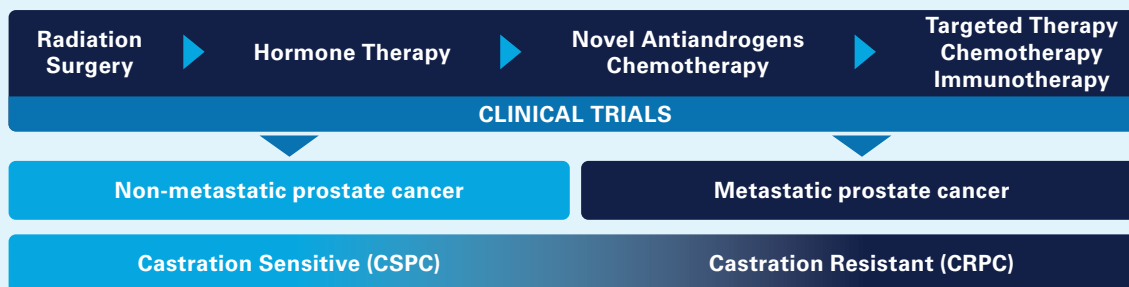


ADVANCED PROSTATE CANCER TYPES

Prostate cancer that has spread beyond the prostate to other parts of the body is considered advanced prostate cancer.

- **Locally Advanced:** Cancer has spread beyond the outer layer of the prostate into nearby tissues, such as nearby lymph glands or the seminal vesicles. Locally advanced prostate cancer is referred to as Stage III and is considered non-metastatic.
- **Metastatic:** Cancer has spread to other parts of the body, such as the bones, lymph nodes, lungs, or liver. This is also referred to as Stage IV prostate cancer.
- **Castration-Sensitive Prostate Cancer (CSPC, also called Hormone-Sensitive Prostate Cancer):** A form of prostate cancer that still responds to testosterone suppression therapy. CSPC can be referred to as non-metastatic, or nmCSPC, when there is no detectable metastases - spread of cancer - upon imaging. It can be referred to as mCSPC when it has advanced to metastatic stage.
- **Castration-Resistant Prostate Cancer (CRPC):** Cancer that keeps growing even when the amount of testosterone in the body is reduced to very low levels. CRPC can be referred to as non-metastatic, or nmCRPC when there is no detectable metastases upon imaging, and as mCRPC when it has advanced to metastatic stage.

PROSTATE CANCER AND TREATMENT PROGRESSION



TREATMENTS FOR ADVANCED PROSTATE CANCER

Patients with advanced prostate cancer may need a combination of treatments. Treatment decisions should be based on a patient's specific diagnosis, values, and goals. Treatment options include:

Hormone Therapy

Hormone therapy is also called androgen deprivation therapy (ADT), hormone deprivation therapy, or hormone suppression therapy. Hormone therapy stops or slows the body's ability to make testosterone, aiming to stop tumor growth and/or shrink the tumor.

Immunotherapy

Immunotherapy treats the whole body by activating the immune system to recognize and destroy prostate cancer cells. It uses materials to improve, target, or restore immune function. Different types of immunotherapies include vaccines, monoclonal antibodies, and others.

Targeted Therapy

Targeted therapy uses drugs that are designed to find and attack cancer cells. They shut down specific proteins in cancer cells that help the cells divide, grow, and spread. Different types of targeted therapies include PARP inhibitors, PSMA targeted therapy, radioligand therapy, and others.

Chemotherapy

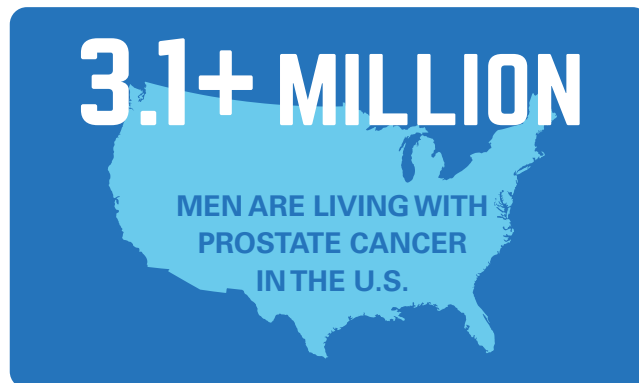
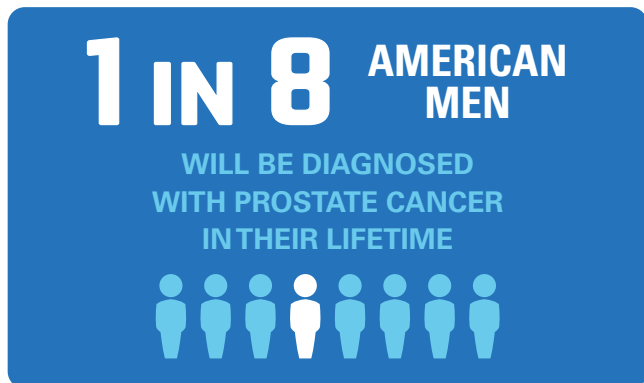
Chemotherapy is used to kill cancer cells throughout the body. They are given through the veins or orally, depending on the drug. Because chemotherapy also attacks other cells in the body, it may cause significant side effects.

ABOUT 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. All treatments used today for prostate cancer are available because of past clinical trials. Visit zerocancer.org/clinicaltrials to learn more.

PROSTATE CANCER IS THE **MOST COMMONLY DIAGNOSED CANCER** IN MEN BESIDES SKIN CANCER AND THE **SECOND LEADING CAUSE OF CANCER DEATH** IN MEN IN THE U.S.






PROSTATE CANCER IN THE BONES

When prostate cancer spreads, it most often spreads to the bones. This can weaken the bones, cause pain, and increase the risk of fractures. Drugs approved by the FDA are available for the treatment of prostate cancer that has spread to the bones.

Maintaining Bone Health

Hormone therapy can weaken bones over time. Medicines and lifestyle changes may help prevent bone loss and improve bone density. Some ways to improve bone health are:

-  Strive for a healthy diet
-  Include weight-bearing exercises in your daily routine. Be sure to talk to your healthcare professional before starting a new exercise routine.
-  Take calcium (600 mg twice daily) and vitamin D (400-500 IU twice daily) supplements to help slow bone loss

LIVING WITH ADVANCED PROSTATE CANCER

Living with advanced prostate cancer can lead to shifting lifestyle priorities and may cause anxiety. Reduce anxiety by:

- Talking about these fears with friends or loved ones
- Joining a prostate cancer support group
- Writing down thoughts in a journal
- Speaking with a counselor

Treatment teams, patients, and families can work together to manage side effects from cancer and from its treatments.



Within 5 years of diagnosis, 10%–20% of men with prostate cancer globally will develop CRPC.