

For men whose prostate cancer has spread to the bone¹

When cancer
has weakened
your bones,
protect yourself
from serious
bone problems*
with XGEVA^{®1}



Nearly 1.5 million people with cancer
worldwide have been treated with XGEVA^{®2}

*Serious bone problems are defined as broken bones (fractures), the need for bone surgery, radiation treatments for bone pain, and pressure on the spinal cord.¹

Indication

XGEVA[®] is a prescription medicine used to prevent fracture, spinal cord compression, or the need for radiation or surgery to bone in patients with multiple myeloma and in patients with bone metastases from solid tumors.

IMPORTANT SAFETY INFORMATION

Do not take XGEVA[®] if you have low blood calcium (hypocalcemia). Your low blood calcium must be treated before you receive XGEVA[®]. XGEVA[®] can significantly lower the calcium levels in your blood and some deaths have been reported. Take calcium and vitamin D as your doctor tells you to. Tell your doctor right away if you experience spasms, twitches, cramps, or stiffness in your muscles or numbness or tingling in your fingers, toes, or around your mouth.

Please see additional Important Safety Information on pages 10-11.

XGEVA[®]
(denosumab) injection
120 mg/1.7 mL vial



What are bone mets and how can they affect me?

Bone metastases (muh•TASS•tuh•seez), or bone mets, can pose a significant risk to the health of your bones³

Normally, your body continually breaks down and rebuilds your bones to keep them strong. Unfortunately, when cancer spreads to the bones (metastasizes), the bones can³:

- Break down faster than normal
- Weaken over time

When your bones weaken, you are at risk for serious bone problems, such as^{1,4}:



Broken bones (fractures)



A need for surgery to prevent or repair broken bones



A need for radiation treatments to the bone

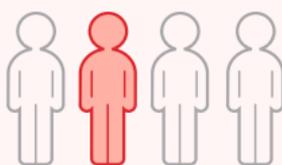


Pressure on the spinal cord (spinal cord compression)

What is my risk of having a serious bone problem?

Without a proper prevention plan in place, serious bone problems could occur sooner than you might think⁵

WITHIN 3 MONTHS
OF A BONE MET DIAGNOSIS



About **1 in 4** men suffer a serious bone problem⁵

AT ANY GIVEN TIME
AFTER A BONE MET DIAGNOSIS



About **1 in 2** men are at risk for a serious bone problem⁶

Work with your doctor as soon as you've been diagnosed with a bone met to prevent a serious bone problem

What signs and symptoms should I look out for?

It's important to anticipate serious bone problems* by reporting any new symptoms you experience to your doctor

Common symptoms of a serious bone problem include^{4,7}:

- Sudden, severe pain that prevents movement
- Pain in your back or neck
- Difficulty urinating
- Constipation
- Lack of bowel or bladder control
- Numbness
- Weakness
- Paralysis

Other symptoms could occur.



Pain isn't always an indicator of serious bone problems⁸

- One study showed that half of men who experienced a serious bone problem reported no pain

Don't wait until you experience pain to talk to your doctor about preventing serious bone problems.

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What's the good news?

There are bone-targeting medicines specifically designed to help prevent serious bone problems before they happen¹



Turn the page to learn about a bone-targeting medicine doctors trust to lessen the risk of serious bone problems

What is XGEVA[®] and how can it help protect my bones?

XGEVA[®] works to restore balance in your bones¹

XGEVA[®] is a prescription medicine used to prevent fracture, spinal cord compression, or the need for radiation or surgery to bone in people with multiple myeloma and in people with bone mets from breast, prostate, lung cancer, and other solid tumors.



Superior protection

In clinical studies, men with prostate cancer and bone mets were **18% less likely to have serious bone problems* with XGEVA[®]** than with another bone-targeting medicine, ZA¹

ZA, zoledronic acid.

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IMPORTANT SAFETY INFORMATION (cont'd)

Do not take XGEVA[®] if you are allergic to denosumab or any of the ingredients of XGEVA[®]. Serious allergic reactions have happened in people who take XGEVA[®]. Call your doctor or go to your nearest emergency room right away if you have any symptoms of a serious allergic reaction, including low blood pressure (hypotension); trouble breathing; throat tightness; swelling of the face, lips, or tongue, rash; itching; or hives.

What is the most important information you should know about XGEVA[®]?

Do not take XGEVA[®] if you take Prolia[®]. XGEVA[®] contains the same medicine as Prolia[®] (denosumab).

Please see additional Important Safety Information on pages 10-11.

How will I receive XGEVA®?

XGEVA® is a shot given once every 4 weeks at your doctor's office¹



- XGEVA® is given under the skin in the upper arm, upper thigh, or stomach area¹

Tip: Wear loose fitting clothing to your appointment to make these areas more easily accessible

- XGEVA® does not involve an infusion through the vein¹



- Your doctor will test your blood calcium levels before you start XGEVA®. You cannot start XGEVA® if you have low blood calcium¹

Tip: Be sure to take vitamin D and calcium supplements as prescribed by your doctor to help prevent low calcium levels in the blood

For the best chance of preventing serious bone problems, get your XGEVA® injection every 4 weeks as prescribed¹

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How can I stay on track with XGEVA®?

Sticking to your treatment schedule helps give you the best chance of preventing serious bone problems^{1,*}

- **Schedule** appointments for every 4 weeks in advance
- **Record** appointments in your calendar
- **Ask** family or friends for help getting to your doctor's office
- **Write** down questions to ask your doctor before appointments

If you have missed a dose, it is important to talk to your doctor about getting back on track with XGEVA® to prevent serious bone problems¹

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IMPORTANT SAFETY INFORMATION (cont'd)

Severe jaw bone problems (osteonecrosis)

Severe jaw bone problems may happen when you take XGEVA®. Your doctor should examine your mouth before you start, and while you are taking XGEVA®. Tell your dentist that you are taking XGEVA®. It is important for you to practice good mouth care during treatment with XGEVA®. In studies of patients with bone involvement, the rate of severe jaw problems was higher the longer they were being treated with XGEVA®.

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What resources are available to me?

If you and your doctor decide XGEVA® is right for you, Amgen Assist 360™ is here to help

Your Amgen Assist 360™ Nurse Ambassador* can help you find the resources† most important to you:

- Answer medication questions and help you sign up for injection reminders
- Refer you to resources for day-to-day living
- Help you understand your coverage and financial support options for any type of insurance, such as Amgen FIRST STEP™

Amgen FIRST STEP™ Program

If you are eligible‡ and commercially insured, the Amgen FIRST STEP™ Program can help you cover your out-of-pocket (OOP) prescription costs, including deductible, co-insurance, and co-payment.

- **\$0** OOP for first dose or cycle
- **\$5** OOP for subsequent doses or cycles, **up to the brand program benefit maximum**
- No income eligibility requirement



CALL TODAY

1-888-4ASSIST (1-888-427-7478)

Monday to Friday, 9AM to 8PM ET or

visit www.amgenassist360.com/enroll

*Amgen Nurse Ambassadors are there to support, not replace, your treatment plan and do not provide medical advice or case management services. Patients should always consult their healthcare provider regarding medical decisions or treatment concerns.

†Resources include referrals to independent nonprofit patient assistance programs. Eligibility for resources provided by independent nonprofit patient assistance programs is based on the nonprofits' criteria. Amgen has no control over these programs and provides referrals as a courtesy only.

‡Terms, conditions, and program maximums apply. This program is not open to patients receiving prescription reimbursement under any federal, state, or government-funded healthcare program. Not valid where prohibited by law.



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Unusual thigh bone fracture

Unusual thigh bone fracture has been reported. Symptoms of a fracture include new or unusual pain in your hip, groin, or thigh.

Risk of high calcium levels in patients with Giant Cell Tumor of Bone and in patients who are still growing

Patients with a type of cancer called Giant Cell Tumor of Bone and patients with bones that are not fully matured are at a greater risk to develop high blood calcium levels after they stop taking XGEVA®, that can be serious.

Increased risk of broken bones in the spine after discontinuing XGEVA®

After your treatment with XGEVA® is stopped, your risk for breaking bones in your spine can increase, especially if you have a history of risk factors such as osteoporosis or prior fractures.

Possible harm to your unborn baby

You should not become pregnant while taking XGEVA®. Tell your doctor right away if you are pregnant, plan to become pregnant, or suspect you are pregnant. XGEVA® can harm your unborn baby.

Tell your doctor if you:

- Are taking a medicine called Prolia® (denosumab) because it contains the same medicine as XGEVA®
- Have symptoms of low blood calcium such as muscle stiffness or cramps
- Have symptoms of severe jaw bone problems such as pain or numbness
- Have ongoing pain or slow healing after dental surgery
- Have symptoms of high blood calcium such as nausea, vomiting, headache, and decreased alertness
- Are pregnant, plan to become pregnant, suspect you are pregnant, or breastfeeding

While taking XGEVA®, you should:

- Tell your doctor about all medications you are taking. Your doctor needs to know if you are taking other medications that also lower blood calcium levels
- Take good care of your teeth and gums and visit a dentist as recommended
- Tell your dentist that you are taking XGEVA®
- Tell your doctor if you plan to have dental surgery or teeth removed
- Talk to your doctor before you stop taking XGEVA® about your risk for broken bones in your spine
- Women of child bearing age should use highly effective contraception while taking XGEVA® and for at least 5 months after the last dose of XGEVA®

What are the possible side effects of XGEVA®?

In patients with bone metastases from solid tumors using XGEVA®, the most common side effects were tiredness/weakness, low phosphate levels in your blood, and nausea. The most common serious side effect of XGEVA® was shortness of breath.

In multiple myeloma patients receiving XGEVA®, the most common side effects were diarrhea, nausea, low red blood cells, low blood platelets and calcium levels, back pain, swelling of the lower legs or hands, upper respiratory tract infection, rash, and headache. The most common serious adverse reaction in multiple myeloma patients was pneumonia.

These are not all the possible side effects of XGEVA®. For more information, ask your doctor or pharmacist.

Call your doctor for medical advice about side effects. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Please see accompanying Prescribing Information.

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When prostate cancer has spread to your bones,

Are you doing all you can to protect yourself from serious bone problems?*

Ask your doctor about XGEVA[®], the **superior** bone-targeting medicine for when cancer has weakened your bones¹

Visit [XGEVA.com](https://www.xgeva.com) to learn more

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Please see additional Important Safety Information on pages 10-11.

References: **1.** XGEVA[®] (denosumab) prescribing information, Amgen. **2.** Data on file, Amgen; 2020. **3.** Understanding advanced cancer, metastasis cancer, and bone metastases. American Cancer Society. Updated December 15, 2016. Accessed June 1, 2020. <https://www.cancer.org/treatment/understanding-your-diagnosis/advanced-cancer/what-is.html>. **4.** Managing symptoms of bone metastases. American Cancer Society. Updated December 16, 2016. Accessed June 1, 2020. <https://www.cancer.org/treatment/understanding-your-diagnosis/advanced-cancer/managing-symptoms-of-bone-metastases.html>. **5.** Bhowmik D, Song X, Intorcchia M, Gray S, Shi N. Examination of burden of skeletal-related events in patients naive to denosumab and intravenous bisphosphonate therapy in bone metastases from solid tumors population. *Curr Med Res Opin.* 2019;35(3):513-523. **6.** Oster G, Lamerato L, Glass AG, et al. Natural history of skeletal-related events in patients with breast, lung, or prostate cancer and metastases to bone: a 15-year study in two large US health systems. *Support Care Cancer.* 2013;21(12):3279-3286. **7.** Coleman RE. Clinical features of metastatic bone disease and risk of skeletal morbidity. *Clin Cancer Res.* 2006;12(suppl 20):6243s-6249s. **8.** Saad F, Eastham J. Zoledronic acid improves clinical outcomes when administered before onset of bone pain in patients with prostate cancer. *Urology.* 2010;76(5):1175-1181.

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