ZERO®
PROSTATE CANCER

NEWLY DIAGNOSED PROSTATE CANCER GUIDE

Newly diagnosed with prostate cancer?

You are not alone.

ZERO®
PROSTATE CANCER

ZERO Prostate Cancer is the leading national nonprofit with the mission to end prostate cancer and help all who are impacted. ZERO advances research, provides support, and creates solutions to achieve health equity to meet the most critical needs of our community.

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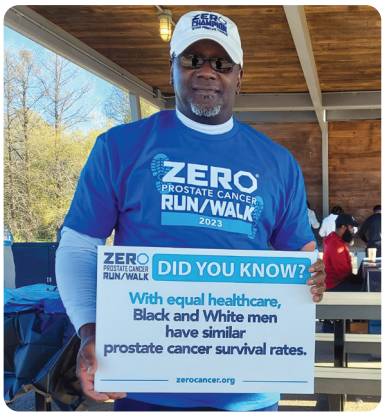
Prostate Cancer Basics

Now What?

Hearing the words "you have prostate cancer" can be scary and overwhelming. Once you recover from the shock of hearing those words, it's important to arm yourself with information about prostate cancer diagnosis, treatment, side effect management, and survivorship.

This guide provides easy-to-understand information on prostate cancer and a variety of support resources for you and your family, so you can make the best possible decisions. After reviewing this guide, please visit our website – **zerocancer.org** – for more in-depth information on prostate cancer treatment, imaging, side effects, and more.

It's important to know that you are not alone. More than 3.3 million American men are living with prostate cancer today. Diagnosis and treatment advances happen regularly and staying informed and connected will help you in this fight.



"Keep educating yourself and do research. If you don't understand, ask questions. And find support, whether it's from a support group, your church, your loved ones, or your friends. You don't have to face prostate cancer alone."

Rob Alexander, prostate cancer survivor

Prostate Cancer Facts and Stats

Knowing how many men are affected by prostate cancer, as well as basic facts and figures, will help you better understand this disease, and may help you feel comfortable spreading awareness to those around you.

- One in eight American men will have prostate cancer during their lifetime.
- Prostate cancer is the second leading cause of cancer death among American men and is the most commonly diagnosed after skin cancers.
- The American Cancer Society estimates that 299,010 men will be diagnosed with prostate cancer and 35,250 will die from the disease this year.
- The five-year survival rate for all prostate cancer diagnoses is 97%.
- More than 3.3 million Americans are living with prostate cancer.

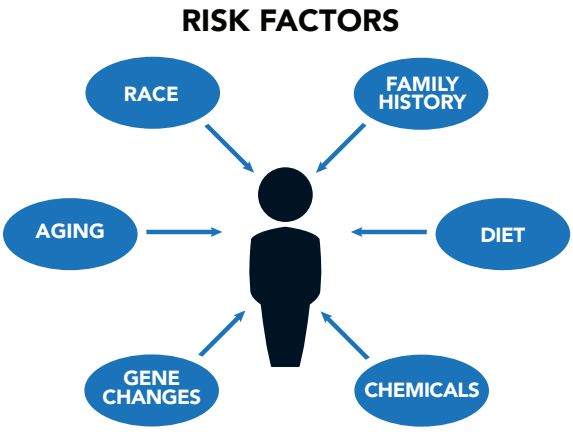
Learn more prostate cancer facts at **zerocancer.org/facts-statistics**.

Prostate Cancer Risk Factors

The most common risk factor for prostate cancer is age, but other risk factors include family history, African ancestry, and exposure to chemicals that are thought to, or known to, cause cancer. Learn more at **zerocancer.org/risk-factors**.

Family History

Understanding your genetics and family history of cancer is important. A man with at least one close relative, such as a father, brother, or son, who has had prostate cancer has twice the risk of the disease as the general population. In addition, it is important to know about a family history of breast, ovarian, or pancreatic cancers. Some gene mutations found in those cancers have also been identified in prostate cancer and have been linked to more aggressive disease and increased lifetime risk of developing one or more cancers. Learn more about genetic testing on page 12 of this guide.



Racial Disparities & Health Equity in Prostate Cancer

Prostate cancer is the most commonly diagnosed cancer and the second leading cause of cancer death in Black/African American men in the United States. Not only are Black men more likely to get prostate cancer, but they are also more likely to be diagnosed with advanced disease than white men. In fact, Black men are 1.7 times more likely to be diagnosed with prostate cancer and 2.1 times more likely to die from the disease.

Recent research suggests that these differences in health outcomes are likely caused by several factors within the U.S. healthcare system, including: access to care, insurance status, racial biases, and distrust in the medical system – it cannot be solely explained by genetic differences. ZERO is committed to bridging the gap between racial and health disparities in prostate cancer among Black men. Learn more at zerocancer.org/health-equity.

Veterans and Prostate Cancer
One in eight men will be diagnosed with prostate cancer in their lifetime. However, the prostate cancer incidence rate for Veterans is 1 in 5, making prostate cancer the most commonly diagnosed cancer among U.S. Veterans. Studies have shown Vietnam and Korean War Veterans with exposure to defoliants like Agent Orange have a higher occurrence of prostate cancer. ZERO is committed to bringing the Veteran community the education, resources, and tools needed to fight prostate cancer. Learn more at zerocancer.org/veterans.

Prostate Cancer Screening

Routine prostate cancer screening starts with a PSA blood test and may include a rectal exam. Both are quick and simple. Learn more at zerocancer.org/early-detection.

PSA Test – The PSA test is a blood test that measures the amount of prostate-specific antigen (PSA) in your blood. PSA is a protein produced by normal cells in your prostate and also by prostate cancer cells. It is normal to have a small amount of PSA in your blood, and the amount rises as you get older.

Digital Rectal Examination (DRE) – During a digital rectal examination, a doctor or nurse feels your prostate through the wall of the rectum to check for any lumps or hard areas and to get an idea of its size. The DRE only lasts a few seconds and your healthcare provider will wear a glove and use lubricant to reduce discomfort. DREs are also used to determine the T (Tumor) stage.

Diagnosing Prostate Cancer

After a PSA test or a digital rectal exam show abnormal results, further testing is needed to determine if prostate cancer is present. You may have already had some of these described below. Additional tests could help you find out if the cancer has spread or how aggressive the cancer is. Learn more at zerocancer.org/diagnosis.

MRI – Magnetic resonance imaging (MRI) is a scan that provides more detailed images than an ultrasound. It can help determine if a biopsy is needed, guide needles for a biopsy, and help determine the stage of cancer.

Prostate Biopsy – If the results of the PSA test and/or DRE indicate any abnormalities, the doctor will recommend a biopsy as the next step. A biopsy involves using a thin needle to take small pieces of tissue from the prostate. The tissue is then looked at under a microscope to check for cancer. Cancer can only be diagnosed with a biopsy. Biopsy results will determine your Gleason score. Different types of prostate biopsies are available, including transrectal, transperineal, and transurethral. Talk to your doctor about which one is right for you.

If prostate cancer is confirmed by the biopsy, your doctor may want to test nearby lymph nodes for signs of cancer as well. Several other tests and procedures can be used to determine more about the location and/or severity of your cancer.

Ultrasound – A scan that uses sound waves to look for suspicious areas in the prostate. It is often used to help guide a biopsy.

"If your doctor suggests you may need a future biopsy based on PSA and/or DRE results, you should also ask your doctor whether or not you qualify for an MRI as an additional part of your screening process. This technology provides additional helpful information in many situations of what could be happening within specific areas of the prostate and near the prostate. It also estimates the size of the prostate with good accuracy, and the MRI has already helped many men and their doctors make more informed decisions."

Dr. Mark Moyad, University of Michigan Medical Center,
Department of Urology, and Public Health Educator/Clinical Researcher

Prostate Cancer Imaging

A variety of imaging scans may be used to help your doctor biopsy, diagnose, and stage prostate cancer. Imaging scans can also help determine if and where the cancer has spread, help plan treatment, or determine if treatment is working.

	IMAGING TYPE	ABOUT THE IMAGING SCAN
Conventional Imaging	**Ultrasound**	• Used to look for suspicious areas in the prostate
	Bone Scan	• Shows prostate cancer that may have spread to bones • Requires other tests to confirm cancer in the bones
	MRI Scan	• Used to determine if a biopsy is needed • Guides a needle for a biopsy • Can help determine the stage of prostate cancer
	CT Scan	• Detects prostate cancer in lymph nodes • After a recurrence, can help determine organ involvement
Advanced Imaging	**PET/CT Scan**	• Shows images of prostate cancer that may have spread • Are often less detailed than MRI or CT images • Uses new and advanced imaging agents to detect cancer

Advanced Imaging and New Imaging Agents

All imaging tests have limitations. Some are better at detecting cancer in lymph nodes, some work best if the PSA levels are rising, and others may miss small areas of prostate cancer that have come back or spread. With the discovery of new imaging agents, these pictures of the inside of the body make it easier to see prostate cancer cells, even in small amounts, that have traveled outside the prostate to other places in the body. These advances are improving how a patient's prognosis (forecasted outcome) is determined, how treatment decisions are made, and if the treatment is working. Learn more at zerocancer.org/diagnosis/imaging.

Be sure to talk to your doctor about which scans might be best for you. Here are some questions to get you started:

- What are the differences between a CT scan, MRI scan, and PET/CT scan?
- Will I need more than one imaging scan?
- How long do these scans take and how do I prepare?
- How often will I need to have scans?
- What kind of imaging agent will be used?
- Should I be concerned about side effects from any of the imaging agents?
- Does my PSA level have to be rising to qualify for any of these imaging scans?
- What will the results tell me?

CT=Computed Tomography; **DRE**=Digital Rectal Exam; **MRI**=Magnetic Resonance Imaging; **PET**=Positron Emission Tomography; **PSA**=Prostate-Specific Antigen

Understanding Your Diagnosis and Stage

Stages

The stage of the prostate cancer tells you if, and how far, the prostate cancer has spread beyond the prostate. There are different ways to describe the prostate cancer stage, shown in the table below. Information used to determine your stage of cancer may include results from your DRE, biopsy (Gleason score), PSA, and imaging scans. Together, these results should help you and your doctor decide which treatments might be suitable for you. Learn more at zerocancer.org/stages-and-grading.

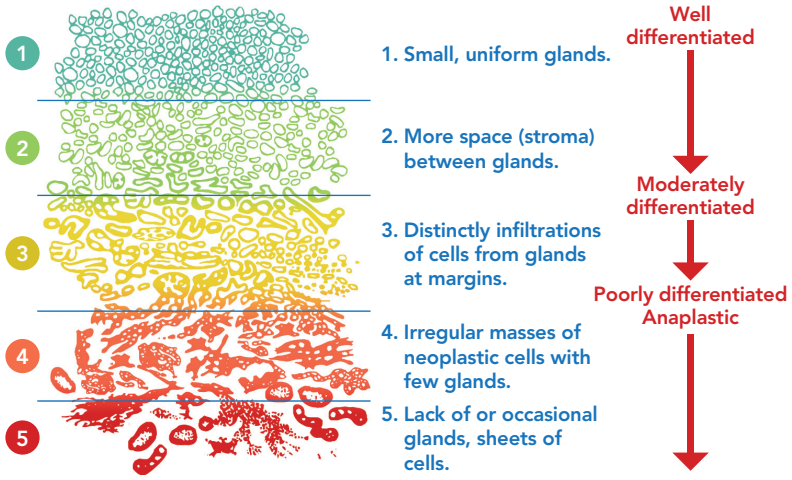
PROSTATE CANCER STAGES		
Localized or Early	**Stage I**	**The cancer is small and only in the prostate.**
Localized or Early	**Stage II**	**The cancer is larger and may be in both lobes of the prostate, but is still confined to the prostate.**
Locally Advanced or Regional	**Stage III**	**The cancer has spread beyond the prostate to nearby lymph glands or seminal vesicles.**
Advanced or Metastatic	**Stage IV**	**The cancer has spread to other parts of the body, such as to the bones, liver, or lungs. This is referred to as metastatic or advanced prostate cancer. If prostate cancer spreads, or metastasizes, to the bone, you have prostate cancer cells in the bone, not bone cancer.**

Gleason Score

The Gleason score indicates what the prostate cancer cells look like under a microscope. The Gleason score is determined by assigning a grade to the most common type of cells in the biopsy, and a second grade to the second most common type of cells in the biopsy. Those grades are then added together for the score. For example, 3 + 4 = 7.

The five historical Gleason grades of prostate cancer *(Humpath.com – Human pathology, Paris, France).*

Gleason's Pattern Scale



Grade Group

The Gleason score can be misleading for some prostate cancer patients. The Grade Groups may replace the Gleason score over time but, for now, you might see one or both on a pathology report.

RISK GROUP	GRADE GROUP	GLEASON SCORE	DESCRIPTION
		Gleason X	Gleason score cannot be determined
Low/Very Low	Grade Group 1	Gleason 6 (or less)	The tumor tissue is well differentiated, less aggressive and likely to grow more slowly
Intermediate (Favorable or Unfavorable)	Grade Group 2 Grade Group 3	Gleason 3 + 4 = 7 Gleason 4 + 3 = 7	The tumor tissue is moderately differentiated, moderately aggressive and likely to grow but may not spread quickly
High/Very High	Grade Group 4 Grade Group 5	Gleason 8 Gleason 9–10	The tumor tissue is poorly differentiated or undifferentiated, highly aggressive and likely to grow faster and spread

Tumor Categories

The standardized Tumor, Node, and Metastasis (TNM) system is used to stage prostate cancer. The **T category** is based on the extent of the tumor itself. The **N category** is based on whether the cancer has spread to nearby lymph nodes. The **M category** is based on whether the cancer has spread beyond nearby lymph nodes.

T1: The tumor cannot be felt with a DRE or seen with imaging.

- **T1a:** The tumor is found accidentally during a surgery for benign prostatic hyperplasia or another prostate condition. The tumor takes up less than 5% of the removed tissue.
- **T1b:** The tumor is found accidentally during a surgery, and the tumor takes up more than 5% of the removed tissue.
- **T1c:** The tumor is diagnosed with a needle biopsy, usually because of an elevated PSA.

T2: The tumor is confined to the prostate and can be either felt with a DRE or seen with imaging.

- **T2a**: The tumor is confined to half of one lobe of the prostate.
- **T2b:** The tumor is present in more than half of one lobe, but is not in both lobes.
- **T2c:** The tumor is present in both lobes of the prostate.

T3: The tumor has grown outside of the prostate and may be present in the seminal vesicles.

- **T3a:** The tumor is outside of the prostate, but is not in the seminal vesicles.
- **T3b:** The tumor is outside of the prostate and has spread to the seminal vesicles.

T4: The tumor has grown into tissues beyond the seminal vesicles.

For more on TNM staging, please visit **zerocancer.org/stages-and-grading**.

Risk Group

For those patients with localized (stages I-II) or locally advanced prostate cancer (stage III), the cancer can be further divided into risk groups. Knowing your risk group is important for understanding your prognosis, including how aggressive your prostate cancer might be.

- Low-risk prostate cancer must have all of the following features to be classified as low risk:
  - cT1-cT2a
  - Grade Group 1
  - PSA less than 10 ng/mL
- Intermediate-risk prostate cancer has one or more of the following features:
  - cT2b-cT2c
  - Grade Group 2 or 3
  - PSA 10-20 ng/mL

  Intermediate-risk prostate cancer can be further subdivided into favorable and unfavorable:
    - Favorable intermediate risk has one of the above features with a Grade Group of 1 or 2 and less than 50% of biopsy cores positive
    - Unfavorable intermediate risk has 2-3 of the above features with Grade Group 3 or greater than or equal to 50% biopsy cores positive

- High-risk prostate cancer has any of the following features:
  - cT3a
  - Grade Group 4 or 5
  - PSA greater than 20 ng/mL

Talk to your doctor about your risk group, and how it might affect your treatment options.

Genetic Testing

Genetic testing identifies gene mutations that can impact patients and their families. Two different types of genetic tests in prostate cancer are germline and somatic. These are clinical tests that are used by doctors to learn more about a patient's prostate cancer and to help develop treatment plans. Understanding the differences between these tests is important to decide which one may be right for you.

GENETIC OR GERMLINE TESTING	BIOMARKER OR SOMATIC TESTING
Inherited, or hereditary, mutations	Acquired mutations
Inherited - passed from parent to child	Not passed from parent to child
Inherited gene mutations exist in every cell of the body	Acquired gene mutations exist only in the tumor itself
10% of prostate cancer is thought to be caused by inherited, germline mutations	90% of prostate cancer is thought to be due to non-inherited, acquired mutations
Provides eligibility for targeted cancer therapies	Provides eligibility for targeted cancer therapies
May provide information on family member's risk of developing certain cancers	Does not provide information on cancer risk in other family members
Identified through a blood or saliva sample	Identified by testing the tumor itself or tumor cells that are circulating in the blood

Approximately 10% of prostate cancers are thought to be caused by an inherited gene mutation. Inherited genetic mutations can be found in the BRCA1, BRCA2, and HOBX13 genes, among others. Genetic or germline testing is done with a simple blood or saliva test. A genetic counselor can help you better understand the pros and cons of genetic testing. It is important to know that, while prostate cancer can run in some families, most prostate cancers occur in men without a family history of it.

Targeted therapies are available for men with a genetic mutation and metastatic castrate-resistant prostate cancer (mHRPC). Genetic testing also provides family members with valuable information regarding their cancer risks. Family members of men with hereditary cancer have a 50% chance of having the same genetic mutation. Genetic testing can help family members know if they should also be tested or take measures to reduce their risk of developing cancer. All men with prostate cancer should consider genetic testing.

Learn more at **zerocancer.org/genetic-testing**.

Biomarker Testing

Biomarker Testing and Precision Medicine

Biomarker testing and precision medicine are somewhat newer terms in the cancer space. Biomarker testing looks for genes, proteins, and tumor markers that tell us more about your specific cancer. Biomarkers can help doctors diagnose cancer and monitor cancer, and can also affect how some treatments will work for you.

What is Biomarker Testing in Prostate Cancer?

Biomarker or somatic testing is done on cancerous tissue taken from the prostate to provide information about how your prostate cancer might behave. Biomarker testing may also be called somatic testing, tumor testing, or genomic testing. It can be performed on both biopsy tissue and on tissue from an entire prostate following a prostatectomy. These tests look for mutations in genes that are relevant in cancer and that may drive cancer growth. Some of these biomarkers tell your doctors how aggressive your prostate cancer might be. Biomarker testing may help you and your doctor better understand your particular cancer and choose the best treatment option for you.

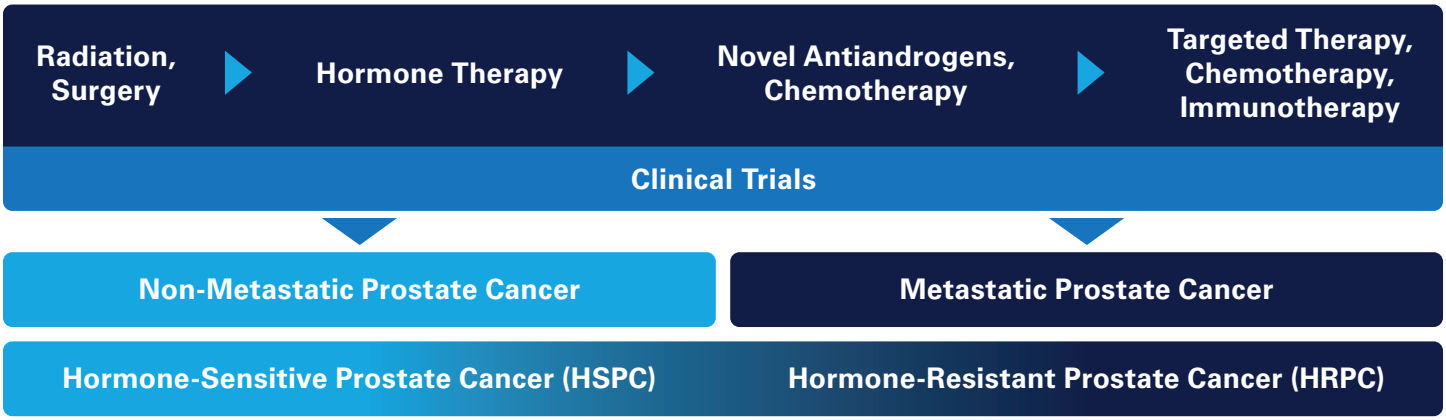
There are many different tumor biomarker tests available. Talk to your doctor about testing and which biomarker test might be right for you.

Learn more at **zerocancer.org/biomarker-testing**.

Prostate Cancer Progression and Treatment

Prostate cancer can be diagnosed at various stages, depending on when the prostate cancer is detected and how far the disease has progressed. Many patients respond immediately to treatment and don't require any further treatment. Others may already have metastatic disease by the time the cancer is first diagnosed or later develop metastatic disease after treatment completion for early-stage disease. Treatment to lower testosterone is a mainstay of therapy for patients with metastatic disease. When prostate cancer becomes resistant to this type of therapy it is called hormone or castrate resistant. The definitions and ways prostate cancer can progress may be confusing, but here is a chart to help you:

Prostate Cancer and Treatment Progression



Hormone-Sensitive Prostate Cancer (HSPC, also called Castration-Sensitive Prostate Cancer or CSPC) This is a form of prostate cancer that still responds to testosterone suppression therapy. HSPC can be referred to as non-metastatic, or nmHSPC, when there is no detectable metastases - spread of cancer - upon imaging. It can be referred to as mHSPC when it has advanced to metastatic stage.

Hormone-Resistant Prostate Cancer (HRPC, also called Castration-Resistant Prostate Cancer or CRPC) This is a form of prostate cancer that keeps growing even when the amount of testosterone in the body is reduced to very low levels. HRPC can be referred to as non-metastatic, or nmHRPC, when there is no detectable metastases upon imaging, and as mHRPC when it has advanced to metastatic stage.

Before deciding on a treatment with your doctor, learning about all treatment options, as well as clinical trials, is important. Treatment decisions should be based on many factors, including your age, overall health, family history, stage at diagnosis, aggressiveness of the disease, and results of genetic testing, among others. In addition, understanding possible side effects of each treatment, how side effects can be managed, weighing quality of life issues, and deciding what is most important to you and your family should all be considered. Learn more at zerocancer.org/treatment-options.

Types of Prostate Cancer Treatment

Active Surveillance

Active surveillance is a disease management strategy for low-risk, early stage prostate cancer. This strategy monitors the disease for signs of progression (with regular PSA testing and DREs) but avoids immediate treatment with surgery or radiation. If test results change, treatment may be warranted.

Local Therapies

Local therapy is treatment that is directed to a specific organ or limited area of the body, such as the prostate. Local therapies for prostate cancer include surgery, radiation, HIFU, and cryotherapy.

- **Surgery**
  Surgically removing all or part of the prostate, also known as a prostatectomy, aims to remove all of the prostate cancer. The full removal of the prostate is called a radical prostatectomy.

  Robotic-assisted surgical removal of the prostate is the most widely used form of localized prostate cancer surgery. Like other surgical methods, this procedure still requires an experienced surgeon, but robotic surgery may lead to a faster recovery time, reduced blood loss, and a lower risk of infection.

  Whichever type of surgery is performed, it usually requires an overnight hospital stay and patients typically will need a catheter to help drain urine for up to 14 days post-surgery. Many physical activities will be limited for up to two months after the surgery.

- **Radiation Therapy**
  Radiation therapy, or radiotherapy, uses various forms of radiation to safely and effectively treat prostate cancer. It works by damaging the genetic material within the prostate cancer cells and limiting their ability to successfully reproduce. When these damaged cancer cells die, the body naturally eliminates them. The goal of radiation is to kill the tumor while sparing as much healthy tissue as possible. Radiation therapy can be given externally (directed from outside the body) or internally (placed inside the body) when treating localized prostate cancer. These two categories are further broken into several types of treatment that vary by method, dose, frequency, and intended use.

  External beam radiation therapy (EBRT) is non-invasive, so patients can be active during and after treatment with no down time. Brachytherapy, while less common, is a type of internal radiation therapy that involves the placement of radioactive seeds or temporary catheters into the prostate. This is a minimally invasive procedure, and most patients can expect to return to normal activity in less than a week.

  In patients with advanced prostate cancer, EBRT can be used to relieve pain from bone metastases and may also be used in combination with hormone therapy.

- **High Intensity Focused Ultrasound (HIFU)**
  HIFU is an FDA-approved, minimally invasive procedure for the ablation (destruction) of prostate tissue. It destroys prostate cancer cells through precise and focused ultrasound energy, or sound waves. Ultrasound may be a treatment option for patients whose prostate cancer is considered low- to intermediate-risk and is confined to the prostate.

- **Cryotherapy**
  Cryotherapy, also called cryoablation or cryosurgery, freezes prostate tissue, causing cancer cells to die. This type of treatment is sometimes used as an alternative to surgical removal of the prostate or if the cancer has come back after radiation therapy. Cryotherapy is an option for those with localized or locally advanced prostate cancer.

Systemic Therapies

Systemic therapies refers to any type of treatment that targets or travels through the entire body. These include chemotherapy, hormone therapy, immunotherapy, targeted therapy, and radiopharmaceuticals.

- **Hormone Therapy**
  Hormone therapy is also called androgen deprivation therapy (ADT), hormone deprivation therapy, or hormone suppression therapy. Prostate cancer is fueled by male hormones called androgens. The primary male androgen is testosterone. Hormone therapy stops or slows the body's ability to make testosterone, aiming to stop tumor growth and/or shrink the tumor. Several types of hormone therapy exist, but it is important to know that hormone therapy alone does not cure prostate cancer.

  Hormone therapy is especially important for those with advanced disease, whose cancer has returned (recurrence) after surgery or radiation, or whose cancer is considered high-risk for metastasis (spread). It can also be used in combination with other treatments or to shrink a tumor to make other treatments more effective.

  The main types of hormone therapies are:

  - **LHRH Agonists –** Luteinizing hormone-releasing hormone (LHRH) is a key hormone released into the body before the body produces testosterone. LHRH agonists block the release of LHRH, causing testosterone levels to drop gradually, usually over a month's time.
  - **LHRH Antagonists –** These block the pituitary gland from making hormones, causing the testicles to stop making testosterone, resulting in an immediate drop in testosterone levels.
  - **Anti-Androgens –** These keep testosterone from binding to androgen receptors, which may keep prostate cancer cells from growing.
  - **Inhibitors and Blockers –** These inhibit the synthesis of the androgen and block androgen receptors to slow the production of testosterone.
  - **Orchiectomy –** This is surgery to remove one or both testicles, thereby drastically reducing the body's ability to produce testosterone.

An exciting advancement in hormone therapy is a recently approved oral ADT option. While many forms of ADT are given by injection, oral ADT may provide patients with more flexibility in scheduling appointments and perhaps even reduced side effects. Ask your doctor which option is best for you.

- **Chemotherapy**
  Chemotherapy is a type of prostate cancer treatment that is used to kill cancer cells throughout the body. They are given intravenously (through the veins) or orally (as a pill), depending on the drug. Because chemotherapy also attacks other cells in the body, this treatment can cause significant side effects. Chemotherapy may be used when a patient's prostate cancer has metastasized (spread) and is often given in combination with ADT or after hormone therapy stops working.

- **Immunotherapy**
  Immunotherapy, also called biologic therapy, treats the whole body by attempting to activate a person's immune system so that it will recognize and destroy prostate cancer cells. It uses materials either made by the body or in a lab to improve, target, or restore immune function. Different types of immunotherapies include vaccines, monoclonal antibodies, and non-specific immunotherapy.

- **Radiopharmaceuticals**
  Radiopharmaceuticals are medications that deliver radiation, typically given through a vein to men with metastatic prostate cancer that has spread widely to the bone.

- **Targeted Therapy**
  Targeted therapy uses drugs that are designed to find and attack cancer cells. The goal is to interfere with the specific molecules that drive the growth of the tumor. A targeted therapy approach is a form of personalized cancer treatment, also known as precision medicine, and is often associated with fewer side effects than other treatments. Targeted therapies may be used by themselves or in combination with other therapies.

  - **PARP Inhibitors –** A type of targeted therapy that affects how DNA is repaired in cancer cells. They target certain gene mutations (such as BRCA1 and BRCA2) and therefore are only used in patients who are known to have these mutations found through genetic testing.

    Several oral PARP inhibitor medications are approved by the FDA for treatment of certain types of advanced prostate cancer. Previously, PARP inhibitors were approved to treat certain breast, ovarian, and pancreatic cancers.

  - **PSMA Targeted Therapies –** The FDA has approved treatments for PSMA-positive prostate cancer. Learn more about PSMA and PSMA targeted therapies in the next section of this guide.

Clinical Trials

A clinical trial is a research study investigating experimental treatment to see if it is safe to use and effective in fighting a disease. Learn more about clinical trials later in this guide.

Prostate-Specific Membrane Antigen (PSMA)

PSMA is a protein found on the surface of normal prostate cells, but it is found in higher amounts on prostate cancer cells. It is present in more than 80% of prostate cancer cells in men with prostate cancer. PSMA has been the subject of extensive and promising research over the last several decades. It is now used as a target for imaging to diagnose metastatic or recurrent prostate cancer, and it is also being explored as a target for medications that can treat prostate cancer. This dual purpose is why some refer to PSMA as a "theranostic" - a combination of the terms "therapeutics" and "diagnostics".

How is PSMA Targeted for Detecting Prostate Cancer?
A PSMA PET (positron emission tomography) scan is an imaging procedure used to help detect prostate cancer cells within the body. For this procedure, a radioactive agent is injected into the bloodstream prior to the PET scan. The agent then attaches to the PSMA protein on the prostate cancer cells. Once there, it glows in the PET images that are taken to indicate where prostate cancer cells that have traveled outside the prostate may be. This procedure allows prostate cancer cells to be found that may not have been picked up on traditional scans like CT scans and bone scans. Multiple PSMA PET imaging agents are now approved by the FDA for use in patients whose prostate cancer has recurred or spread.

How is PSMA Targeted for Treating Prostate Cancer?
Targeting PSMA proteins on a prostate cancer cell enables treatments to be focused on the cancer cell itself, rather than on normal healthy cells in the body, allowing a precision medicine approach to treatment. PSMA targeted therapies will likely be made available to patients who have PSMA protein detected on their cancer cells using a PSMA PET scan. The FDA has approved a drug for the treatment of PSMA-positive mHRPC, and other forms of treatment that target PSMA are being developed.

Questions For Your Doctor

- Is the PSMA PET scan right for me?
- Do you offer PSMA PET scans?
- Are they covered by my health insurance?
- Is exposure to the radioactive agent in a PSMA PET safe?
- Is PSMA targeted therapy a treatment option for me?
- What are the side effects of PSMA targeted therapy?

Learn more at zerocancer.org/targeted-therapy.

Clinical Trials

After consulting with your doctor, you may consider enrolling in a clinical trial to gain access to potential new treatments or techniques that are still in the investigational stage. A clinical trial is a research study investigating experimental treatment to see if it is safe to use and effective in fighting a disease. All treatments used today for prostate cancer are available because of past clinical trials and thanks to past clinical trial participants.

Many times people do not participate in a clinical trial because they did not know they were eligible or that one was available, so be sure to ask your doctor when making your treatment decisions. Participating in a clinical trial is a way to gain access to promising new drugs that are yet to be approved by the FDA. Hundreds of research projects are currently ongoing and investigating the potential of new drugs and new combinations of drugs.

Historically, people of color are underrepresented in clinical trials. Diversity in clinical trial participation is critical to understanding the safety and efficacy of treatment options. When clinical trials lack diversity and participants are of the same age, race, and ethnicity, data from that clinical trial will fail to help researchers learn how different people may respond differently to the same medication.

CLINICAL TRIALS BY THE NUMBERS

10–15

the average number of years for a drug to be developed and get on the market for patients

6–7

the average number of years drugs are studied in clinical trials

80%

of clinical trials fail because they don't recruit enough patients

35+

number of drugs approved by the FDA for prostate cancer

Additional information about clinical trials, as well as a free clinical trial matching service, can be found at **zerocancer.org/clinicaltrials.**

Managing Treatment Side Effects

There are many side effects of prostate cancer treatment. Just as prostate cancer varies from patient to patient, so will the side effects experienced. Your healthcare team will work hard to ensure you experience minimal side effects as a result of treatment.

Side effects related to prostate cancer treatments vary by the type of treatment you receive. Some common side effects of treatment are urinary incontinence (the inability to control your bladder) and erectile dysfunction (the inability to achieve a full erection). Other side effects can include fatigue, depression, and infertility. It is important to talk to your doctor and your partner about all potential side effects before choosing treatment, as these potential changes can impact your self-esteem and personal relationships. Once you determine your treatment, work with your doctor on a plan to manage any side effects you experience. Learn more at zerocancer.org/side-effects.

TREATMENT	WHAT IT DOES	POSSIBLE SIDE EFFECTS
Surgery	Removes the cancerous tissues and the prostate	Urinary incontinence, erectile dysfunction (ED), and infertility
Hormone Therapy	Minimizes presence of androgens which fuel prostate cancer growth	ED, hot flashes, mood changes, loss of libido, depression, cardiovascular events, and bone loss
Radiation	Slows prostate cancer cell growth by targeting cells externally or by injection	ED, increased urinary urgency and frequency, diarrhea, rectal bleeding, and discomfort during urination and bowel movement
Immunotherapy	Changes the body's immune system to kill cancer cells	Fever, chills, fatigue, and joint or body ache
Targeted Therapy	Targets a particular protein or genetic mutation in the tumor	Nausea, fatigue, anemia, vomiting, diarrhea, decreased appetite, headache
Bone-Related Treatments	Inhibits bone loss and fractures and relieves pain from prostate cancer in the bone	Low grade fever, tingling around mouth or hand cramps from low calcium, dental pains
Chemotherapy	Targets cancer cells that grow quickly including cancer cells metastasized to the bone	Hair loss, fragile bones, nausea, and nervous system disorders like confusion, depression, or headaches

Your Healthcare Team

To receive the best care possible, seek care from a multidisciplinary team. A multidisciplinary team is a group of healthcare professionals from different specialties who work together to suggest a treatment plan for you based on your diagnosis, personal health, and preferences. This approach helps ensure you have the best health outcome and highest quality of life. Keep in mind that you have a choice in who manages your care. This is about finding the right treatment team to work with to make the right decisions for you and with you. Learn more at **zerocancer.org/healthcare-team**.

A multidisciplinary team may include:

Urologist

A urologist is a physician specializing in diseases of the male reproductive organs and male and female urinary tract. Some urologists have oncology training. Many urologists are also involved in certain aspects of other forms of therapy including radiation therapy, hormone therapy, treatment of advanced disease, clinical trials, and active surveillance. All urologists are surgeons as well, and many perform prostate cancer surgery.

Radiation Oncologist

A radiation oncologist is a highly trained physician specializing in the treatment of prostate cancer using the various types of radiation approved to treat the disease.

Medical Oncologist

A medical oncologist is a physician who specializes in the non-surgical treatment of cancer with medicines such as chemotherapy, hormonal therapy, immunotherapy, and other drugs.

Primary Care Physician

A primary care physician (PCP) is often an internist or family medicine physician who treats common illnesses and oversees general care.

Oncology Social Worker

Oncology social workers are trained to work with cancer patients and their families. It is important to understand your emotional well-being and get the support you need mentally, as well as physically. An oncology social worker provides individual counseling, access to support groups, and referrals to related services for men with prostate cancer.

Physical Therapist

A physical therapist can help deal with the physical changes caused by cancer treatment. Before and after surgery or radiation therapy, working with a physical therapist to strengthen the pelvic floor can help to manage or prevent side effects such as urinary incontinence.

Nutritionist

A nutritionist provides information and guidance about good nutrition. This can help a patient combat cancer-related or treatment-related weight loss or gain by recommending foods that provide adequate calories, vitamins, and protein. In addition, a nutritionist provides helpful tips and recipes customized to fit your specific dietary needs.

Nurse, Patient, or Financial Navigator

A navigator is an expert in understanding the details of cancer treatment and will support, inform, guide, and answer questions for you through all stages of treatment and beyond. As advocates for patients and their families, they provide support and enhance the quality of care you receive. If a patient navigator is not made available to you, ZERO can help with our ZERO360 patient support program. Visit zerocancer.org/zero360 for more information.

Genetic Counselor

A genetic counselor is a healthcare professional who will collect your personal and family health history and use this information to help determine the likelihood of having a genetic condition. The genetic counselor can help you decide whether or not genetic testing might be right for you or your family members, and can help explain genetic testing results.

Sexual Health Professional

A sexual health professional specializes in helping patients and their partners manage erectile dysfunction, low testosterone, hormone therapy, and incontinence related to prostate cancer treatment and side effects.

Mental Health Professional

A prostate cancer diagnosis can be overwhelming. Consider whether or not speaking with a mental health professional might be helpful to you.

Getting a Second Opinion

Seeking a second opinion following a prostate cancer diagnosis is very common and doing so can make you feel more confident in the treatment decision that you make. It's OK to get a second opinion at any point during your care.

Why Get a Second Opinion?

- To understand all available treatment options and have peace of mind with your treatment decision
- To get the opinion of another prostate cancer expert
- To confirm a diagnosis or treatment plan
- To hear information about your cancer explained in a different way
- To share the opinion of more than one healthcare expert with your insurance company

How to Ask About a Second Opinion

Some people find it hard to tell their doctors that they'd like a second opinion. Your doctor shouldn't discourage you from getting a second opinion. If you are unsure of how to begin, here are a few ways to start the conversation:

- "I'm thinking of getting a second opinion. Can you recommend someone?"
- "Before we start treatment, I'd like to get a second opinion. Will you help me with that?"
- "If you had my type of cancer, who would you see for a second opinion?"
- "I think that I'd like to talk with another doctor to be sure I have all my bases covered."

The Process

Before you start looking for a second opinion, contact your insurance company to find out what your policy covers. In some cases, you may have to get a second opinion from another doctor who is part of your health plan before the plan will pay for your treatment. It's important to be able to give the new doctor the exact details of your diagnosis and proposed treatment.

Make sure you have the following information handy and always keep copies for yourself:

- A copy of your pathology report from any biopsy or surgery
- If you had surgery, a copy of your operative report
- If you were in the hospital, a copy of your discharge summary
- A summary of your doctor's current treatment plan or the plan that has been given to you as an option
- Since some drugs can have long-term side effects, a list of all your drugs, drug doses, and when you take/took them

You can ask your current doctor's office for copies of your records. If you have had treatment or tests in a hospital or clinic, you may need to contact their medical records department to find out how to get these records. Sometimes you can request your records through an online patient portal if your doctor's office, treatment center, or hospital has one.

Making Sense of the Second Opinion

If the second opinion differs from the first, you may find the following tips helpful:

- Talk to the second doctor about the opinion of the first
- Make an appointment with your first doctor to talk about the second opinion
- Ask both doctors to explain how they arrived at their treatment plan
- Ask what research studies or professional guidelines they consulted
- Ask if it is possible for the two doctors to review your case together

Do your own research on the latest treatment guidelines. Two good sources are the National Comprehensive Cancer Network (NCCN) Treatment Guidelines (**nccn.org**) and the National Cancer Institute's (NCI) PDQ® Cancer Treatment Summaries (**cancer.gov**). Both are available in versions for health professionals (which use medical language and terminology) and patients (which use everyday language).

Living with Prostate Cancer

Monitoring for Recurrence

Completing your prostate cancer treatment can bring relief. When caught early, your initial treatment may mean you are considered free of disease. Most men will live cancer-free for years, and some even for the rest of their lives. But you may also feel worried or fearful that your cancer may return.

Up to 40% of men will experience a recurrence, so it is important to understand your risk. Cancer recurrence is the return of cancer after a period when no cancer cells could be detected in the body. Your doctor will recommend how often and when your PSA screening should be scheduled to continue monitoring your health.

When PSA levels in the blood rise after prostate cancer treatment, this is known as biochemical recurrence. This can occur even if the patient has no symptoms. If this happens, the doctor will order additional tests and make recommendations for how to manage your disease.

Survivorship

Survivorship focuses on the overall health and well-being of cancer patients. This includes monitoring for recurrence and providing follow-up care for the long-term physical and emotional side effects. This may include monitoring for secondary cancers and interventions to improve quality of life. Ask your healthcare team if they have a survivorship care plan for you. Learn more at zerocancer.org/survivorship.

SURVIVORSHIP CARE PLAN

- **Every cancer survivor should have one after primary treatment.**
- **Is a comprehensive care summary.**
- **Should include a record of treatments and follow-up plan.**
- **Is a roadmap to life after prostate cancer treatment.**

Nutrition and Exercise

For many, the diagnosis and treatment of cancer leads people to improve their diet and exercise behaviors. Maintaining a healthy diet and exercise regimen can help you prepare for and recover after cancer treatment. It may also help to prevent prostate cancer from coming back.

Some treatment such as ADT can result in weight gain and bone loss. Depression and fatigue, which are common lingering effects of prostate cancer, can make it hard for even the most motivated person to exercise or eat healthy foods. Take small steps to take care of yourself and make a conscious choice to live a healthier life.

Nutrition to Fight Prostate Cancer
Although there is no diet to prevent or cure prostate cancer, you can make healthy choices that will help you fight your disease. Watching your weight may reduce your risk of dying from prostate cancer.

Recent studies have indicated that the risk of dying from prostate cancer is more than double in obese men when compared to men of normal weight at the time of diagnosis.

Nutrition During Cancer Treatment

- Maintain a healthy weight. For many men, this means avoiding weight loss by getting enough calories on a daily basis. For men who are overweight and are obese, this may mean losing some weight. If you are trying to lose weight, it should be moderate, meaning only about a pound a week.
- Get essential nutrients the body needs, such as protein, carbohydrates, fiber, vitamins, minerals, and water. Not only will your body function better, you will feel better.

Nutrition After Cancer

Proper nutrition and a prostate-healthy diet can help survivors live longer, receive more enjoyment out of life, and feel more empowered about their choices. Eating a healthy diet may help you regain strength after prostate cancer treatment. In addition, recent research suggests that making healthy food choices after active treatment may lower your risk of recurrence and help you live longer.

Exercise to Fight Prostate Cancer

Physical activity and exercise are crucial factors for both fighting prostate cancer and preventing recurrence. In addition, it can be important for managing your weight, maintaining muscle and bone strength, improving mental health, and helping with potential side effects of prostate cancer treatment.

Walking, gardening, climbing the stairs, playing soccer, or dancing are all good examples of being active. For greater health benefits, physical activity should be of moderate or vigorous intensity that makes you breathe harder and your heart beat faster, such as running, bicycling, or swimming.

Benefits of Regular Exercise During and After Cancer Treatment

The side effects of prostate cancer treatment can impact your quality of life. Exercise can help:

- Reduce anxiety, depression, and fatigue
- Increase feelings of optimism
- Maintain a healthy weight
- Improve self-esteem
- Improve heart health
- Boost muscle strength and endurance

Mental Health

It is normal to experience a wide range of emotions if you or a loved one has been diagnosed with prostate cancer. Emotional reactions can include feelings of vulnerability, sadness, loneliness, and fear of recurrence or death. Many of these emotions fade over time, but some may develop into clinical depression, intense anxiety, or panic.

Talk to your healthcare team if you are feeling depressed or emotionally distressed. Many prostate cancer survivors find valuable information and perspective from others who have "been there." ZERO offers several peer support options, including support groups and a one-to-one MENtor program. ZERO360 can also provide emotional and psychosocial support service referrals.

Prostate Cancer Terms to Know

With so many things to comprehend at once, we often hear that newly diagnosed men are struggling to understand all the new vocabulary that comes with prostate cancer. To help, we compiled a list of the most common terms used in discussions about prostate cancer.

The Basics

Biochemical Recurrence
Biochemical recurrence is a rise of prostate-specific antigen (PSA) levels in the blood of a prostate cancer patient after initial treatment, such as surgery or radiation. Biochemical recurrence may occur in patients who do not have symptoms. It may mean that the cancer has come back.

Lobe
The sections of the prostate. There are five lobes of the prostate, one anterior lobe, one posterior lobe, one median lobe, and two lateral lobes.

Lymph Node
The lymph node is a rounded mass of lymphatic tissue that is surrounded by a capsule of connective tissue. Lymph nodes filter lymph (lymphatic fluid) and store lymphocytes (white blood cells). They are located along lymphatic vessels. Also called the lymph gland.

Metastasis
Metastasis is the spread of cancer from one part of the body to another. This happens through the lymph system or through the bloodstream. A tumor formed by cells that have spread is called a "metastatic tumor" or a "metastasis." The metastatic tumor contains cells that are like those in the original (primary) tumor. The plural form of metastasis is metastases (meh-TAS-tuh-SEEZ).

Primary Cancer
Primary cancer refers to the place in the body where the cancer started. If a primary prostate cancer spreads to other parts of the body, it has metastasized. For example, a brain tumor from prostate cancer is still prostate cancer and not brain cancer. It is a metastasis of prostate cancer.

Prostate-Specific Antigen (PSA)
PSA is a substance in the blood that is made by the prostate gland. It can be used to detect unusual activity in the prostate.

Diagnostic Tests

Lymph Node Biopsy
Lymph nodes are small bean-shaped parts of the immune system. A lymph node biopsy may be done if the doctor thinks the cancer might have spread from the prostate to nearby lymph nodes.

Prostate Biopsy
For a biopsy (by-op-see), the doctor takes out a small piece of tissue where the cancer seems to be. This tissue is checked for cancer cells. A core needle biopsy is often used to find prostate cancer.

Prostate-Specific Antigen (PSA) Blood Test
The PSA is a blood test that is done to see what your PSA level is and how it changes over time. Changes in PSA can be used to detect prostate cancer.

Transrectal Ultrasound (TRUS)
For this test, a small wand is put into your rectum. It gives off sound waves and picks up the echoes as they bounce off the prostate gland. The echoes are made into a picture on a computer screen.

Treatment

Adjuvant
Adjuvant is a treatment given after the primary treatment to increase the chances of a cure and usually involves chemotherapy or radiation.

Neoadjuvant
Neoajuvant is a treatment given before the primary treatment and usually involves chemotherapy or radiation.

Symptoms/Side Effects

Erectile Dysfunction
Erectile Dysfunction (ED), also known as impotence, is the inability to have an erection, a common side effect of prostate cancer treatment.

Incontinence
Incontinence is lack of voluntary control over urination or bowel movements.

Neuropathy
Neuropathy is a nerve problem that causes pain, numbness, tingling, swelling, or muscle weakness in different parts of the body. It usually begins in the hands or feet and may worsen over time. It is a common side effect from platinum-based chemotherapy drugs.

ZERO PROSTATE CANCER

NEWLY DIAGNOSED WORKSHEET

INFORMATION ABOUT YOUR PROSTATE CANCER

Use this worksheet to keep track of basic information about your prostate cancer diagnosis as you need in order to make your decisions about your care.

Date of diagnosis _____ **PSA level at diagnosis** _____

Gleason score _____ **Grade Group** _____

Risk Group: ☐ Very Low/Low ☐ Intermediate Favorable ☐ Intermediate Unfavorable ☐ High ☐ Very High

Number of biopsy samples taken _____

Number of biopsy samples containing cancer _____

Stage at diagnosis (I-IV) _____

Nodal involvement? ☐ Yes ☐ No

My cancer is: ☐ Localized (only in the prostate)

☐ Locally advanced (spread to just outside the prostate)

☐ Advanced or Metastatic (spread to other organs or parts of the body)

Location of metastasis (spread) _____

Date	Follow-up Tests	Results
_____	CT Scan	_____
_____	MRI	_____
_____	PET or PET/CT Scan	_____
_____	Other tests	_____

PHYSICIANS

Prostate cancer diagnosed by:

Name: _____ **Contact information:** _____

Other doctors or healthcare providers seen:

Name: _____ **Contact information:** _____

Name: _____ **Contact information:** _____

Other important numbers: _____

LEARN MORE

We encourage you to use this information in conversations with your healthcare team about prostate cancer and related topics. For more information about prostate cancer and ZERO Prostate Cancer, visit our website zerocancer.org/learn.

ZERO Prostate Cancer provides this information as a service. It is not intended to take the place of medical professionals or the recommendations of your healthcare team. Consult your healthcare team if you have questions about your specific care.

QUESTIONS FOR YOUR DOCTOR: Newly Diagnosed

These questions are to help someone who has just been diagnosed with prostate cancer begin to make a plan with their healthcare team. Consider using a notebook to record test results, treatments, and upcoming appointments to feel more organized. Having all important information together may help reduce some of the stress of a prostate cancer diagnosis.

QUESTIONS FOR YOUR DOCTOR

Diagnosis

- What exactly is my diagnosis?
- What is the stage and Gleason score?
- How aggressive is the cancer? What is my risk group?
- What other tests will be done?
- Should I consider talking to a genetic counselor or getting genetic testing?

Treatment

- What are all of my treatment options?
- What is the goal of treatment?
- What treatment do you recommend based on my stage and risk group? Why do you recommend this particular treatment?
- Am I eligible for a clinical trial?
- What are the potential side effects of the treatments we discussed?
- How can these side effects be managed?
- What will my treatment schedule be?

Living with Prostate Cancer

- Are my siblings, children, and grandchildren at higher risk?
- Where can I get more information about prostate cancer and treatment options?
- What steps can I take to be active and healthy during and after treatment?
- Do you have resources or services for my spouse or partner?
- How can I find support and resources to help pay for my cancer treatment?

Consider using a notebook at your appointments and taking someone with you if you can.

CONSIDER A SECOND OPINION?

Many people seek second opinions to explore all options. Seeking a second opinion is common and doing so can make you feel more confident in the treatment decision that you make.

Finding out that you or a loved one has prostate cancer can be scary. Prostate cancer is usually a slow growing disease. You have time to gather information about your diagnosis and make an informed decision about your next steps. Many resources and services are available and ZERO is here to help you along the way.

LEARN MORE

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ZERO PROSTATE CANCER

QUESTIONS FOR YOUR DOCTOR: Advanced Prostate Cancer

These questions are to help someone living with advanced prostate cancer make a plan with their healthcare team to best manage the disease. Prostate cancer that spreads outside the prostate to other parts of the body is called metastatic prostate cancer (also called stage IV or advanced prostate cancer). Although metastatic prostate cancer cannot be cured, it can be treated and managed. Today, men are living longer with metastatic prostate cancer.

QUESTIONS FOR YOUR DOCTOR

- What does it mean that the cancer has metastisized?
- Where is the cancer (metastases) in my body?
- What ongoing tests can I expect to monitor the disease?
- Are there any risks with these tests?
- Can you help me talk to a genetic counselor or get genetic testing?
- What are all my treatment options?
- Which treatment(s) do you recommend and why?
- What are the benefits of the treatment(s) you recommend?
- What are the risks and potential side effects of the treatment(s) you recommend?
- How long do I have to make my decision?
- What do you suggest if the current treatment stops working?
- Am I eligible for a clinical trial?

Consider using a notebook at your appointments and taking someone with you if you can.

Living with Advanced Prostate Cancer

- Are my siblings, children, and grandchildren at higher risk?
- How can you help me maintain a good quality of life?
- What support services are available for me and my family?
- How can I find support and resources to help pay for my treatment?

If You Have Metastases in the Bone

- What treatments are available to manage the cancer and the pain in my bones?
- What are the side effects of these treatments?
- How many visits will these treatments require?

CONSIDER A SECOND OPINION?

Many people seek second opinions to explore all options. Seeking a second opinion is common and doing so can make you feel more confident in the treatment decision that you make.

Finding out that you or a loved one has advanced prostate cancer can be scary. Many resources and services are available and ZERO is here to help you along the way.

LEARN MORE

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ZERO PROSTATE CANCER

Prostate Cancer Support Programs

ZERO offers resources for all those impacted by prostate cancer.

ZERO360: Comprehensive Patient Support

1-844-244-1309 (Toll-Free)

zerocancer.org/zero360

ZERO360 is a free, comprehensive patient support service that helps patients navigate insurance, find resources to help pay for treatment and living expenses, connect with emotional support services, and ensure access to care. ZERO's experienced case managers are ready to help patients and their families through their personal prostate cancer journeys.

" I was alone in my doctor's office when I first heard the words, 'You have prostate cancer.' I felt scared and confused. My life as I knew it was about to change. Contacting ZERO was the best thing I ever did; it changed my life! Each day spent with prostate cancer is a fight. I'm grateful to you for helping make sure a ZERO360 case manager was there to assist me every step of the way."

– Rallie Settles, Patient

Us TOO Support Groups zerocancer.org/supportgroups

A variety of peer-led virtual and in-person groups are available offering emotional support, resources, and education to empower those impacted by prostate cancer to make informed decisions on testing, treatment, and management of side effects.

MENtor zerocancer.org/mentor

A one-to-one peer support network where trained, volunteer MENtors have a wealth of insights to share based on their experiences.

Online Support Services

ZERO Connect (facebook.com/groups/zeroconnect) is a Facebook-based support group for participants to share stories, ask questions, and connect. An invite-only Facebook group also exists for Black men/caregivers (email healthequity@zerocancer.org for information).

The Inspire Online Support Community (zero.inspire.com) connects patients and loved ones to enhance the quality of life for all those affected by prostate cancer.

Educational Resources zerocancer.org

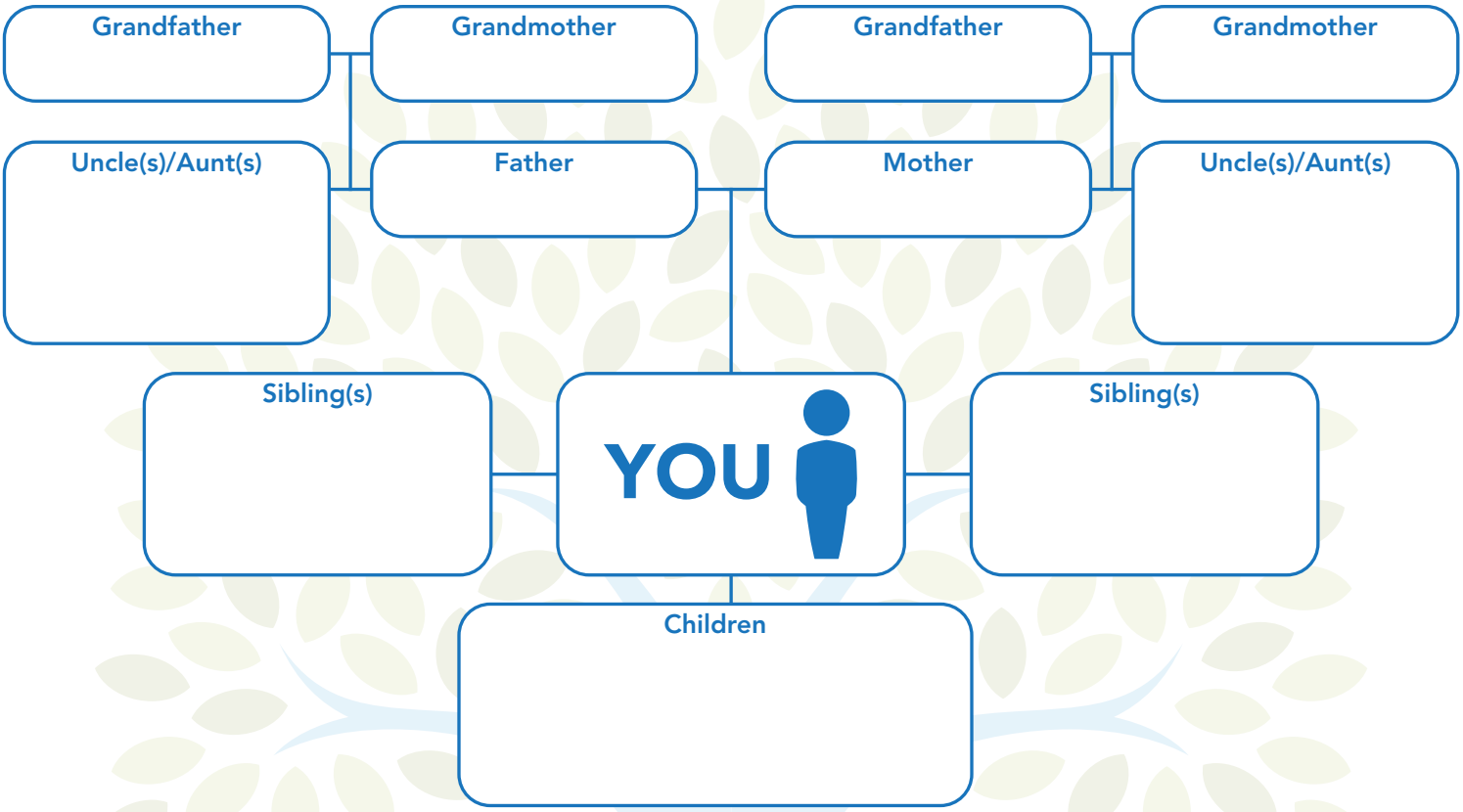
ZERO offers a variety of educational resources and events for prostate cancer awareness, screening, treatment, and side effects.

ZERO PROSTATE CANCER

PROSTATE CANCER FAMILY TREE

Family history is a risk factor for prostate cancer. Having one close relative with a prostate cancer diagnosis may double your risk of getting the disease. It is also important to know about a family history of breast, ovarian, or pancreatic cancers. Gene mutations found in those cancers have been identified in prostate cancer and linked to more aggressive disease.

Start a dialogue with your family to protect your health and the health of those you love.



FAMILY TREE TIPS:

- For each blood relative, make note of any prostate, breast, ovarian, and pancreatic cancers
- Include age at initial diagnosis
- Share this information with family members
- Ask family members to share this family health history with their doctor
- Update with information annually, such as at Thanksgiving or family reunions
- Share with YOUR doctor(s)
- In addition to your doctor, a genetic counselor can discuss your family risk, the pros and cons of genetic testing, help explain the results, and help determine next steps

LEARN MORE

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NOTES

NOTES

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