

A black and white photograph of two men smiling on a beach. The man on the left is older with grey hair, wearing a patterned shirt. The man on the right is younger with light hair, wearing a t-shirt, with his hand on the older man's shoulder. The background shows a sandy beach and the ocean.

MY PROSTATE CANCER ROADMAP

PROSTATE CANCER: UNDERSTANDING THE ROAD AHEAD

Visit
MyProstateCancerRoadmap.com
for more information

PROSTATE CANCER: PUT YOURSELF IN THE DRIVER'S SEAT

KNOW ABOUT PROSTATE CANCER

Prostate cancer is the most common cancer in men in the United States (excluding skin cancer), with an estimate of 174,650 men diagnosed in 2019. Approximately 1 in 9 men will be diagnosed with prostate cancer during his lifetime. About 6 cases in 10 are diagnosed in men who are 65 or older, and it is rare in men under 40. The average age at diagnosis is about 66.¹

Prostate cancer occurs when cells within the prostate grow and divide at a higher rate than normal. Compared to other cancers, prostate cancer can be slow growing in some men and some types of prostate cancer may need minimal or no treatment. However, in others, prostate cancer can grow and spread (metastasize) to other parts of the body.

The information that follows can help you and your caregivers to better understand the road ahead as you navigate prostate cancer and its treatment, and provide resources to help along the way.



Reference:

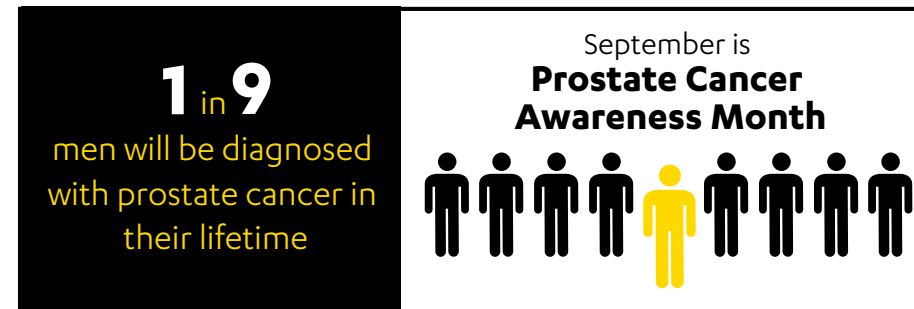
1. American Cancer Society. Survival Rates for Prostate Cancer. <https://www.cancer.org/cancer/prostate-cancer/detection-diagnosis-staging/survival-rates.html>. Accessed November 19, 2019.

KNOW ABOUT PROSTATE CANCER RISK FACTORS

Older men are more likely to develop prostate cancer, as the chance of having prostate cancer rises rapidly after age 50.

Family history may be a risk factor. If your father or brother has had prostate cancer, you are about twice as likely to develop this disease compared to a man with no family history of the disease. The risk is even higher for men with several relatives who have or had prostate cancer.

While reasons are unknown, race also plays a role in who is at risk for prostate cancer. African American men are 1.6 times more likely to get prostate cancer than Caucasian men. Prostate cancer occurs less often in Asian American and Hispanic/Latino men than in non-Hispanic Caucasian men.



PROSTATE CANCER RISK FACTORS

- **Age:** Risk rises after age 50
- **Race:** Increased risk in African American and Caribbean men of African ancestry than in men of other races; occurs less often in Asian American and Hispanic/Latino men than in non-Hispanic white men
- **Geography:** Most common in North America, northwestern Europe, Australia, and on Caribbean islands
- **Family history:** Risk is higher in men with affected relatives
- **Inherited gene changes**
- **Other risk factors:** Diet, obesity, smoking, chemical exposures, inflammation of the prostate, sexually transmitted infections, and vasectomy



HOW PROSTATE CANCER IS DIAGNOSED

If a doctor suspects prostate cancer, he or she will ask about symptoms, as well as possible risk factors. The following tests can be conducted to inform a doctor whether to carry out a prostate biopsy to confirm a diagnosis of prostate cancer:

Digital Rectal Examination (DRE)

Insertion of a finger into the rectum by a doctor to check for lumps or hard areas in the prostate.

Prostate-Specific Antigen (PSA)

The PSA blood test is used mainly to screen for prostate cancer in men without symptoms but is also one of the first tests done in men who have symptoms that might be caused by prostate cancer.

Prostate Biopsy

A biopsy is a definitive way to confirm the presence of cancer cells in the prostate. It involves the insertion of needles through the rectum into the prostate to remove small tissue samples. A pathologist will assess the cancer cells under a microscope and provide a Gleason score. A higher Gleason score indicates a more aggressive cancer that is more likely to spread quickly.

Transrectal Ultrasonography

Insertion of a probe that acts as an ultrasound into the rectum to check the prostate for abnormal areas.

Scans and X-rays

Imaging helps determine if the cancer has spread to other parts of the body (or metastasized).

KNOW ABOUT THE TYPES OF PROSTATE CANCER

Not all prostate cancer is the same. It ranges from cancer confined to the prostate gland to cancer that has spread outside of the prostate to the lymph nodes, bones, or other parts of the body.

DIFFERENT TYPES OF PROSTATE CANCER

LOCALIZED PROSTATE CANCER

Prostate cancer that has not spread beyond the prostate

BIOCHEMICAL RECURRENCE OR PSA FAILURE

PSA levels in the blood rise after surgery or radiation

mCSPC

Metastatic castration-sensitive prostate cancer

Prostate cancer that:

- Has spread to other parts of the body
- Still responds to medical or surgical treatments that lower testosterone

nmCRPC

Non-metastatic castration-resistant prostate cancer

Prostate cancer that:

- Has not spread to other parts of the body
- No longer responds to medical or surgical treatments that lower testosterone— androgen deprivation therapy (ADT)

mCRPC

Metastatic castration-resistant prostate cancer

Prostate cancer that:

- Has spread to other parts of the body
- No longer responds to medical or surgical treatments that lower testosterone

DIFFERENT TYPES OF PROSTATE CANCER



Some men respond to surgery or radiation and don't need further treatment.

For some men, the cancer may progress at some point.

Go to [MyProstateCancerRoadmap.com](https://www.myprostatecancerroadmap.com) to learn more.

TYPES OF PROSTATE CANCER AND TREATMENT OPTIONS

Localized Prostate Cancer

Prostate cancer that has not spread beyond the prostate.

Treatment Options



Active Surveillance: A treatment plan that involves closely monitoring the cancer but not giving any treatment unless there are changes in test results that show the condition is getting worse. Certain exams, such as digital rectal exam (DRE), prostate-specific antigen (PSA) blood tests, and sometimes biopsies, are done on a regular schedule.



Watchful Waiting: Watchful waiting may be an option for older men and those with other serious or life-threatening illnesses. With watchful waiting, routine PSA tests, DRE, and biopsies are not usually performed. If a man develops symptoms from the prostate cancer, then treatment may be recommended to relieve those symptoms.



Surgery: Surgical options may include a radical prostatectomy, which involves removing the entire prostate and the surrounding tissue.



Minimally Invasive Procedure: A minimally invasive procedure such as robotic/laparoscopic surgery, cryosurgery (freezing and destroying the prostate tissue), or high-intensity focused ultrasound may be an option.



Radiation Therapy: Uses high-energy radiation to kill cancer cells. Radiation can be accompanied by ADT (androgen deprivation therapy).

Biochemical Recurrence or PSA Failure

A rise in PSA levels in the blood after surgery or radiation.

Treatment Options



Radiation Therapy: Uses high-energy radiation to kill cancer cells. Radiation can be accompanied by ADT.

HORMONE THERAPY



Androgen Deprivation Therapy (ADT):

A type of hormone therapy that is given to suppress or block the production or action of male hormones, primarily testosterone. There is a surgical option (orchiectomy) and several medical options.



Active Surveillance: A treatment plan that involves closely monitoring the cancer but not giving any treatment unless there are changes in test results that show the condition is getting worse. Certain exams, such as digital rectal exam (DRE), prostate-specific antigen (PSA) blood tests, and sometimes biopsies, are done on a regular schedule.



Surgery: Surgical options may include a radical prostatectomy, which involves removing the entire prostate and the surrounding tissue.



TYPES OF PROSTATE CANCER AND TREATMENT OPTIONS (cont'd)

Metastatic Castration-Sensitive Prostate Cancer (mCSPC)

Prostate cancer that has spread to other parts of the body and still responds to medical or surgical treatments that lower testosterone.

Treatment Options

HORMONE THERAPY



Androgen Deprivation Therapy (ADT): A type of hormone therapy that is given to suppress or block the production or action of male hormones, primarily testosterone. There is a surgical option (orchiectomy) and several medical options.



Anti-Androgens: Drugs that prevent androgens from binding to androgen receptors, which are proteins found in prostate cells and in cells of other tissues in the body.



Chemotherapy:
Uses medication to kill cancer cells.



Non-Metastatic Castration-Resistant Prostate Cancer (nmCRPC)

Prostate cancer that has not spread to other parts of the body and no longer responds to medical or surgical treatments that lower testosterone.

Treatment Options

HORMONE THERAPY



Androgen Deprivation Therapy (ADT): A type of hormone therapy that is given to suppress or block the production or action of male hormones, primarily testosterone. There is a surgical option (orchiectomy) and several medical options.



Anti-Androgens: Drugs that prevent androgens from binding to androgen receptors, which are proteins found in prostate cells and in cells of other tissues in the body.



Observation: An option where a doctor would continue to gather information about the patient's prostate cancer and would not initiate treatment unless symptoms, spread (metastasis), and/or recurrence of the prostate cancer would require it.

TYPES OF PROSTATE CANCER AND TREATMENT OPTIONS (cont'd)

Metastatic Castration-Resistant Prostate Cancer (mCRPC)

Prostate cancer that has spread to other parts of the body and no longer responds to medical or surgical treatments that lower testosterone.

Treatment Options

HORMONE THERAPY



Androgen Deprivation Therapy (ADT): A type of hormone therapy that is given to suppress or block the production or action of male hormones, primarily testosterone. There is a surgical option (orchiectomy) and several medical options.



Anti-Androgens: Drugs that prevent androgens from binding to androgen receptors, which are proteins found in prostate cells and in cells of other tissues in the body.



Immunotherapy:

Treatment to boost or restore the ability of the immune system to fight cancer.



Chemotherapy:

Uses medication to kill cancer cells.



Radiopharmaceuticals: Uses drugs with radioactive elements to treat cancer that has moved to bone and has been shown to help with pain of cancer in the bone. Radiopharmaceuticals, which are sometimes combined with beam radiation, are injected into a vein and then settle in areas of bone where cells turn over.



Observation: An option where a doctor would continue to gather information about the patient's prostate cancer and would not initiate treatment unless symptoms of the prostate cancer would require it.



Clinical Trial:

A type of study that tests how well medical approaches work in people.



Palliative Care: A type of care given to patients with a serious, life-threatening, and/or terminal illness in order to improve their quality of life.



NAVIGATING THE ROAD TOGETHER: TIPS FOR CAREGIVERS

Caregivers are there to support loved ones when needed. When the going gets rough, and it may, keep the following tips in mind.

Speak up when something seems off - As a caregiver, you may be the first to notice when your loved one is not feeling well, even if he is not willing to admit it, or might not even see it – particularly if he is experiencing side effects such as fatigue or dizziness. Pay attention to what is going on with your loved one's health and do not be afraid to gently ask questions and, if needed, be insistent. Concern for his well-being is not negativity or criticism.

Do not get righteous - Jumping on a soapbox seldom works. Instead of attempting to single-handedly “fix” and “save” your loved one, work together on a health plan that works for you both.

Quietly flip the script - If you want to change the way your loved one eats, work with him to make grocery lists that include fresh, healthy foods. Explore recipes for lower-fat, lower-sodium versions of the meals he loves. Try new restaurants that serve healthier options – and don't hesitate to ask restaurant staff about alternative ways to prepare menu items to make them healthier. Keep water on hand as an alternative to sugar-laden drinks. If he will not go to the doctor, you could ask him to go with you to your family doctor appointment.

Lead by example - When finding the energy to care for loved one, you may find that it takes a toll on your ability to nurture your own health and well-being. It is important to make time to keep yourself healthy and strong as well. Show him how to lead a healthy lifestyle by leading one yourself.



Go to [MyProstateCancerRoadmap.com](https://www.myprostatecancerroadmap.com) to learn more.

FINDING HELP ON THE ROAD

EXPLORE PROSTATE CANCER RESOURCES

While trying to cope with the day-to-day physical, emotional, and financial challenges that accompany living with advanced prostate cancer, it can be beneficial for you and your loved one to talk with others who are having or have had the same experiences. There are also many resources available to you, your loved one, and other family members.



Prostate Cancer Advocacy Groups and Foundations

ZERO360

A free, comprehensive patient support service to help patients and their families manage their prostate cancer journey. A team of experienced case managers can help you and your family understand coverage options, find sources of financial aid, resolve insurance issues, or get referrals to appropriate emotional and psychosocial support services.

www.zerocancer.org/zero360

1-844-244-1309

Prostate Health Education Network (PHEN)

The mission of PHEN is to eliminate the African American prostate cancer disparity. This includes advocacy efforts to increase the overall support and resources to wage a war on prostate cancer that will eventually lead to a cure.

www.prostatehealthed.org

1-617-481-4020

The Prostate Cancer Research Institute

Helps men research their options with the goal of improving the quality of prostate cancer patients' and caregivers' lives by supporting research and disseminating information that educates and empowers patients, families, and the medical community.

www.pcri.org

1-800-641-7274

Us TOO

Founded and governed by people directly affected by prostate cancer. This nonprofit serves as a resource of volunteers with peer-to-peer support and educational materials to help men and their families/caregivers make informed decisions about prostate cancer detection, treatment options, and related side effects.

www.ustoo.org

1-800-808-7866

Prostate Conditions Education Council (PCEC)

A national organization committed to men's health and the nation's leading resource for information on prostate health.

www.prostateconditions.org

1-866-477-6788

The Urology Care Foundation

Supports urologic research and strives to provide the most current, comprehensive, and reliable urologic health information for patients and the public.

www.urologyhealth.org

1-800-828-7866

This is not a complete list of advocacy groups. Additional advocacy support is available at www.advocacyconnector.com. Nothing herein may be construed as an endorsement, approval, recommendation, representation, or warranty of any kind by any groups or foundations referenced herein. This communication is solely the responsibility of Janssen Biotech, Inc.

Go to MyProstateCancerRoadmap.com to learn more.

MAP OUT FINANCIAL RESOURCES

GOVERNMENT RESOURCES*

Medicare Extra Help

This program helps pay premium, deductible, co-insurance, and co-payment costs for patients on Medicare Part D for those with limited resources and income. Eligibility is based on income. www.medicare.gov

Medicare Savings Program

For eligible patients, this program helps pay for Medicare Part A and B deductibles and premiums. Patients who qualify are automatically eligible for the Medicare Extra Help program. www.medicare.gov

State Pharmaceutical Assistance Programs (SPAPs)*

These programs may be able to help pay premiums and/or drug costs for eligible medical conditions. Programs vary by state and may not be available in every area. www.medicare.gov

U.S. Department of Veterans Affairs (VA)

Veterans with prostate cancer may be eligible for VA benefits, including healthcare and disability compensation. www.va.gov/health **or** www.va.gov/healthbenefits
1-877-222-8387

INDEPENDENT FOUNDATIONS AND ORGANIZATIONS*

Chronic Disease Fund (CDF)

Provides co-pay assistance for FDA-approved specialty medications. Funds are available for specific disease states that may have different eligibility guidelines. Find out the current status of funds and more at www.mygooddays.org

The Patient Advocate Foundation (PAF) Co-Pay Relief (CPR) Program

Helps with co-payments, co-insurance, and deductibles. Eligibility is based on income. Find out the current status of funds and more at www.copays.org

CancerCare Co-Payment Assistance Foundation (CCAF)

A member of Cancer Financial Assistance Coalition (CFAC), this foundation helps cancer patients afford co-payments for chemotherapy and targeted drugs. Find out the current status of funds and more at www.cancercare.org/copayfoundation

ADDITIONAL PROSTATE CANCER RESOURCES

Advocacy Connector

Advocacy Connector is a resource to help connect you with the relevant advocacy group resources, either on your own or with the help of your healthcare providers. www.advocacyconnector.com

Cancer.com

Cancer.com takes the guesswork out of your cancer Web search by carefully selecting information and resources from respected sources and bringing them to you. www.cancer.com

Center for Prostate Disease Research (CPDR)

CPDR provides treatment and clinical research opportunities for military healthcare beneficiaries with prostate cancer and other prostate diseases. www.cpdr.org

My Prostate Cancer Roadmap®

My Prostate Cancer Roadmap explores the complexities of diagnosing, treating, and living with advanced prostate cancer, whether you have advanced prostate cancer, or care for someone who does. www.myprostatecancerroadmap.com

This is not a complete list of advocacy groups. Additional advocacy support is available at www.advocacyconnector.com.

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*SPAPs are not limited to Medicare Part D. Note that not every SPAP is a Medicare Part D participant.

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