

A Pathway to Hope



Arizona
UROLOGY
SPECIALISTS™

START



BEGINNING YOUR JOURNEY – PROSTATE CANCER AND WHAT'S NEXT

When you receive a diagnosis of prostate cancer, it's normal to wonder, *“Why me?”* or *“Now what?”*

A diagnosis of prostate cancer can be scary, isolating, shocking, and emotional. But remember this – ***You are NOT alone.***

Arizona Urology Specialists' comprehensive prostate cancer program was designed to help you every step of the way – from initial diagnosis through treatment and survivorship. Living with prostate cancer can look and feel very different for each patient. Our goal is to provide you with the information you need to make informed decisions and to help you move forward with confidence.

We approach every patient as an individual and tailor a treatment plan specifically for you. Our team of specialists will be with you at every turn and engage with you in shared decision making through your journey.

When you come to Arizona Urology Specialists, you not only receive the highest level of advanced medical care for your prostate cancer - you also receive Hope.



HIGHLIGHTS OF OUR COMPREHENSIVE PROSTATE CANCER CARE PROGRAM

The Arizona Urology Specialists Prostate Cancer Care Program is a comprehensive, patient-centered program that provides a continuum of care – from diagnosis and treatment to recovery and survivorship. Our experienced, multi-disciplinary team offers many of the most effective and innovative treatments available today, and we do so while providing a high level of personalized and compassionate service.

What You Can Expect

A dedicated healthcare team - In addition to highly experienced physicians, your team of prostate cancer specialists includes advanced practice providers and nurses to support you during treatment. We also have a network of physical therapists, nutritionists, and other support specialists to help you through your journey.

A personalized plan of care - Our providers understand that treatment is not one-size-fits-all and create a personalized care plan to meet your individual health needs.

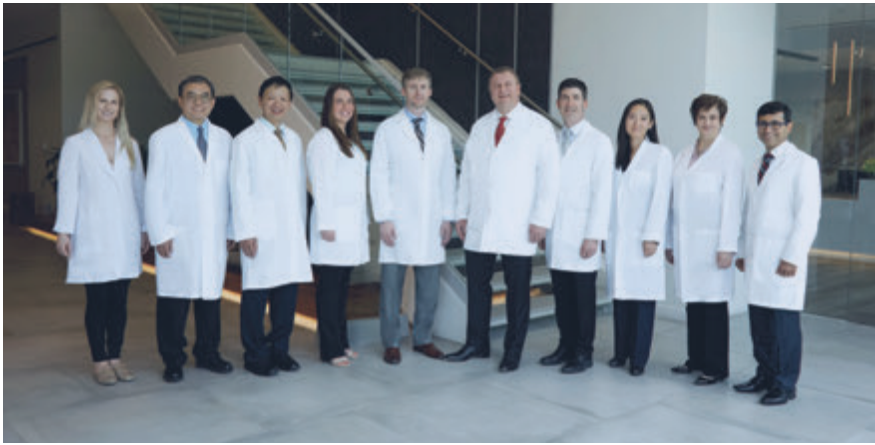
The Arizona Urology Specialists Cancer Therapy Center is dedicated to radiation therapy for the treatment of prostate cancer, providing the technology and resources needed for the highest level of care.

Innovative treatment options and therapies - We offer a full spectrum of treatment options including traditional, minimally invasive, and robotic surgical techniques, radiation treatment, focal therapy, genetic testing, the latest FDA-approved medications, and clinical trials.

A true support system - We understand that living with prostate cancer is not just a physical condition, but an emotional one as well. We offer support groups as well as access to educational materials and networks for patients and their partners and caregivers.

1 in 8 men will be diagnosed with prostate cancer in their lifetime. Prostate cancer is the most common cancer in men in the U.S. excluding skin cancer. In recent years, more than 250,000 men per year have been diagnosed with the disease.

THE FIRST STEP: MEETING YOUR HEALTHCARE TEAM



Many great minds are working on your treatment and are focused on your health and well-being.

Our highly trained and compassionate care team is committed to helping you in your journey. Our multidisciplinary specialists have years of experience in treating prostate cancer and will create an individualized plan that is right for you.

Throughout your treatment, you may

interact and/or receive treatment from one or more of the following specialists:

- **Your urologist** will manage your care throughout the entire journey and is supported by a multidisciplinary team. After discussing the diagnosis with you, the urologist works with you to develop your treatment plan, which may include surgery, radiation therapy, hormonal therapy, oral medications, infusion therapy, or active surveillance. We will also work with your primary care physician and other specialists involved in your treatment. The end goal always has your quality of life as a top priority.
- **A prostate cancer surgeon** is a physician with specialized training in surgical techniques, both robotic and traditional, used to manage prostate cancer. This will be either your primary urologist or one of their physician partners in our practice.
- **A radiation oncologist** is a specially trained physician who uses radiation to treat prostate cancer. If radiation therapy is chosen, it will be guided by the radiation oncologist and supported by the urologist.
- **Advanced Practice Providers (APPs)** are medical providers (physician assistants and nurse practitioners) who are an important part of the care team, performing many of the duties a physician does such as physical exams, prescribing medications, ordering tests, assisting with procedures, and managing your condition.
- **The patient navigator** is a nurse who is trained to anticipate, address, and overcome barriers to your care and to guide you through the healthcare system. As advocates for patients and their families during prostate cancer treatment, they enhance the quality of care you receive. The patient navigator collaborates with your care team to help plan your consultations, tests, and procedures.
- **Your primary care provider** is either an internist or a family medicine practitioner who oversees your general care. Your urologist and prostate cancer care team can collaborate with and keep your primary care provider updated regularly.
- **A medical oncologist** is a physician who specializes in the medical treatment of cancer. A medical oncologist typically is only involved in the management of advanced prostate cancer when chemotherapy or other medical therapies are prescribed.

DID YOU KNOW?

The five-year survival rate for all stages of prostate cancer combined is close to 100 percent. The 10-year relative survival rate for localized (early-stage) and advanced-stage prostate cancer is 98 percent with current treatment methods.*

*Cancer-related survival rate



UNDERSTANDING YOUR DIAGNOSIS

“I’ve been diagnosed with prostate cancer. Now what?”

Our team is here to walk you through your diagnosis.

To support you in understanding your prostate cancer, you will receive a personalized form with diagnosis information that includes staging, PSA, Gleason Score, and your prostate cancer risk group. The form is designed as a reference, which summarizes pertinent clinical information.

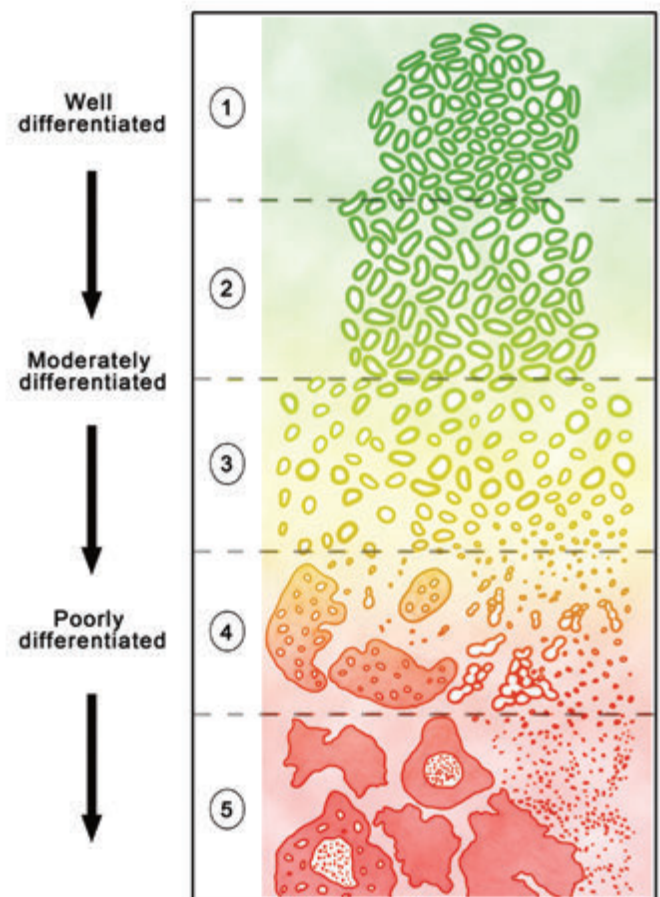
Understanding Frequently Used Terms

Prostate Specific Antigen (PSA) is a protein produced by both normal prostate tissue and prostate cancer. PSA levels can give your care team an indication of the extent of your disease. Your PSA should be monitored regularly after treatment to evaluate your response.

A Digital Rectal Exam (DRE) is part of normal prostate cancer screening. The rectal exam is performed to determine if there are any suspicious areas on your prostate. Abnormalities can be detected that otherwise may have been missed with a PSA test. This is also used for cancer staging.

Gleason Score

Gleason Score refers to how different the prostate cancer cells appear in comparison to normal prostate cells. A tissue sample is examined under the microscope by a pathologist who then determines the Gleason Score.



The pathologist provides two grades, or numbers, based on the pattern of cancer cells that appear under the microscope. Each grade is based on a scale of 1 to 5. The two grades are added together for your Gleason Score.

With today's biopsy methods, almost all prostate cancer patients have a Gleason Score of 6 or above. These scores are then rated into low-risk (6), intermediate (7), and high-risk (8, 9, or 10) categories.

The New Prostate Cancer Grading System

A newer, streamlined grading system for prostate cancer is also used to assess the stage of your prostate cancer. "Grading" describes the aggressiveness of prostate cancer. The new system has an improved ability to differentiate slow-growing and aggressive cancer with a higher level of prediction. This provides both urologists and men who have prostate cancer with a better understanding of the relationship between the cancer and treatment options.

The new grading system is typically used in conjunction with the Gleason system. The current Gleason grading system divides prostate cancer into five groups, numbered from 1 to 5, in order of aggressiveness.

The new grading system divides localized prostate cancers into a series of five histopathological groups, numbered simply from 1 to 5.

Prostate Cancer Risk Group

Using your PSA exam and biopsy findings, you will fall into one of several prostate cancer risk groups as defined by the National Comprehensive Cancer Network (NCCN). Based on your risk group, you may be a candidate for active surveillance or other treatment options.

A New Approach to Grading Prostate Cancer

Five Gleason Groups Based on Prognosis:

Grade Group 1:

Gleason score = ≤ 6

Grade Group 2:

Gleason score $3+4=7$

Grade Group 3:

Gleason score $4+3=7$

Grade Group 4:

Gleason score 8

Grade Group 5:

Gleason score 9-10

Clinical Stage

This refers to the extent and spread of the cancer. This is determined through a rectal exam, the PSA value, your pathology, and possible imaging studies. Your stage is also based on any evidence of the spread of cancer to the lymph nodes, bones, or other organs. Your provider will order all appropriate tests to determine the stage. Additional tests are only needed when the PSA, rectal exam, or Gleason Score indicates a higher probability that the cancer has spread.

Genomic Testing

Your provider may recommend additional testing on your cancer biopsy. Genomic testing will allow you and your doctor to learn more about the aggressiveness of your prostate cancer tumor. Based on the results of this test, you and your doctor will be able to make a more informed decision on the course of treatment that is tailored specifically to you.



THE ARIZONA PROSTATE CANCER CENTER

At the Arizona Prostate Cancer Center, we are committed to the highest quality care for patients undergoing radiation therapy for prostate cancer. Our dedicated team is focused on providing compassionate, safe, and effective care. Unlike other radiation therapy centers that treat various types of cancer, we only specialize in and focus on prostate cancer.

ARIZONA PROSTATE CANCER CENTER LOCATIONS:

Arizona Prostate Cancer Center - Phoenix
20601 North 19th Ave.
Suite 115
Phoenix, AZ 85027
602-557-0055

Arizona Prostate Cancer Center - Scottsdale
7340 E Thomas Road
Scottsdale, AZ 85251
602-557-0060

ADVANCED EXTERNAL BEAM RADIATION THERAPY TECHNOLOGY

The Arizona Prostate Cancer Center offers technologies including Intensity Modulated Radiation Therapy (IMRT) and Image-Guided Radiation Therapy (IGRT). Used alone or in conjunction, these therapies allow higher doses of radiation to be delivered with greater precision without affecting surrounding healthy tissue.

For patients, IMRT/IGRT means:

- More effective treatment focused on cancer cells
- Less radiation exposure to normal tissue means patients often experience fewer and milder side effects. It also means we can treat some tumors that could not previously be targeted by radiation.





OUR TEAM

Our center is staffed by radiation oncologists, technicians, and staff who work to provide you with the best possible care. We work closely with your referring urologist to determine the best method of treatment.

Our **radiation oncologists** are certified by the American Board of Radiology and accredited by the American College of Radiation Oncologists.

Our **physicists**, are PhDs and DABR-certified by the American Board of Radiology responsible for ensuring that the optimal dose of radiation is delivered safely.

The **dosimetrist** is a highly trained professional who works with the radiation oncologist and physicist to develop a customized treatment plan and calculate the exact dose of radiation to treat the cancer. The dosimetrist also conducts an independent “map check” for the correct dosage on every patient’s plan.

Our **radiation therapists** provide daily radiation treatment under the radiation oncologist’s prescription and supervision. They are licensed by the State of Arizona, belong to the Society of Radiologic Technologists, and are trained to administer image-guided radiation treatment. Additionally, they go through annual safety and quality assurance training and exams.

SAFETY AND QUALITY ASSURANCE

Patient safety is our primary concern. Our Prostate Cancer Center has safeguards and systems in place to provide safe and effective care. Our safety and quality assurance protocols are strictly adhered to for each phase of treatment. We follow the most up-to-date guidelines established by the American Association of Physics and Medicine and current National Comprehensive Cancer Network (NCCN) clinical practices.

INTEGRATED CARE UNDER ONE ROOF

We work closely with your urologist and the rest of your medical team to ensure that you have the best patient experience.





POST PROSTATECTOMY REHABILITATION

It's important to know that you are not alone in your recovery journey. The goal is to help you regain erectile and bladder function as quickly as possible after prostate cancer treatment by connecting patients to leading specialists in erectile and bladder health management.

BEFORE PROSTATE CANCER TREATMENT

Before undergoing prostate cancer treatment, preparing your body will ultimately help your recovery. Your provider will ask you to complete questionnaires that will determine your baseline erectile and bladder function. You may be referred to a physical therapy program or provided medications before your prostate cancer treatment.



AFTER PROSTATE CANCER TREATMENT

Following your treatment, one of our providers will discuss your progress to ensure your health goals are moving forward as planned.

- Your provider will assess your erectile and bladder function and compare it to your baseline function.
- You can expect incremental improvements in erectile and bladder function over the next several months. Recovery typically plateaus at 12 to 24 months post-treatment.

URINARY INCONTINENCE AFTER A PROSTATECTOMY

Why do men develop incontinence after prostatectomy?

During a radical prostatectomy, one of the valves (sphincters) that controls the flow of urine from the bladder is removed. The pelvic floor muscles and adjacent nerves may also be affected.

What can be done to treat incontinence?

Kegel exercises are a way to strengthen the pelvic floor muscles, helping you to regain control of your bladder and urine flow. These can be started before surgery. After surgery, Kegels should be performed once your catheter has been removed. Your provider or a pelvic floor physical therapist can show you how to correctly perform Kegel exercises for maximum benefit.

If urinary leakage remains a problem after the one-year mark, your provider can discuss surgical options for the treatment of incontinence.

ERECTILE DYSFUNCTION AFTER PROSTATECTOMY

Why do men develop erectile dysfunction after prostatectomy?

Surgery can affect the nerves and blood vessels that allow you to have an erection. Your ability to have an erection after surgery will depend on the proximity of the cancer to the nerves that control erections, your pre-operative erectile function, your age, and other comorbidities.

How long does erectile dysfunction last?

This is different for each individual. In general, most men will not have any erections immediately following their surgery. Erectile function returns gradually and for most men, it returns between 6 to 12 months after surgery, although it can take up to two years. Some men never reach the level of function they had prior to surgery.


What is involved in post-prostatectomy erectile rehabilitation?

Addressing a man's erectile function before, during, and following treatment for prostate cancer may help return a man's natural erection quicker. Your provider will discuss the options for erectile recovery and treatment. These therapies help promote healthy blood flow to the penile tissue to restore normal erectile function:

- PDE-5 Inhibitors (oral medications such as Viagra, Cialis, etc.)
- Injection Therapy
- Vacuum Erection Device (VED)

Are there other options if Erectile Rehabilitation is not effective?

A penile implant (prosthesis) is a surgical option for the treatment of erectile dysfunction when other rehabilitation therapies are not effective. Talk to your care team if you would like more details.



Helping you live
your best life

SUPPORT AND SURVIVORSHIP

Your care team is with you every step of your prostate cancer journey. Our support and survivorship programs were developed to help you live your best life after treatment.

PROSTATE CANCER SUPPORT

Prostate cancer support groups provide a safe place for men to express their feelings about prostate cancer and share information about their diagnosis and treatment with other prostate cancer patients and survivors. These groups offer a relaxed and friendly atmosphere along with educational information.

Spouses and partners are encouraged to attend prostate cancer support meetings to learn more about prostate cancer and to meet with others who have been through the prostate cancer journey.

PHYSICAL THERAPY

Our team works closely with outside pelvic floor physical therapists to offer patients a rehabilitation program focused on the healthcare needs of men who have had treatment for prostate cancer. After a radical prostatectomy or radiation therapy treatment,

a patient may suffer from urinary incontinence and pelvic pain. Physical therapy helps strengthen the pelvic floor muscles, significantly improving post-treatment urinary incontinence and post-urination dribble while decreasing pain.

NUTRITION PROGRAM

Nutrition is an important part of your care. A healthy diet can help your body fight cancer. Good nutrition provides your body with the nutrients needed to build your immune system and keep up your strength and energy to supplement your cancer treatment. Some basic guidelines include:

- Eat foods high in antioxidants, which may contribute to reducing cancer and heart disease. These include:
 - Beta-carotene found in sweet potatoes, carrots, cantaloupe, and squash
 - Lycopene found in tomatoes, watermelon, guava, papaya, and apricots
 - Vitamin C found in certain fruits (citrus, strawberries, papayas, and kiwis) and vegetables (broccoli, cauliflower, bell peppers)
 - Vitamin B, found in brussels sprouts, dark leafy greens, cereals, lean beef, poultry, and fish



- Reduce sugar and fat
- Eat more deep-water fish, such as yellow tuna, sardines, cod, or haddock
- Reduce red meat

Our team works closely with nutrition specialists who can guide patients on how to combat the side effects of prostate cancer treatment, including nausea, constipation, and fatigue. Upon request, we will refer patients to a nutritionist.

COUNSELING SERVICES

If you or your family need counseling services, we will refer you to a counseling professional. Please talk to the patient navigator if you believe you will benefit from these services.

SURVIVORSHIP PROGRAM

Survivorship is an important phase of life after your treatment has been completed. Your team will provide advice and guidance as you regain your energy and re-adjust to the routines of everyday life and work. Our survivor program is dedicated to you and focuses on long-term care. You will receive an individualized plan based on your history, diagnosis, and treatment to help you on the road ahead.

- **Survivorship care plan** - Each patient is provided with a summary of his treatment details to keep in his records and share with other health practitioners as needed.
- **Follow-up plan** - Our concern for you extends through your follow-up care and lasts a lifetime. Our survivor program provides you with a comprehensive plan that identifies lifestyle adjustments, future appointments, frequency of visits, as well as activities and tests associated with each visit. We can direct you to appropriate resources as you go forward.
- **Educational materials** - Your care team will provide you with important educational materials and information to help you thrive as a survivor.

This includes:

- Information on the long-term effects of treatment and common side effects to watch for, as well as management advice and guidance.
- Links to websites for community support programs.
- Our recommendations for healthy living activities to help maximize your overall health.
- Continued support from your patient navigator. Over time, the relevance of your survivor information can change based on your situation. Please remember that you can reach out to your patient navigator at any time.

Your entire care team – your urologist, surgeon, radiation oncologist, advanced practice providers, family physician, and our research division – is available to you. Please contact them as needed to answer any of your questions or concerns.

PATIENT NAVIGATORS

The patient navigator is an important member of the highly trained patient care team. Working closely with your urologist, navigators play an essential role in guiding and supporting you through your prostate cancer journey, from diagnosis to survivorship. This is a free, personalized service that is part of our mission to provide each patient with a superior experience.

Patient navigators are specially trained nurses who understand the details of cancer treatment and help patients and families plan the next steps in their care plan. This includes arranging next-level care following surgery and providing the information and guidance patients need to make appointments and schedule biopsies, additional imaging, and other diagnostic tests. They can also answer medication questions.

Patient navigators help carry patients and their loved ones along their journey with prostate cancer, supporting them physically and emotionally.



RECOMMENDED WEBSITE INFORMATION

Listed below are reputable websites that may be helpful to both you and your family as you research information on prostate cancer treatment options, side effects, recurrence, nutrition and wellness, survivorship, and support.

Arizona Urology Specialists Prostate Cancer Care

www.arizonaurologyspecialists.com

Comprehensive information on prostate cancer from diagnosis and treatments for localized cancer, treatment programs for men with advanced prostate cancer, survivorship, support networks and resources, financial assistance, patient resources, and support for families and loved ones.

American Urological Association's Urology Care Foundation

www.urologyhealth.org

Provides free educational materials and videos on prostate cancer and other urologic conditions.

ZERO The End of Prostate Cancer

www.zerocancer.org

Educational information on prostate cancer, survivorship, healthy living, managing cancer costs, and other resources for prostate cancer patients and their families.

Prostate Cancer Foundation

www.pcf.org

Information to help you understand your diagnosis, ongoing research, and additional resources such as

financial help and support groups. PCF is the leading philanthropic organization funding and accelerating prostate cancer research globally.

National Cancer Institute

www.cancer.gov/types/prostate

This site contains information to help you learn about early-stage prostate cancer, different treatments, and the benefits and risks of each type of treatment.

Erectile Dysfunction Institute

www.edcure.org

Devoted to explaining erectile dysfunction, common causes, and treatments available.

American Cancer Society

www.cancer.org

Provides information on the basic questions and answers related to prostate cancer.

CancerCare

www.cancercare.org

CareCare is a leading national organization providing free, professional support services and information to help people manage the emotional, practical, and financial challenges of cancer.

PROSTATE CANCER CARE

Patient: _____

Physician: _____

Patient Navigator: _____

Phone Number: _____

YOUR PERSONAL INFORMATION

PSA level at diagnosis:

Gleason Score:

RISK GROUPS FOR PROSTATE CANCER*

Very Low Risk:

- T1c (Cancer initially found after elevated PSA only) and
- Gleason score ≤ 6 and
- PSA < 10 ng/mL and
- Fewer than 3 prostate biopsy cores positive, $\leq 50\%$ cancer in any core and
- PSA density < 0.15 ng/mL/g

Low:

- T1-T2a (prostate cancer found by mildly abnormal exam or elevated PSA) and
- Gleason score ≤ 6 and
- PSA < 10 ng/mL

Favorable Intermediate:

- cT2b-cT2c (exam suggests tumor in $> 50\%$ of one side or both sides of prostate) or
- Gleason score 3+4=7 (Grade Group 2) or
- PSA 10-20 or
- $< 50\%$ of biopsy cores showing cancer

Unfavorable Intermediate:

- More than one of the factors listed under favorable intermediate or
- Any Gleason score 4+3=7 disease (grade group 3) with no high-risk features or
- One factor listed under favorable intermediate risk with $\geq 50\%$ of biopsy cores showing cancer

High

- T3a (exam suggests tumor extending beyond prostate) or
- PSA > 20 ng/mL or
- Gleason score 8-10

Very High: Has at least one of the following:

- cT3b - cT4
- Primary Gleason pattern 5
- 2 or 3 high-risk features
- > 4 cores with Grade Group 4 or 5

*National Comprehensive Cancer Network (NCCN) Risk Groups for Prostate Cancer.



Walking the
treatment path...
with you.

UNDERSTANDING LOCALIZED PROSTATE CANCER

Localized prostate cancer is cancer that has not spread outside of the prostate gland. There are many treatment options available. You and your doctor will work together to decide on the best option.

STANDARDS OF CARE

Active Surveillance is an approach to prostate cancer management that involves monitoring the disease and watching for progression, rather than undergoing surgery or radiation treatment right away. Active surveillance may be an option for some patients with localized prostate cancer and entails regular office visits, blood work, imaging, and additional biopsies.

Who is a candidate for active surveillance?

- Patients with lower grade tumors may consider this approach to avoid potential side effects of treatment.
- Many patients with favorable risk prostate cancer may consider active surveillance because of the slow-growing nature of the disease.

Prostate cancer can behave in a wide variety of ways; some cancers may not progress for 20 years, and some cancers are much more aggressive. If the cancer progresses, treatment may be initiated. Regular follow-up exams and testing are important with this approach.

Radical prostatectomy, the surgical removal of the prostate, is most often used for cancer that is in its early stages and hasn't spread. This is one of the most common treatments for prostate cancer. Our surgeons have specialized training and use the most refined techniques including nerve-sparing methods to provide the best chance of saving the nerves that control erections. It is important to note that patients who elect radiation as a first line therapy are often not eligible for surgery. The choice of surgical approach is a decision made between the patient and his urologist.

- **Robotic-assisted radical prostatectomy**
– An advanced, minimally invasive surgery for cancer that is contained to the prostate. Robotic surgery uses advanced optics with 10x magnification and high-definition 3-D images. The surgeon operates from a console where his hand motions translate into precise movements executed by the robot's arms, manipulating micro-instruments to perform this minimally invasive surgery. The operating instruments are positioned through several small incisions in the patient's abdomen. The surgery has been shown to result in less blood loss, a lower risk of transfusion, a shorter hospital stay, and a shorter recovery period.

- **Open radical prostatectomy** – This traditional approach can be used for patients whose cancer is confined to the prostate and who have too much scar tissue to be candidates for robotic surgery. Traditional open prostatectomy uses an incision to remove the prostate and any margin of nearby tissue to which the cancer has spread.

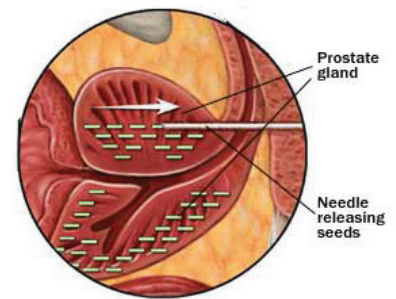


RADIATION THERAPY

A decision to undergo radiation therapy requires a formal consultation with a radiation oncologist. Radiation is used as an initial primary treatment or following surgery in certain circumstances. The two general types of radiation therapy are external beam radiation therapy and brachytherapy.

- **External Beam Radiation Therapy** uses a machine to deliver radiation to the prostate. Image Guided Radiation Therapy (IGRT) and Intensity Modulated Radiation Therapy (IMRT) are two advanced techniques used to treat prostate cancer, often combined into the term IG-IMRT. Treatment planning for radiation therapy requires a CT simulation to help define the prostate target.
 - **IMRT** uses numerous beamlets of radiation therapy to sculpt the dose to the prostate and minimize scatter dose to the surrounding normal anatomy (such as the rectum, bladder, and femur).
 - **IGRT** uses prostate imaging at each treatment session to make sure the prostate has not moved. This ensures that the prostate is always targeted precisely.

Brachytherapy is a treatment using radioactive seeds placed inside the prostate gland during a one to one and a half-hour outpatient procedure. It is sometimes used alone for low-risk patients or combined with five weeks of IG-IMRT for patients with higher-risk prostate cancers. Most often a permanent radioactive seed is used and this is referred to as LDR or low-dose rate brachytherapy. Some centers also use temporary HDR or high-dose rate brachytherapy, which requires either hospitalization or two separate procedures.



ADDITIONAL THERAPIES

Hormone Therapy is often used around the time of radiation therapy to improve outcomes for certain cancers. The goal of hormone therapy is to eliminate androgens, which include testosterone that causes prostate cancer to grow. Hormone therapy may also be used to shrink the prostate gland before having a radical prostatectomy.

A Rectal Spacer helps reduce the radiation dose delivered to the rectum during prostate cancer radiation treatments. The hydrogel spacer pushes the rectum away from the prostate, decreasing rectal injury during prostate radiation therapy. Your doctors may recommend this in certain situations.

Focal Therapy

Focal therapy can be used for men with cancer that is confined to one small area of the prostate. Only this small cancerous area is ablated, rather than removing or ablating the entire prostate gland. The approach may cause fewer complications and side effects associated with the removal of the entire prostate gland. Because focal therapy only treats a part of the prostate, however, the possibility of microscopic prostate cancer cells remaining in the untreated prostate tissue exists.

- **High Intensity Focused Ultrasound (HIFU)**

HIFU is an acoustic ablation technology that uses ultrasound waves to destroy tissue in the prostate. HIFU therapy utilizes focused sound waves to heat and destroy cancerous tissue within the prostate with great accuracy. A computer-controlled HIFU delivery device transports ultrasound energy through a probe placed in the rectum. These waves are then targeted directly at the prostate for accurate ablation and destruction of the diseased tissue. This minimally invasive procedure is performed under general anesthesia and typically takes under two hours. The radiation-free treatment is usually performed one time on an outpatient basis but can be repeated as necessary without causing adverse effects to surrounding tissue.

- **Cryosurgery**

This is a technique that involves controlled freezing of the prostate gland. This procedure is performed under anesthesia and uses freezing probes inserted directly into the prostate to freeze the cancer cells. The procedure is done using transrectal ultrasound guidance. Cryotherapy is used as a rescue therapy for men who have not responded to external beam radiation therapy or brachytherapy. Ideal candidates are men with a Gleason Score of less than eight.

Salvage Treatment after Radical Prostatectomy

After radical prostatectomy, the PSA level should fall to approximately zero since the entire prostate has been removed. However, if this does not happen, it is likely a sign of recurrent cancer. Tests may be done to determine if the cancer has spread to other areas. Imaging such as a PET scan, bone scan, CT, or MRI scan can indicate the spread of cancer to the lymph nodes or other organs. In some cases, radiation therapy may be prescribed as part of the ongoing treatment plan. Surgery may or may not be an option, although cryosurgery, HIFU, or other therapies may be recommended by your urologist.

Salvage Treatment after Primary Radiation Therapy

After radiotherapy, PSA levels normally fall to 0.3 ng/ mL or below. If the PSA begins to rise, it may indicate that the cancer has returned. Signs of cancer may also be found by a digital rectal exam (DRE). To confirm if salvage therapy is the correct treatment, additional tests may be needed.





THERAPIES FOR ADVANCED STAGE PROSTATE CANCER

Advanced stage prostate cancer is cancer that has spread (metastasized) beyond the prostate or has returned after treatment. While these types of cancers are often not curable, many treatment advances offer hope. Your provider may recommend several treatment options as you go through your advanced stage prostate cancer journey that can help enhance and extend your quality of life.

HORMONE THERAPY

Hormone Therapy is used when prostate cancer has spread to other parts of the body or returned after treatment. The goal of hormone therapy is to eliminate testosterone and other androgens because these molecules are the fuel that prostate cancer uses to grow.

Though not curative, hormone therapy can be effective for several years. Hormone therapy may be used:

- For metastatic disease as initial treatment
- For a recurrence of prostate cancer following radical prostatectomy, radiation therapy, or other therapies
- For men who are not candidates for surgery or radiation therapy and are not interested in active surveillance

There are two categories of hormone treatments:

- **Medical therapy** is used to stop the production of testosterone by the testicles and other androgens from the adrenal glands. There are several types of medical therapy: luteinizing hormone-releasing hormone (LHRH) analogues, antiandrogens, and gonadotropin-releasing hormone (GnRH) antagonists. There are multiple options including short and long-term injections as well as daily oral medications.
- **Surgical therapy**, known as bilateral orchiectomy, is performed to remove both testicles. The testicles are the main source of testosterone production. Surgical removal slows the growth of prostate cancer. This treatment option is used much less frequently than medical therapy.

MEDICATIONS USED TO IMPROVE BONE HEALTH

Metastatic prostate cancer commonly spreads to the bones, where it can cause bone pain and brittle-bone disease (osteoporosis). These symptoms can also arise during hormone therapy when levels of testosterone are very low. Your physician may prescribe medications, which can reduce or reverse bone loss that may result from hormone therapy, reduce the spread of cancer in the bone, alleviate pain, and minimize other complications of bone metastases.

- **Denosumab (Prolia®)** is used to increase bone mass in men who are receiving hormonal therapy and are at high risk for fracture. Prolia is administered once every six months, as a single injection under the skin.
- **Denosumab (Xgeva®)** is used for prostate cancer patients with metastatic bone disease to prevent fractures, severe bone pain, and spinal cord compression. Xgeva is administered as a single injection under the skin as often as every four weeks.
- **Zoledronic Acid (ZOMETA®)** is a treatment that can help reduce and delay bone complications, such as skeletal fractures, caused by cancer that has spread to the bone. Zometa is given to patients as an infusion and is used with anti-cancer medications.

ADDITIONAL MEDICATIONS

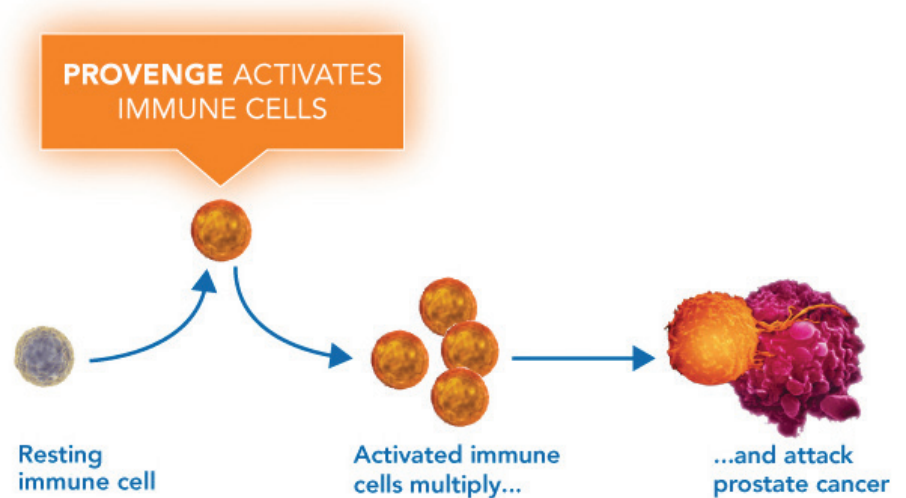
In many cases of advanced prostate cancer, combination treatment with traditional hormone therapies or ADT therapies with medications has shown to have more success. These medications include:

- Abiraterone Acetate (Zytiga®, Yonsa®), given with prednisone or methylprednisolone
- Enzalutamide (Xtandi®)
- Apalutamide (Erleada™)
- Darolutamide (Nubeqa®)

IMMUNOTHERAPY

Immunotherapy may be used for men with advanced prostate cancer who have worsening disease on hormone therapy. Immunotherapy, including therapeutic vaccines and other biologic approaches, utilizes the immune system to selectively target cancer cells.

- **Sipuleucel-T (Provenge®)** uses the body's own immune system to fight the cancer. Each dose consists of the patient's immune cells that have been trained to seek and attach to prostate cancer cells.



- **Pembrolizumab (Keytruda®)** is for patients with specific genetic mutations. Keytruda works by blocking the PD-1 pathway to help prevent cancer cells from hiding from the immune system. Keytruda helps the immune system detect and fight cancer cells.

TARGETED THERAPY

PARP Inhibitors are a type of targeted therapy that blocks an enzyme that the prostate cancer cells need to repair themselves before they die. This type of targeted therapy kills cancer cells while sparing surrounding healthy cells. PARP inhibitors may improve survival in men with prostate cancer that does not respond to hormone therapy.

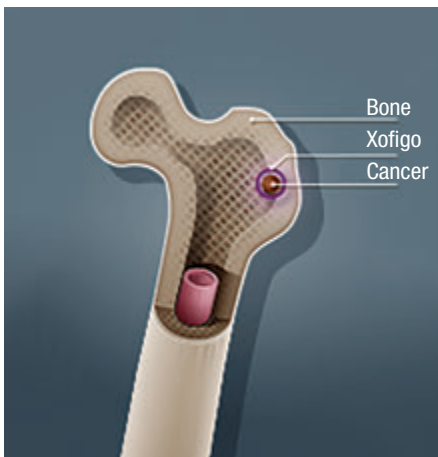
- Olaparib (Lynparza®)
- Talazoparib (Talzenna®)
- Niraparib/abiraterone (Akeega™)



RADIOTHERAPY

Radiotherapy is a treatment that involves the use of high-energy radiation to treat cancer. Radiopharmaceuticals are treatments injected to deliver targeted radiation doses where the cancer is located. The high-energy radiation used during radiotherapy permanently damages the DNA of cancer cells, causing them to die. Nearby healthy tissues may also suffer temporary cell damage from radiation but these cells are usually able to repair the DNA damage and continue growing normally. For people with incurable cancers, radiotherapy is a very effective method of controlling symptoms.

- **Radium Ra 223 Dichloride (Xofigo®)** is an injection that sends radiation directly to cancer tumors in the bones. It is used to treat prostate cancer that is resistant to medical or surgical treatments that lower testosterone. Xofigo has been shown to significantly improve survival and quality of life in prostate cancer patients whose disease has spread to the bones.
- **Pluvicto™** is Lutetium-177 PSMA and is indicated for men who have progressing disease seen on PSMA PET scan.



CHEMOTHERAPY

Chemotherapy is medication administered intravenously, orally, or in combination, to kill cancer cells. These drugs include:

- Docetaxel
- Cabazitaxel (Jevtana®)

Helping You Better Manage Your Condition

HOW YOU BENEFIT FROM CARE MANAGEMENT?

- Care Management extends your care outside of the four walls of your physician's practice to ensure that you maintain the best possible health
- A dedicated care coordinator that understands your complete medical history
- Access to health care assistance 24/7
- Personalized treatment plan created by your care team
- Help with all of your health care related tasks, such as scheduling appointments, requesting refills, and more
- Help with non-health care related tasks, such as arranging transportation, registration in available community programs, and more
- Coordination of care between your pharmacy, specialists, testing centers, hospitals, etc.

WHAT DOES IT COST?

This service is covered by most insurances and is subject to your annual deductible and copay. If you have a secondary or supplemental insurance plan, your copay may be covered. It is best to review exactly what your insurance plan covers.

OPT OUT ANY TIME

While you can only sign up for Care Management services with one of your healthcare providers, you are able to opt out any time—there are no strings attached.



SIGNING UP IS AS EASY AS...

1

Contact Us Today!

Call 928-437-0068 to learn more about how you can benefit from this program and to gain answers to any questions you may have.

2

Enroll in the Program

Consent to being a participant in the Care Management program. You can only enroll with one provider.

3

Start feeling better

Upon signing up, your dedicated care coordinator will call you to discuss your health goals and build a treatment plan designed to help you get, and stay, as healthy as possible.

SCENARIO: SCHEDULING AN APPOINTMENT WITH A SPECIALIST



John Bloom

A 77-year-old patient suffering from urinary problems, living home alone and enrolled in the Care Management program by his urologist.



Jane (Care Coordinator)

A veteran nurse with years of experience in a geriatric setting is matched with John based on his conditions and specific needs.



JANE HELPS JOHN BY:

- Scheduling the appointment for John
- Following up with the specialist after the visit to update the treatment plan
- Helping check for drug interactions between John's new and existing medications
- Checking-in on John to make sure there are no issues with his new medication and treatment plan



Use the camera feature on your phone to scan the QR code for a short video about the CareHarmony and Arizona Urology Specialists care management program. <https://uro.to/CH-AUS-N>

Learn more about our program by contacting **928-437-0068** or visit us online at arizonaurologyspecialists.com/phoenix/caremanagement