PROSTATE CANCER 101

1 MAN IN 9 WILL GET
PROSTATE CANCER
DURING HIS LIFETIME.

VETERANS EDITION

ZERO
THE END OF PROSTATE CANCER
WHAT IS PROSTATE CANCER?

Prostate cancer is cancer that begins in the prostate. The prostate is a walnut-shaped gland in the male reproductive system located below the bladder and in front of the rectum. It surrounds the urethra and makes the fluid to nourish and protect sperm cells.

Sometimes cells grow beyond their natural lifespan and swell up to create a tumor. Tumors can be benign (not cancerous), or malignant (cancerous). Most prostate cancer grows slowly and stays in the prostate. Many men with prostate cancer die of other causes. While most prostate cancer is slow growing, others will be aggressive and can spread quickly.
WHO IS AT RISK?

Every 18 minutes another American man dies from prostate cancer. That is a little more than 80 deaths per day. A man’s risk of prostate cancer increases with age, and most prostate cancer is found in men over 50 years. The greatest risk factors are family history, African-American ancestry, exposure to Agent Orange, and increasing age. African-American men are 1.6 times more likely to develop the disease and 2.3 times more likely to die from the disease than white men*.

BENEFITS OF EARLY DETECTION

All men are at risk of prostate cancer. Finding the disease early means the best chance of curing it. When found early, more than 99 percent of men will be alive five years later.

There are two early detection tests for prostate cancer:

• Prostate Specific Antigen (PSA) Test – Determines the level of PSA in the blood. Levels of PSA can be higher in men with prostate cancer.

• Digital Rectal Exam (DRE) – A test done when a physician inserts a finger into the rectum to feel the prostate.

Guidelines for Early Detection

The National Comprehensive Cancer Network® (NCCN®) and ZERO recommend a man should be educated about prostate cancer and understand his options for early detection. Talk with your doctor about your personal risk and the guidelines to make a plan for testing.

*Risk Quiz

- Are you African-American?
- Were you exposed to Agent Orange in Vietnam or Korea?
- Did your father or brother have prostate cancer?
- Are you over the age of 65?

*Cancer Facts and Figures 2018, American Cancer Society
# Diagnosing Prostate Cancer

If cancer is suspected as a result of a PSA test, DRE, or other factors, a biopsy will most likely be performed. A prostate biopsy is the removal of samples of tissue from your prostate with a needle and the help of ultrasound.

Exciting research shows that using both MRI and ultrasound can help doctors pinpoint aggressive prostate tumors.

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## Genomic Testing

Genomic testing is a type of specialized medical test done on cancerous tissue. These tests look at the makeup of the cancer and provide information about how the cancer may behave and the risk of spread.

The results from a genomic test can help with making a plan to manage prostate cancer. Commonly used genomic tests for prostate cancer include Oncotype DX® and Polaris®.

More than 50 percent of men newly diagnosed with prostate cancer have low-risk disease, which will likely not spread beyond the prostate to cause harm.

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**NCCN Clinical Practice Guidelines In Oncology (NCCN Guidelines®)**

**Prostate Cancer Early Detection**

<table>
<thead>
<tr>
<th>Age</th>
<th>45 – 75</th>
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<tbody>
<tr>
<td>Discuss risks and benefits of prostate cancer screening with physician</td>
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<tr>
<td>Have a baseline PSA and consider baseline DRE</td>
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<tr>
<td>If PSA &lt; 1 ng/mL and DRE normal, repeat testing every 2-4 years</td>
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<tr>
<td>If PSA 1-3 ng/mL and DRE normal, repeat testing every 1-2 years</td>
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</tr>
<tr>
<td>If PSA &gt; 3 ng/mL or very suspicious DRE, physician may suggest additional testing or biopsy</td>
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<table>
<thead>
<tr>
<th>Age</th>
<th>75+</th>
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<tbody>
<tr>
<td>Talk with physician and assess general health to decide together if routine PSA/DRE testing should continue</td>
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</tr>
<tr>
<td>For patients who continue testing, if PSA &lt; 3 ng/mL and DRE normal, repeat testing every 1-4 years</td>
<td></td>
</tr>
<tr>
<td>If PSA &gt; 3 ng/mL or very suspicious DRE, physician may suggest additional testing or biopsy</td>
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Grading and Staging

Once prostate cancer is confirmed, additional tests are done to learn the location (stage) and Gleason score (grade) of the tumor.

Staging is the process used to find out if the cancer has spread within the prostate or to other parts of the body.

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### PROSTATE CANCER STAGES

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
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<tbody>
<tr>
<td>Stage I</td>
<td>The cancer is small and only in the prostate</td>
</tr>
<tr>
<td>Stage II</td>
<td>The cancer is larger and may be in both lobes of the prostate but is still confined to the prostate</td>
</tr>
<tr>
<td>Stage III</td>
<td>The cancer has spread beyond the prostate to nearby lymph glands or seminal vesicles</td>
</tr>
<tr>
<td>Stage IV</td>
<td>The cancer has spread to other organs such as the bone and is referred to as metastatic cancer. If prostate cancer spreads, or metastasizes, to the bone, you have prostate cancer cells in the bone, not bone cancer.</td>
</tr>
</tbody>
</table>

Grading, using the Gleason score, indicates how quickly the tumor will grow and spread. The grade is the description of the tumor based on how abnormal the cells look under the microscope. Today most scores range from 6 – 10.

### GLEASON SCORES IN CATEGORICAL ORDER

| Gleason 6 | The tumor tissue is well differentiated, less aggressive and likely to grow more slowly |
| Gleason 7 | The tumor tissue is moderately differentiated, moderately aggressive, and likely to grow but may not spread quickly |
| Gleason 8-10 | The tumor tissue is poorly differentiated, or undifferentiated, highly aggressive, and likely to grow faster and spread |

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### TREATMENT

Choosing a health care team is an important decision. Take the time to get educated on all available options and potential negative side effects to make the best decision for you. Early stage, also called localized, prostate cancer is cancer that has not moved outside of the prostate, either Stage I or Stage II. Treatment is done to cure the cancer. Between 15 - 40 percent of men treated with localized prostate cancer will experience a recurrence.

Advanced prostate cancer is cancer that has moved outside of the prostate. Stage III prostate cancer has spread to the seminal vesicles or nearby lymph nodes.

Stage IV prostate cancer has spread to other organs, such as the bone. This is referred to as metastatic prostate cancer. About 9 percent of men are diagnosed with metastatic disease.
The best treatment for one man may not be the best for another. The right treatment for you depends on many factors including:

- Age
- Gleason score (grade) of the tumor
- Stage of prostate cancer
- Symptoms
- General health

Prostate cancer is a disease that can be treated by several different types of medical specialists. And the treatment chosen may mean that the doctor who diagnosed your cancer is not the one doing the majority of your treatment. You may meet with many doctors before you make a final decision about treatment.

Consider a multidisciplinary team for the treatment of your prostate cancer. A multidisciplinary team is a group of health care professionals from different specialties that work together to suggest a treatment plan.

If you cannot work with a multidisciplinary team, meeting with a medical oncologist will help you have a full picture of all treatment options available to you. This is especially important should your cancer return at some point in the future.

Specialists involved in the treatment of prostate cancer include:

**Physicians:**
- Urologist
- Radiation Oncologist
- Medical Oncologist
- Primary Care Physician

**Other Health Care Professionals:**
- Oncology Social Worker
- Physical Therapist
- Nutritionist
- Navigator

**TREATMENT OPTIONS**

**Early Stage Prostate Cancer**

Active Surveillance is the close monitoring of the status of the prostate cancer through regular office visits and repeat medical tests. Prostate cancer can grow slowly, allowing time to evaluate options.

Surgery, known as a radical prostatectomy, is the removal of the entire prostate by a surgeon.

Radiation therapy uses radiation to destroy the cancer cells in the prostate while leaving the prostate in the body. It can be given in two ways, externally (from the outside) and internally (placed inside) to fight prostate cancer.

Other treatment options for early stage prostate cancer include:

- Cryotherapy – freezing of the tumor to destroy the cancer cells
- HIFU (high intensity focused ultrasound) – uses heat to kill prostate cancer cells
Advanced Prostate Cancer

Hormone Therapy
Hormone therapy, also called androgen deprivation therapy (ADT), lowers the testosterone level in a man's body. Because prostate cancer cells use testosterone as fuel, ADT starves the tumor cells. Hormone therapies cannot kill prostate cancer, but can improve the quality of life and extend survival. Hormone therapy can be used at many points during the treatment of men with prostate cancer, including with surgery and radiation.

Immunotherapy
Immunotherapy stimulates the immune system to kill cancer cells in men with advanced prostate cancer. A treatment is made by taking a man's blood cells and 'training' them to destroy prostate cancer cells. These are then injected back into the man a few days later.

Chemotherapy
Chemotherapy uses anti-cancer drugs to kill cancer cells. The drugs for prostate cancer are usually given into a vein (intravenously) with a needle. This treatment is routinely given at a clinic or doctor's office.

Radiation for Bone Metastases
Frequently, prostate cancer travels to the bone and can cause pain, increased fractures, and other problems. There are several available treatments that use radiation.

External radiation can be used to treat individual areas of the bone where the prostate cancer has spread.

Internal radiation, a radiopharmaceutical, is given as a shot and goes to the bone. It gives off strong energy to help kill off cancer cells, but does limited damage to healthy cells.

CLINICAL TRIALS
A clinical trial is an investigation of an experimental treatment to see if it is safe to use and effective in fighting a disease, such as prostate cancer.

Many clinical trials consist of two groups:

- Patients who receive the experimental drug or treatment
- Patients who are given either a standard treatment for the disease or a placebo which has no direct therapeutic effect

Regardless of which group they are in, all patients receive the same level of medical attention and care. In most clinical trials, the health of the participants is monitored both during and after the study period.

Clinical trials are highly controlled and regulated. They are typically sponsored by pharmaceutical or biotech companies, the federal government, medical institutions, or private foundations.
Before starting treatment, you should talk to your doctor about your options. You may want to seek a second opinion or even talk to several different doctors about all treatment options, their side effects, and the expected results.

### QUESTIONS TO ASK YOUR DOCTOR

Before starting treatment, you should talk to your doctor about your options. You may want to seek a second opinion or even talk to several different doctors about all treatment options, their side effects, and the expected results.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>What are my treatment options? Which do you recommend for me? Why?</td>
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<tr>
<td>What are the expected benefits of each kind of treatment?</td>
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<tr>
<td>What are the risks and possible side effects of each treatment? How can the side effects be managed?</td>
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<tr>
<td>What can I do to prepare for treatment?</td>
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<tr>
<td>Will I need to be hospitalized? If so, for how long?</td>
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<tr>
<td>What is the cost of treatment? Will my insurance cover it?</td>
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<tr>
<td>How will treatment affect my normal activities? Will it affect my sex life? Will I have urinary problems? Will I have bowel problems?</td>
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</tr>
<tr>
<td>I served in the military, am I at greater risk to develop prostate cancer?</td>
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<tr>
<td>Is a clinical trial an option for me?</td>
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</table>

### QUESTIONS FOR THE DOCTOR

- **Incontinence**: Prostatectomy and radiation therapy can cause muscle damage that disrupts the way the bladder holds and discharges urine. Treatment for this will depend on the severity of the condition.

- **Erectile Dysfunction**: Erectile dysfunction is a common side effect following prostatectomy and radiation therapy. Treatment includes medication and implants.

- **Pain**: Treatment ranges from over-the-counter pain killers and prescription narcotics to radiation treatment and acupuncture.

- **Depression**: Feelings of sadness, anger, and anxiety are common for people going through a major challenge like cancer. If you are having trouble coping, don’t be afraid to talk to your doctor.

The side effects from treatment can range from temporary to long term incontinence, trouble controlling your bladder, and erectile dysfunction, to other issues such as pain and depression.

Fortunately, side effects can be managed. Talk with your doctor to learn how potential side effects can be managed. Side effects may include:
HEALTHY LIVING

An overall wellness plan of healthy living is critical when it comes to prostate health and fighting prostate cancer. A growing list of studies show a strong connection between fighting cancer and important choices in diet, physical activity, and lifestyle.

Tips for Healthy Living

- Eat a healthy, plant-based diet and limit animal products
- Be physically active
- Seek to maintain a healthy weight
- Limit the amount of alcohol you drink
- If you use tobacco, stop; and if you don’t, do not start
- Protect your skin from UV radiation
- Have regular physical exams and talk with your doctor about your risk for prostate and other cancers

The ZERO Prostate Cancer Run/Walk is the largest men’s health event series in America with more than 40 cities nationwide. The series brings together patients, survivors, family members, friends, colleagues, athletes, and medical professionals to end prostate cancer. These events encourage men to take an active role in their health and raise more than $3M annually for prostate cancer research, advocacy, patient education, and support. Join us as a walker, runner, or volunteer for this family-friendly event in a city near you! Register at: www.zeroprostatecancerrun.org.
RESOURCES

Life with prostate cancer can bring profound changes and challenges. Understanding the disease and how to manage it can increase your confidence in making changes to improve and maintain your health. At ZERO, we are dedicated to helping you live your best life possible. Learn more about our resources available on our website at www.zerocancer.org/learn.

ZERO360: Comprehensive Patient Support – No man should face prostate cancer alone. Now men don’t have to. We offer a free service to help patients make treatment decisions, access financial resources to cover treatment and other needs, and find emotional support. Our team of experienced case managers is ready to help you and your family through your personal prostate cancer journey. Contact us toll-free at 1-844-244-1309 or https://zero.pafcareline.org.

Educational Webinars – Hear directly from experts in the prostate cancer community on various topics from the comfort of your home. Our live webinar programs are taped and available for you to listen to at any time on our website.

Education Video Library – We are pleased to offer some of our information in patient education videos featuring physicians, patients, survivors, and loved ones.

Fact Sheets, Worksheets, and Questions to Ask Your Doctor – Download one of our fact sheets today to learn more about prostate cancer. We also provide worksheets to track your disease and questions to ask your doctor.

For Families – If someone you love has been diagnosed with prostate cancer, you are not alone. Read our tips for coping and taking care of your loved one.

Social Media – Like and follow ZERO on social media, where we share helpful educational resources.

MENtor Program – The MENtor program provides support to newly diagnosed men living with prostate cancer, as well as men who have experienced a recurrence. Our trained, volunteer MENtors represent many different prostate cancer journeys and have a wealth of insights to share based on their experiences. Learn more at https://zerocancer.org/get-support/mentor.

ABOUT ZERO - THE END OF PROSTATE CANCER

ZERO — The End of Prostate Cancer is the leading national nonprofit with the mission to end prostate cancer. ZERO advances research, improves the lives of men and families, and inspires action. We’re building Generation ZERO, the first generation of men free from prostate cancer, through our national run/walk series, education and patient support programs, and grassroots advocacy. ZERO is a 501(c)(3) philanthropic organization, accredited by the Better Business Bureau, with regional chapters across the country. We dedicate 84 cents of every dollar to research and programs. For more information, visit www.zerocancer.org.