone loss and fractures by doing the following:

- ▶ Eat foods high in calcium and vitamin D, such as dairy foods; dark, leafy greens; and beans.
- ▶ Take calcium and vitamin D supplements as recommended by your doctor.
- ▶ Spend five to 10 minutes a day in sunlight to help your body make vitamin D.
- ▶ Make light exercise part of your daily routine as much as you can; weight-bearing activities, such as walking, dancing and climbing stairs, are best. Light weightlifting is also helpful.
- ▶ Maintain a healthy weight.



BUILD CONTROL WITH KEGEL EXERCISES FOR MEN

Your pelvic floor muscles wrap around the urethra and contract to hold back the flow of urine. The urethra is often damaged during prostate cancer surgery, which may affect bladder control and cause you to leak urine. However, you may be able to lessen the leakage by doing sets of Kegel exercises, which can be done easily and discreetly almost anywhere. Repeatedly contracting and relaxing your pelvic floor muscles will gradually make them stronger, just like exercising any other muscle in your body. Just follow these steps to perform male Kegel exercises (which are best done after emptying your bladder):

- 1 First, locate these muscles, which start at the front of the pelvic bone and the end of the tail bone, by trying to hold back gas or stop the flow of urine.
- 2 Hold for 5-10 seconds or until the muscles become weak.
- 3 Let them rest for at least 10 seconds.

Three repetitions of flexing and resting equals one set of Kegel exercises. Try to complete 10 sets per day, waiting an hour or so in between. Add sets as your muscles get stronger, and try to reach a daily goal of 100 repetitions.

Whether you perform these exercises at work, in your car or while watching TV, they should greatly improve your quality of life. These exercises also squeeze more blood into the penis and may improve your erectile function. Keep in mind that these muscles will need maintenance in order to stay strong, so try and exercise daily or at least three times a week.

Besides practicing the sets, you can also incorporate 30 quick exercises: Flex for one second and then hold one long contraction for as long as possible. Just like with any other type of physical therapy, the more you practice, the more quickly you'll see results.

[HELP FOR VETERANS]

Many veterans who served in Vietnam or Korea are at a higher risk of developing aggressive prostate cancer because of their exposure to herbicides and Agent Orange, according to a 2013 study conducted at the Portland VA Medical Center and Oregon Health and Science University.

There are many concerns surrounding the long-term effects of contact with Agent Orange, and because of this risk, the U.S. Department of Veterans Affairs provides several resources for veterans and surviving spouses or children of those affected related to disability compensation and survivors' benefits.

To learn more visit: www.publichealth.va.gov/exposures/agentorange/benefits/health-care.asp



VETERAN RESOURCES

- ▶ **American Legion**
800-433-3318, www.legion.org
- ▶ **Center for Minority Veterans**
800-827-1000, www.va.gov/centerforminorityveterans
- ▶ **Disabled American Veterans**
877-426-2838, www.dav.org
- ▶ **National Association for Black Veterans**
877-622-8387, www.nabvets.com
- ▶ **U.S. Department of Veterans Affairs**
800-827-1000, www.publichealth.va.gov
- ▶ **Vet Center Program**
800-WAR-VETS (Combat Call Center), www.vetcenter.va.gov
- ▶ **Veterans of Foreign Wars**
816-756-3390, www.vfw.org
- ▶ **Vietnam Veterans of America**
800-882-1316, www.vva.org/prostate.html
- ▶ **Wounded Warrior Project**
877-832-6997, www.woundedwarriorproject.org

ADVOCACY & FINANCIAL RESOURCES

CANCER EDUCATION

- American Cancer Society**
www.cancer.org
- American Society of Clinical Oncology**
(patient website) www.cancer.net
- CancerCare**
www.cancercares.org
- National Cancer Institute**
www.cancer.gov
- National Comprehensive Cancer Network**
www.nccn.com

CAREGIVERS & SUPPORT

- Bloch Cancer Hotline**
800-433-0464
- Cancer Hope Network**
www.cancerhopenetwork.org
- Cancer Support Community**
www.cancersupportcommunity.org
- Caregiver Action Network**
<http://caregiveraction.org>
- Dream Foundation**
www.dreamfoundation.org
- The Hope Light Foundation**
www.hopelightproject.com
- weSPARK (Cancer Support Center)**
www.wespark.org

CLINICAL TRIALS

- American Cancer Society**
www.cancer.org
(Search "Clinical Trials Matching Service")
- Center Watch**
www.centerwatch.com

Coalition of Cancer Cooperative Groups

- www.cancertrialshelp.org
- LIVESTRONG Foundation**
www.livestrong.org/we-can-help/planning-medical-care/considering-clinical-trials
- My Clinical Trial Locator**
<http://myclinicaltriallocator.com>
- National Cancer Institute**
www.cancer.gov/clinicaltrials
- U.S. National Institutes of Health**
www.clinicaltrials.gov

FINANCIAL ASSISTANCE

- Angel Flight Central**
www.angelflightcentral.org, 866-569-9464
- CancerCare**
www.cancercares.org, 800-813-HOPE
- The CHAIN Fund Inc.**
www.thechainfund.com, 203-530-3439
- For Pete's Sake Cancer Respite Foundation**
www.takeabreakfromcancer.org
- Joe's House**
www.joeshouse.org, 877-JOES-HOU
- National Cancer Coalition**
www.nationalcancercoalition.org, 919-821-2182
- RxAssist**
www.rxassist.org
- RxHope**
www.rxhope.com, 877-267-0517

PROSTATE CANCER

- Center for Prostate Disease Research**
www.cpdr.org
- da Vinci Prostatectomy**
www.davinciprostatectomy.com

Ed Randall's Fans for the Cure

- <http://fans4thecure.org>
- Malecare Inc.**
www.malecare.com
- Patient Advocates for Advanced Cancer Treatments**
www.paactusa.org
- Prostate Cancer Foundation**
www.pcf.org
- Prostate Cancer International Inc.**
<http://pcainternational.org>
- Prostate Cancer Journey**
<http://prostate-cancer-log.blogspot.com>
- 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**
<http://prostatehealthed.org>
- The Prostate Net**
www.theprostatenet.org
- PSA Rising**
www.psa-rising.com
- Urology Care Foundation**
www.urologyhealth.org
- Us TOO International**
www.ustoo.org
- Women Against Prostate Cancer**
www.womenagainstprostatecancer.org
- ZERO - The End of Prostate Cancer**
<http://zerocancer.org>