

Prostate & Urological Health



Grant & Calvin Hill

The NBA superstar and his father talk about their efforts to get more men screened for prostate cancer

How blue light cystoscopy is helping men detect and survive bladder cancer



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Why it's critical to detect prostate cancer in its earliest stages

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Finding the Right Prostate Cancer Screening

Wendy Poage, MHA, president, and Renee Savickas, vice president and director of early detection awareness programs, of the Prostate Conditions Education Council weigh in on the prostate cancer screening options available and how all men can reduce their risk.

Where can men get screened for prostate cancer?

Wendy Poage: There are no early warning signs of prostate cancer, thus screening is the only way to detect it in the earliest and most treatable stages. There is a great deal of important information men need to understand about the early detection of prostate cancer. The most widely available tool for screening for prostate cancer is a simple blood test called the PSA (prostate specific antigen).

It's important for all men to track their PSA over time as an increase in the PSA result is one of the main signs of a problem.

There are also some newer genomic tests that are effective in screening for prostate cancer. An example is SelectMDx, which uses a urine sample rather than a blood draw.

Is there a link between a man's diet and their risk of getting prostate cancer?

Renee Savickas: There is strong evidence that suggests good nutrition and having an active lifestyle can reduce the possibility of getting prostate cancer, and could slow the progression. Heart-health and prostate-health diets are filled with colorful vegetables, fruits, nuts, and seeds, and limit sugar, carbohydrates, fried foods, and animal-based protein.

Detecting Prostate Cancer Early Saves Lives

Prostate cancer is one of the most common cancers among men, but it can often be treated successfully when caught early.

Prostate cancer is cancer that presents in the prostate — a small, walnut-shaped gland in men that sits below the bladder and in front of the rectum.

Prostate cancer often grows slowly and if it stays within the prostate gland, it may need minimal or no treatment. However, while some types of prostate cancer grow slowly, other types can grow faster, spread quickly, and require more immediate treatment.

Prostate cancer detected early — when it's still confined within the prostate gland — is known as early-stage or localized prostate cancer, and is more likely to be treated successfully.

It's not clear what causes prostate cancer, but doctors know this particular cancer begins when cells in the prostate become abnormal. These abnormal cells then grow and divide faster than a man's normal cells do and a cancerous tumor is formed.

Factors that can increase the risk of prostate cancer include:

- Age: A man's risk of prostate cancer increases as they age.
- Race: For reasons not yet known, Black men have a greater chance of being diagnosed with prostate cancer. In Black men, prostate cancer is also more likely to be aggressive or grow outside of the prostate (known as advanced prostate cancer).
- Family history: If other men in

your family have had prostate cancer, your risk may be higher. Also, if there is a history of the BRCA1 or BRCA2 genes in your family, which increase the risk of breast cancer, or if there is a very strong history of breast cancer in your family, your risk of prostate cancer may be higher.

Detecting and diagnosing

Organizations like the American Urological Association and Urology Care Foundation recognize the choice to be screened for prostate cancer is a personal one and should be taken seriously. It begins with a conversation with your doctor about your risk for the disease, including your personal and family history. Then, a talk about the benefits and risks of testing.

Generally, prostate cancer screening is recommended for men with no symptoms who are between the ages of 55 and 69. Some men who are at higher risk for prostate cancer should talk to their doctor about the proper time to get screened.

Prostate cancer often causes no signs or symptoms in its early stages, which is why screening for this disease is so important for catching it early. Prostate cancer is often detected by testing for prostate-specific antigen (PSA) levels in a man's blood and performing a quick, five-second digital rectal exam (DRE). If the results of either of these tests come back irregular, a prostate biopsy is often done to confirm if a man has prostate cancer.

If a diagnosis of prostate cancer is confirmed, your treatment will depend on:

- The stage and grade of the cancer
- Your age and health
- Possible treatment side effects, including long-term effects and treatment goals
- Results from other diagnostic tests that help your doctor know if the cancer has a chance of spreading or returning after treatment

Early-stage treatment options

There are several treatment options for prostate cancer. Below are three common ones for early-stage prostate cancer explained in a bit more detail.

Active surveillance: During active surveillance, prostate cancer is carefully monitored for signs of progression through regular PSA screening, prostate exams, imaging, and sometimes repeat biopsies. If symptoms develop or if tests indicate the cancer is becoming more aggressive, active treatment like surgery or radiation may be warranted.

Surgery: Surgery is a common choice to remove prostate cancer if it is not thought to have spread outside the prostate gland. The main type of surgery for prostate cancer is a radical prostatectomy. In this operation, the urologist removes the entire prostate gland and some of the tissue around it, including the seminal vesicles.

Radiation therapy: Radiation therapy uses high-energy rays to kill or slow the growth of cancer cells. Radiation can be used as the primary treatment for prostate cancer (in place of surgery).

For information about prostate cancer and other treatment options, visit UrologyHealth.org. □

Anne E. Lizardi-Calvaresi, DNP, CRNP, RNFA, Urology Care Foundation Prostate Education Council Member and Prostate Health Committee Chair, Thomas Jefferson University

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INDICATIONS AND USAGE

Trelstar is indicated for the palliative treatment of advanced prostate cancer.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

• **Hypersensitivity:** Trelstar® is contraindicated in individuals with a known hypersensitivity to triptorelin or any other component of the product, or other GnRH agonists or GnRH.

Please see additional Important Safety Information and Highlights of Full Prescribing Information on the next two pages.

TRELSTAR®
(triptorelin pamoate for injectable suspension)
Maintain Low T

A little about Verity Pharma™— a specialty pharmaceutical company with a focus on genitourinary products:

Every day the Verity™ team goes to work with an unflinching conviction to deliver meaningful solutions to healthcare professionals and their patients.

We are committed to supporting programs, initiatives and organizations that help improve health, expand research opportunities, and promote education in the growing area of genitourinary diseases and disorders.

This commitment to you drives all that we do at Verity™.



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IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS

Hypersensitivity Reactions: Anaphylactic shock, hypersensitivity, and angioedema related to triptorelin administration have been reported. In the event of a hypersensitivity reaction, therapy with Trelstar[®] should be discontinued immediately and the appropriate supportive and symptomatic care should be administered.

Transient Increase in Serum Testosterone: Initially, triptorelin, like other GnRH agonists, causes a transient increase in serum testosterone levels. As a result, isolated cases of worsening of signs and symptoms of prostate cancer during the first weeks of treatment have been reported with GnRH agonists. Patients may experience worsening of symptoms or onset of new symptoms, including bone pain, neuropathy, hematuria, or urethral or bladder outlet obstruction.

Metastatic Vertebral Lesions and Urinary Tract Obstruction: Cases of spinal cord compression, which may contribute to weakness or paralysis with or without fatal complications, have been reported with GnRH agonists. If spinal cord compression or renal impairment develops, standard treatment of these complications should be instituted, and in extreme cases an immediate orchiectomy considered. Patients with metastatic vertebral lesions and/or with upper or lower urinary tract obstruction should be closely observed during the first few weeks of therapy.

Effect on QT/QTc Interval: Androgen deprivation therapy may prolong the QT/QTc interval. Providers should consider whether the benefits of androgen deprivation therapy outweigh the potential risks in patients with congenital long QT syndrome, congestive heart failure, frequent electrolyte abnormalities, and in patients taking drugs known to prolong the QT interval. Electrolyte abnormalities should be corrected. Consider periodic monitoring of electrocardiograms and electrolytes

Hyperglycemia and Diabetes: Hyperglycemia and an increased risk of developing diabetes have been reported in men receiving GnRH agonists. Hyperglycemia may represent development of diabetes mellitus or worsening of glycemic control in patients with diabetes. Monitor blood glucose and/or glycosylated hemoglobin (HbA1c) periodically in patients receiving a GnRH agonist and manage with current practice for treatment of hyperglycemia or diabetes.

Cardiovascular Diseases: Increased risk of developing myocardial infarction, sudden cardiac death and stroke has been reported in association with use of GnRH agonists in men. The risk appears low based on the reported odds ratios, and should be evaluated carefully along with cardiovascular risk factors when determining a treatment for patients with prostate cancer. Patients receiving a GnRH agonist should be monitored for symptoms and signs suggestive of development of cardiovascular disease and be managed according to current clinical practice.

Laboratory Tests: Response to Trelstar[®] should be monitored by measuring serum levels of testosterone periodically or as indicated

Laboratory Test Interactions: Chronic or continuous administration of triptorelin in therapeutic doses results in suppression of pituitary-gonadal axis. Diagnostic tests of the pituitary-gonadal function conducted during treatment and after cessation of therapy may therefore be misleading.

Embryo-Fetal Toxicity: Based on findings from animal studies and mechanism of action, Trelstar[®] can cause fetal harm when administered to a pregnant woman. In animal developmental and reproductive toxicology studies, daily administration of triptorelin to pregnant rats during the period of organogenesis caused maternal toxicity and embryo-fetal toxicities, including loss of pregnancy, at doses as low as 0.2, 0.8, and 8 times the estimated human daily dose based on body surface area. Advise pregnant patients and females of reproductive potential of the potential risk to the fetus.

MOST COMMON ADVERSE REACTIONS

- 3.75 mg: The most common adverse reactions (≥ 5%) during Trelstar[®] 3.75 mg therapy included hot flushes, skeletal pain, impotence, and headache.
- 11.25 mg: The most common adverse reactions (≥ 5%) during Trelstar[®] 11.25 mg therapy included hot flushes, skeletal pain, headache, edema in the legs, and leg pain.
- 22.5 mg: The most common adverse reactions (≥ 5%) during Trelstar[®] 22.5 mg therapy included hot flushes, erectile dysfunction, and testicular atrophy.

SPECIFIC POPULATIONS

Pregnancy: Based on findings in animal studies and mechanism of action, Trelstar[®] can cause fetal harm when administered to a pregnant woman. Expected hormonal changes that occur with Trelstar[®] treatment increase the risk for pregnancy loss. In animal developmental and reproductive toxicology studies, daily administration of triptorelin to pregnant rats during the period of organogenesis caused maternal toxicity and embryo-fetal toxicities, including loss of pregnancy, at doses as low as 0.2, 0.8, and 8 times the estimated human daily dose based on body surface area. Advise pregnant patients and females of reproductive potential of the potential risk to the fetus.

Lactation: The safety and efficacy of Trelstar[®] have not been established in females. There are no data on the presence of triptorelin in human milk, the effects of the drug on milk production, or the effects of the drug on the breastfed child. Because of the potential for serious adverse reactions in a breastfed child from Trelstar[®], a decision should be made to either discontinue breastfeeding, or discontinue the drug taking into account the importance of the drug to the mother. Females and Males of Reproductive Potential: Trelstar[®] may impair fertility in males of reproductive potential. Renal/Hepatic Impairment: Subjects with renal or hepatic impairment had higher exposure than young healthy males.

Females and Males of Reproductive Potential: Trelstar[®] may impair fertility in males of reproductive potential.

Renal/Hepatic Impairment: Subjects with renal or hepatic impairment had higher exposure than young healthy males.

DRUG INTERACTIONS

None.

For more information, visit www.Trelstar.com, or call 1-844-837-4891.

For additional safety information, please see the Full Prescribing Information.

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use Trelstar® safely and effectively. See Full Prescribing Information for Trelstar.

Trelstar (triptorelin pamoate for injectable suspension), for intramuscular use

Initial U.S. Approval: 2000

RECENT MAJOR CHANGES

Warnings and Precautions, Embryo-Fetal Toxicity 12/2018

INDICATIONS AND USAGE

Trelstar is a gonadotropin releasing hormone (GnRH) agonist indicated for the palliative treatment of advanced prostate cancer.

DOSAGE AND ADMINISTRATION

Trelstar is administered as a single intramuscular injection in either buttock. Due to different release characteristics, the dosage strengths are not additive and must be selected based upon the desired dosing schedule.

- 3.75 mg every 4 weeks.
- 11.25 mg every 12 weeks.
- 22.5 mg every 24 weeks.

DOSAGE FORMS AND STRENGTHS

Injectable suspension: 3.75 mg, 11.25 mg, 22.5 mg.

CONTRAINDICATIONS

- Known hypersensitivity to triptorelin or any other component of the product, or other GnRH agonists or GnRH.

WARNINGS AND PRECAUTIONS

- Hypersensitivity: Anaphylactic shock, hypersensitivity, and angioedema have been reported. In the event of a reaction, discontinue Trelstar and initiate appropriate medical management.
- Tumor Flare: Transient increase in serum testosterone levels can occur within the first few weeks of treatment. This may worsen prostate cancer and result in spinal cord compression and urinary tract obstruction. Monitor patients at risk and manage as appropriate.
- Effect on QT/QTc Interval: Androgen deprivation therapy may prolong the QT interval. Consider risks and benefits.
- Hyperglycemia and Diabetes: Hyperglycemia and an increased risk of developing diabetes have been reported in men receiving GnRH analogs. Monitor blood glucose level and manage according to current clinical practice. Cardiovascular Diseases: Increased risk of myocardial infarction, sudden cardiac death and stroke has been reported in men. Monitor for cardiovascular disease and manage according to current clinical practice.



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ADVERSE REACTIONS

- 3.75 mg: The most common adverse reactions (≥ 5%) during Trelstar 3.75 mg therapy included hot flushes, skeletal pain, impotence, and headache.
- 11.25 mg: The most common adverse reactions (≥ 5%) during Trelstar 11.25 mg therapy included hot flushes, skeletal pain, headache, edema in legs, and leg pain.
- 22.5 mg: The most common adverse reactions (≥ 5%) during Trelstar 22.5 mg therapy included hot flushes, erectile dysfunction, and testicular atrophy.

To report SUSPECTED ADVERSE REACTIONS, contact Verity Pharma at 1-844-837-4891 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

USE IN SPECIFIC POPULATIONS

- Pregnancy: Trelstar can cause fetal harm.
- Females and males of reproductive potential: Trelstar may impair fertility.

DRUG INTERACTIONS

None.

See Full Prescribing Information for PATIENT COUNSELING INFORMATION

Revised: 05/2020

For more information, visit www.Trelstar.com, or call 1-844-837-4891

REFERENCES:

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2. Trelstar® (triptorelin pamoate for injectable suspension) [prescribing information]. Wayne, PA: Verity Pharmaceuticals, Inc. May 2020.
3. Heyns CF, Simonin M-P, Groscurin P, Schall R, Porchet HC. Comparative efficacy of triptorelin pamoate and leuproliide acetate in men with advanced prostate cancer. BJU International. 2003;92:226-231.
4. Data on file, Verity Pharmaceuticals, Inc.

For all medical inquiries contact:
Verity Pharma Medical Affairs 1-844-VERITY-1 (1-844-837-4891)

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TRELSTAR®
(triptorelin pamoate for injectable suspension)

Maintain Low T

Everything You Need to Know About Bladder Cancer

Bladder cancer is one of the most common cancers among men, but also one of the least discussed.

Bladder cancer is the fourth most common form of cancer in men. It's estimated that more than 13,000 men will die from the disease this year alone. Here's what every man needs to know:

Risks

Race, age, and genetic history are all risk factors for bladder cancer you can't change, but there are risk factors within your control. These include smoking (men who smoke are three

times more likely to develop bladder cancer), poor hydration (drinking more water means a lower rate of bladder cancer), and taking certain medications and supplements, such as pioglitazone and aristolochic acid.

Signs

Here are the most common signs of bladder cancer:

- Blood in the urine. Blood in the urine is caused by many conditions, so it's important to consult a doctor if you see any.
- Changes in habits. Urinating more than usual, experiencing pain or

burning while urinating, or having trouble urinating despite feeling the need to go may be signs of bladder cancer.

- Pain, weight loss, and fatigue. Lower back pain on one side, weakness, and loss of appetite may indicate bladder cancer.

Treatment

To reveal the cancer cells, a doctor will typically shine a white- or blue-light cystoscopy on the bladder. Once the cancer cells are identified, tumors can be removed via a transurethral resection (TURBT). If the tumors are

too large to remove, chemotherapy may be used to shrink them. After a TURBT, BCG immunotherapy can be applied to use a weakened form of bacteria to prevent recurrence.

More advanced cancers may require a radical cystectomy (removal of the bladder). Radiation is an alternative but isn't as effective. Make healthy lifestyle choices and be aware of the signs of bladder cancer. Consult your doctor immediately if you suspect you might have bladder cancer. □

Jeff Somers

Looking at Bladder Cancer in a New Light

Blue Light Cystoscopy has the potential to make bladder cancer detection more accurate — and treatment more effective.

Bladder cancer doesn't get a lot of attention, but more than 60,000 men will be diagnosed with it this year and more than 13,000 of them will die from it, in part because bladder cancer has the highest recurrence rate of all the urological cancers.

The most common bladder cancer treatment is a transurethral resection of bladder tumor (TURBT), wherein bladder tumors are removed through the urethra. But for

TURBT to be optimally effective, all of the cancerous cells must be removed. Otherwise, the disease recurs.

If bladder cancer is suspected, doctors have traditionally used a technique called cystoscopy to detect it. This procedure uses a thin tube called a cystoscope, which is inserted into the urethra and pushed into the bladder where it emits light, allowing the physician to visually assess the presence of cancer. But cancerous cells are not easily distinguished from

healthy cells, so traditional cystoscopy often misses diseased cells, leading to very high rates of recurrence.

Blue Light Cystoscopy, developed by pharmaceutical company Photocure, is changing the game. An imaging agent called Cysview is introduced into the bladder via catheter, and about an hour later, a cystoscope that emits a specific wavelength of blue light is inserted into the bladder. The blue light makes the Cysview-treated cancer cells light up pink,

making it much easier to see — and remove — all the diseased tissue, reducing the chance of recurrence.

Benefits

Aside from increasing confidence and the likelihood that all of the diseased cells have been removed, Photocure's Blue Light Cystoscopy offers another big benefit: Cancerous cells can sometimes be removed in the doctor's office.

By using a flexible scope in a procedure called in-office fulguration, which uses

heat to destroy cancer cells, patients can see their cancer removed. This avoids the dangers of surgery and potentially frees up hospital resources, as operating rooms can be reserved for only the most serious cases.

If you're experiencing any of the potential symptoms of bladder cancer, talk with your physician immediately. Advances in cystoscopy have increased the odds of surviving bladder cancer. □

Jeff Somers



"Being able to see the blue light scans myself gave me peace of mind and comfort in my care."

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More information available at Cysview.com

Ask your urologist about Blue Light Cystoscopy for non-muscle invasive bladder cancer.

Cysview® makes bladder cancer glow bright pink in blue light for better detection and surveillance.



Bladder image from White Light Cystoscopy



Same image from Blue Light Cystoscopy with Cysview

False fluorescence may occur due to inflammation, cystoscopic trauma, scar tissue, previous bladder biopsy, recent BCG therapy or chemotherapy.

Important Risk & Safety Information

Cysview® (hexaminolevulinate HCl) is an optical imaging agent used to detect non-muscle invasive bladder cancer in patients suspected or known to have lesion(s) on the basis of a prior cystoscopy, or in patients undergoing surveillance cystoscopy for bladder cancer. Cysview is not a replacement for random bladder biopsies or other procedures used in the detection of bladder cancer.

Anaphylactoid shock, hypersensitivity reactions, bladder pain, bladder inflammation (cystitis), and abnormal urine tests have been reported after administration of Cysview. The most common adverse reactions seen in clinical trials were bladder spasm, trouble urinating, discomfort when urinating, frequent urination, blood in the urine, and bladder pain. Cysview should not be used in patients with large amounts of blood in their urine, any known allergy to Cysview or any derivative of aminolevulinic acid, or porphyria, a condition that means you already have high levels of porphyrins in your body. No specific drug interaction studies have been performed.

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How Grant Hill Is Picking up an Assist Against Prostate Cancer



With the Black History Month Assist Challenge, Grant Hill, along with his father Calvin and the NBA, hopes to make prostate cancer a thing of the past.

In 2019, NBA superstar Grant Hill and the Atlanta Hawks partnered with the Prostate Cancer Foundation to launch the Black History Month Assist Challenge to raise awareness of prostate cancer, which kills Black men at double the rate of other races. This year, the challenge raised more than \$500,000 for prostate cancer research. Grant, along with his father Calvin, discussed his work on behalf of the cause.

Why is prostate health important to you?

Grant Hill: I'm at that age, and this is very prevalent in the African American community, but for all men, this is serious. I wanted to bring that awareness and make sure that all men of a certain age get the necessary testing and screening.

Calvin Hill: I've had some very close friends who have suffered problems, who had prostate cancer. I can't tell you how long it's been, but I've been extremely conscious of diet and everything else in terms of making sure that, if I am predisposed, I'm doing everything I can in a preventative way. An ounce of prevention is worth a pound of cure.

How did you and your dad come together and create the Black History Month Assist Challenge?

GH: It was the brainchild of our organization. We have a very diverse population in Atlanta, so I thought taping a message along with my dad would resonate. It aired during Atlanta Hawks games, both on TV and on the jumbotron in our arena. The goal was to get as many eyeballs as possible. We measure success in sports by wins and losses, and I felt like that was a huge win.

CH: The Atlanta market is heavily populated with African Americans, and African American men are disproportionately affected by prostate cancer, so that was a way for them, from an organizational standpoint, [to give] back and [highlight] something that affects us. My hat is off to the Hawks' association and to Tony [Ressler, Atlanta Hawks owner] and Grant for what they're doing, and for highlighting this terrible disease that can be prevented or at least treated.

Black men are dying from prostate cancer at twice the rate of white men. Why should healthcare providers bring more awareness to this in 2020 and beyond?

GH: I think Black men don't like to go see the doctor. This is a disease where if you can catch it early, you can treat it, so our habits of not visiting doctors play a huge role. That's why awareness is necessary — making sure people go and get the screening, get the appointments, get checked.

CH: There is a stigma. I remember a lot of men were skittish about having a doctor examine their prostate, but now with the blood and the PSA (prostate-specific antigens), it's less intrusive. But people are skittish about a lot of things. A lot of that goes back historically — everybody knows what happened with Tuskegee. We have all these wonderful things that doctors can do that are not intrusive and they can let you know if you're predisposed.

How should fathers approach

conversations with their sons about prostate health?

CH: I think in terms of my father. He wanted the best for me in so many areas, whether it's in education, he had no hesitation in being honest. I used to always tell Grant, "I'm not your friend, I'm your father." We're now friends, we've always been friends, but my job when he was a young kid was to protect him with the best of my knowledge. He's a grown man now with his own family, but I'm still his father and that will never change.

GH: It's being a great example. Children are heavily influenced and tend to follow the habits and traits of their parents, of their father. You're not just saving your own life by being smart and disciplined with regard to this, but you're also influencing your children and getting them to understand the importance of it.

What do you see in the future of prostate health?

GH: We need to continue to talk about it. So much of this can be avoided. We have to continue to educate, inform, and prepare. Just by doing that, we can significantly reduce the number of prostate cancer patients. That's exciting. It's an awesome opportunity. □

The Costs of Non-Compliance in Prostate Cancer

For men battling prostate cancer with hormone therapy, going off-schedule can have serious consequences.



Prostate cancer is the second-most common cancer found in men, but has a 100 percent 5-year survival rate — when caught early. While some prostate cancers grow slowly, more aggressive cases are often initially treated with surgery or radiation. If those approaches aren't effective as a cure and the tumor advances, there's another option: hormone therapy.

"Prostate cancer's basic food is testosterone," explains Stuart Atkinson, MB, ChB, vice president and head of medical affairs at Tolmar Pharmaceuticals, Inc. "So some of the therapies designed to treat it either reduce the amount of testosterone in the blood, or block the action of testosterone in the tumor."

Suppression

Reducing testosterone used to be achieved surgically or via the use of medicines known as androgen blockers. Today, the treatment, also referred to as androgen deprivation therapy (ADT), is usually given as a series of regular injections at 1-, 3-, 4-, or 6-month intervals.

"That makes adherence to the schedule paramount," explains Jason M. Hafron, M.D., associate professor of urology at the William Beaumont School of Medicine and director of robotic surgery at Beaumont Hospital Royal Oak. "It's critical that we adhere to the appropriate dosing of these drugs. Significant delays — sometimes lasting for weeks — result in a recovery of testosterone levels, which in turn lead to progression of disease and death from prostate cancer."

Another significant factor is proper monitoring. "Men need to make sure their physician is checking their testosterone on a regular basis," notes Dr. Hafron. "We recently performed a retrospective analysis of over 22,000 patients. We found that 87 percent of the patients are not being monitored appropriately."

When many hormone therapies are started, there is a spike in testosterone levels, followed by a decline over a few weeks to low levels. When patients miss a scheduled injection, testosterone levels can rebound, which allows the tumor to grow again. Worse, when the patient resumes hormone therapy injections,

their body can experience a second spike in testosterone, feeding the tumor even more.

Stigma and side effects

Dr. Hafron has been involved with several studies on adherence to hormone therapy. "We found that up to 60 percent of injections for the 28-day cycle were late by more than one week, and 29 percent were delayed by more than two weeks."

One barrier to patient adherence is the side effects, which can include hot flashes, shrinkage of the testes, breast growth, fatigue, and mental "fogginess."

"You have to place these side effects in context with the fact that they're receiving treatment for advanced prostate cancer," Dr. Atkinson points out. "With other medications, if you don't like the side effects, you can just stop taking it. Here, the consequences of not being compliant with your prostate cancer medicine may be a lot more serious."

Another barrier to compliance is the stigma men perceive with a treatment sometimes referred to as "chemical castration." Battling that

stigma is part of the treatment. "Physicians should include supportive and behavior-oriented therapies," says Dr. Hafron. "Specifically, in our practice, we have found prostate cancer survivor support groups to be very helpful."

"The most important thing is to have a frank, open, and honest conversation with the patient," notes Dr. Atkinson. "As a hormonally driven cancer, hormone therapy is an important option. So you need to have a conversation with them saying, 'the tumor has recurred, you may have had surgery to try and remove it, you may have had radiation therapy to try and kill it, but the tumor is coming back and it's growing. We need to be thinking about the next stage of treatment — hormonal therapy.'" □

Jeff Somers



To learn more about hormone therapy and adherence, visit www.tolmar.com.

Finding the Prostate Cancer Treatment That's Right for You

Chemotherapy. Radiation. For prostate cancer patients, these aren't just words, they're potentially lifesaving treatments for a disease that kills more than 190,000 men each year.

A

prostate cancer diagnosis brings immense emotional stress for patients and their families. A treatment plan can be daunting — what treatment options exist, and what options are right for you and your specific diagnosis?

It's important to remember that no matter your cancer status — whether your cancer was caught early, or you find yourself suddenly in Stage IV — you are not alone. Organizations like ZERO - The End of Prostate Cancer (the nation's leading nonprofit in the fight against this awful disease) have resources, support, and education materials to help you determine the best treatment path for you.

For additional information on treatment options, talk with your urologist, oncologist, and other members of your medical team. Be sure to share your findings with your support network and family.



Different stage, different treatment

Early-stage patients may be directed to active surveillance instead of pharmaceutical or surgical treatments. In this case, a doctor monitors your cancer through regular tests to watch for signs that the cancer may be spreading or becoming more aggressive.

For men who have a cancer that is at risk of spreading, surgery, cryotherapy, radiation, or other treat-

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It's important to remember that no matter your cancer status you are not alone.

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immune cells (white blood cells) to attack advanced prostate cancer. As of this year, advanced prostate cancer patients now have the option of PARP inhibitors, thanks to the recent FDA approvals of Rubraca and Lynparza. PARP inhibitors are designed to disable DNA repair pathways in cancer cells, which make it difficult for cancerous cells to survive or populate.

For more on these treatment types and others not listed here, visit zerocancer.org. For patients already diagnosed with prostate cancer seeking treatment assistance, call the ZERO360 Comprehensive Patient Support Line toll-free at 1-844-244-1309.

Additionally, you can join the fight to create new treatment options for prostate cancer by registering for free for the annual ZERO Summit, which will be held online from Feb. 28 to March 4. Sign up today at zerocancer.org/summit to raise your voice for necessary new prostate cancer treatments and diagnostics. □

Jamie Barse, CEO and President, ZERO - The End of Prostate Cancer

Addressing Prostate Cancer As the Health Crisis It Is

More than 190,000 American men are diagnosed with prostate cancer each year, yet prostate health remains a difficult topic to broach for many. Kellie Paich, the global director of clinical quality and survivorship (prostate cancer) for the Movember Foundation, explains how we can shine a light on men's health issues.

What are the key symptoms men should look out for when it comes to prostate cancer?

For most men, unfortunately there are not any early warning signs for prostate cancer. This is why screening for prostate cancer and understanding family history is vitally important. It is also important to know that men of African descent are at higher risk. In rare cases, some men may experience changes in

urinary or sexual function, or frequent pain or stiffness in the lower back, hips, or upper thighs.

What are the differences in treatment for prostate cancer, and how should men decide which route to take in treatment?

There are many treatments for prostate cancer and choosing the right plan should take many factors into consideration, including the type and severity of prostate cancer at diagnosis. It is important that men work with their doctors to understand what options are available to them and to choose a treatment that leads to longer life, as well as the best outcomes for managing side effects. Treatments include: active surveillance, surgery, radiotherapy, hormone therapy, immunotherapy, and chemotherapy, among others.

Are there any side effects that can come after treating prostate cancer?

Side effects from prostate cancer treatment vary based on the treatment type and have different impacts for different people. These may include urinary, sex and intimacy, and bowel issues, as well as fatigue, depression, hot flushes, stress, and anxiety. Prostate cancer can affect relationships with loved ones, making it important to include and involve

partners and other family members throughout prostate cancer diagnosis, treatment, and beyond.

What is the best way to talk to the men in your life about prostate cancer awareness?

The men in our lives are facing a health crisis, yet it's rarely talked about. It's important that we start those conversations. Understanding and asking about family history of prostate cancer is a great place to start. Encouraging men to speak to their doctors about their prostate health and risk is also important. For men with prostate cancer and those who support them, resources are available, such as Movember True North, an innovative, information-rich website that provides knowledge and solutions.

What are new innovations that might be coming out for prostate cancer treatment in the next few years?

The past year has seen huge progress in the search for new treatments for advanced prostate cancer. A decade of Movember-funded research has led to Olaparib, which received FDA approval earlier this year, and is being hailed as the world's first precision medicine for the disease. We hope it will be used to extend and improve the lives of thousands of men in the near future. □

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The Secret History of Your Health

Your family history and genetic makeup can offer an early warning for diseases like prostate cancer.

There were 18 million cancers diagnosed in 2018. Nearly 5 million could have been treated more effectively if they'd been detected sooner.

Your family history of prostate or breast cancer can help you understand your own risk, and help you plan accordingly, improving your chances of a long and healthy life. "The goal of genetic testing is to help people prevent disease, or detect it at a more treatable stage," notes Sarah Nielsen, MS, LCGC, medical affairs liaison at Invitae, a genetic information company.

Benefits of genetic tests

Genetic testing like Invitae's Cancer Screen is non-invasive and can have an impact on your future health. "The process involves submitting a blood or saliva sample at your healthcare provider's office or

even from home," explains Nielsen. "Approximately 1 out of every 11 healthy individuals will have an actionable finding."

While a test result indicating a risk doesn't mean you will develop a specific disease, knowing that you're at higher risk means you can monitor your health more closely. And these tests often reveal risks for other family members.

Prostate cancer

One group that could benefit from genetic testing is men at risk for prostate cancer. "Men who are genetically predisposed are 2-5 times more likely to develop prostate cancer," Nielsen notes.

Invitae's Cancer Screen offers testing for up to 61 genes related to prostate and other cancers. Early detection is crucial in prostate cancer; when found in the early stages it's very treatable, often without surgery. When detected later, aggressive treatments are often necessary — and survival rates drop. And

for men who have already been diagnosed with prostate cancer — about 10 percent of whom have a genetic mutation linked to hereditary cancer syndromes — knowing about genetic changes can inform and tailor your treatment options.

For Nielsen, the bottom line is knowing your risk. "The more you know about your health, the more action you can take to prevent negative outcomes," she says. □

Jeff Somers



To learn more about prostate health, visit www.invitae.com.

Why Prostate Health Is Important for Men of All Ages

We asked Dr. Judson Brandeis — acknowledged by SF Magazine as the top urologist in the Bay Area for the past seven years — about the top trends in prostate and urological health, and why men need to take charge of these areas of their healthcare as early as possible.

As a leader in urology, can you explain why prostate health is so vital to men of all ages?

An enlarged prostate affects half of American men over the age of 50, and prostate cancer affects 1 out of every 8 men. When the prostate enlarges (BPH), men experience urinary issues like frequency and urgency, as well as slow stream and nighttime urination. If left untreated, BPH can lead to infections, bladder problems, and kidney failure. Treating prostate cancer can lead to incontinence and erectile dysfunction. These problems are why it is so important to be proactive about your prostate health.

What is the best way to talk to your loved one about prostate health, especially when it comes to erectile dysfunction?

The best way to address prostate health is to accept that almost every man will face prostate issues and erectile dysfunction if they live long enough. The more proactive a man is about his prostate and erectile health, the less likely it will affect his quality and quantity of life. Discussing these medical challenges with a partner can not only be life-saving but can also bring life partners closer by addressing important issues together.

How common is BPH for men and what are some potential causes and risk factors?

BPH affects 50 percent of 50-year-olds, 60 percent of 60-year-olds, 70 percent of 70-year-olds, and 80 percent of men over 80. Initially, men experience a slow urinary stream and difficulty emptying. This progresses to urinary frequency and urgency during the day and getting up at night multiple times to urinate. At this point, it is important to seek medical attention or a man will eventually develop urinary tract infections, blood in the urine, or even need a catheter tube to empty his bladder.

Don't Let Your Prostate Health Slip Under the Radar

It's critical that patients do not ignore their prostate health during the COVID-19 pandemic. There are options — such as telehealth and safe in-office visits — that are available. Healthcare providers must educate and support patients during this challenging time.

Since the start of the COVID-19 pandemic, our world has been turned upside down. We're social distancing, wearing masks in public, and limiting the amount of people at gatherings. People who are considered at-risk for serious complications from COVID-19 are asked to stay home. How is this affecting their healthcare?

Prostate and urologic health shouldn't be put on the backburner during this time. As a urologic healthcare provider for the past 26 years, I have seen many changes in medicine. However, over the past eight months, during this pandemic, healthcare has changed dramatically.

Two options

Telehealth visits were something discussed but never implemented in the urologic setting until COVID-19 stay-at-home orders were announced. Recognizing that patients still need care, providers quickly realized telehealth was the safest way. Thus, physicians, nurse practitioners, and physician assistants began offering telehealth for routine visits, and the option has now become mainstream.

If you're a patient, I urge you to take advantage of the virtual appointment format to discuss any symptoms, request medication refills, and get other questions answered while staying safe.

Telehealth visits can be conducted over Zoom or Skype. This allows your provider to have a face-to-face discussion with you. If you don't have this technology, a simple phone call will suffice.

Prostate and bladder health affect the aging population more than any other group. I can't emphasize enough how crucial it is for you to continue your annual prostate cancer screenings, take prescribed medications for an enlarged prostate (also known as benign prostatic hyperplasia or BPH) or other urologic conditions, and discuss any change

in symptoms with your healthcare provider.

That said, in-person, face-to-face visits may still be necessary for some conditions, such as evaluation for cancer, difficulty with urination, and kidney stones.

Other positive news: Elective surgeries were limited during the beginning of the pandemic, but most are now being performed. If cases of COVID-19 rise in the future, these elective procedures may be limited once again, so it's important to not delay your routine visits or ignore new symptoms.

If you need to come into the office for a visit, you will find a very different setting. Offices are respecting social distancing by limiting the number of people in waiting rooms. Everyone is wearing personal protective equipment. Exam rooms are thoroughly cleaned between each patient, creating a safer environment for those who need an in-person visit.

Healthy lifestyles

Protect your urologic health by eating a heart-healthy diet, drinking plenty of water, and exercising regularly. Get plenty of rest, limit screen time, and avoid tobacco, alcohol, and drugs.

Take time for your mental health as well. Reduce stress triggers, focus on positive thoughts, and keep connected with others via email, text, phone calls, and FaceTime when you are unable to see them in person.

These have been challenging times for our country and our world, however, being diligent about your healthcare and doing everything you possibly can to guard your health is still very much in your control. Following up with your healthcare and developing a positive relationship with your providers will boost your spirits and leave you feeling empowered. □

Gina Powley, MSN, ANP-BC, President, Society of Urologic Nurses and Associates (SUNA)

Traditional treatments for conditions related to the prostate have significant downsides, but new technology points to a better way.

How a New Procedure Is Overhauling Prostate Health



When most men think about their prostate health, they think of prostate cancer, but there are many other conditions negatively affecting prostate and urinary health — and quality of life. For example, many men suffer from urethral strictures, a narrowing of the channel that urine flows through from the bladder. And about 14 million men in the United States are affected by benign prostatic hyperplasia (BPH) — often referred to as an enlarged prostate.

“People think that if your prostate is enlarged you have symptoms, and if your prostate is not enlarged you don’t,” notes Steven A. Kaplan, M.D., professor of urology at the Icahn School of Medicine at Mount Sinai and chair-elect of research at the American Urological Association. “But that’s really not true. If the bladder has to work harder, it gets thicker, it’s not as elastic — it doesn’t stretch. And if it doesn’t stretch, it doesn’t hold as much.”

Symptoms can include urgent urination, urinary incontinence, urinary retention, and even infections and bleeding.

Treatment downsides

Traditional treatments of both BPH and urethral strictures come with serious downsides. “A urethral stricture is scar tissue somewhere in the urethral channel,” explains Dr. Kaplan. “Treatment is usually to dilate it; if it can’t be dilated, it can be surgically cut or lasered. If the stricture is too long or too complicated, they sometimes need a reconstruc-

tion called a urethroplasty. The problem with cutting strictures and lasering them is they come back,” Kaplan notes. “Scar tissue doesn’t have good blood supply, so it doesn’t heal that well because it scars — a scar begets a scar, which limits the ability of urine to flow freely and exit the bladder.”

For BPH, the most frequently used minimally invasive therapy uses an implant to lift or hold the enlarged prostate tissue out of the way so it no longer blocks the urethra. “That leaves something behind in the patient’s body,” Kaplan says. “Another therapy heats or steams the prostate tissue which causes some damage to it. It heals with time, opening the channel.”

Cutting edge

Dr. Kaplan is working to make treating BPH and other conditions more effective, with fewer downsides. “One of the concerns that I’ve had is that we have not trained enough physician-scientists,” he says. “We are not having enough discovery come from the field of urology. I want to create an incubator for urologic research,

a platform where all the players are in one room — more of a horizontal platform where everybody is communicating with each other.”

Dr. Kaplan is spearheading clinical prostate research. One promising investigational procedure is Urotronic’s Optilume drug coated balloon, used to treat urethral strictures which can often require major reconstructive surgery known as urethroplasty. “The Optilume product uses a balloon to stretch the stricture, and then uses a drug coating on the balloon to reduce the inflammation that would lead to scarring or re-narrowing of the urethral lumen so that it doesn’t happen again,” Kaplan notes. “The Optilume product has also been applied to the treatment of BPH with promising results. It may be something that’s a nice balance or compromise because you don’t cut anything, you don’t heat anything, you don’t damage anything, and you don’t leave anything behind.”

The challenge

Dr. Kaplan notes that advanced treatments won’t benefit men if

they don’t take charge of their urinary and prostate health. “Men seek healthcare about 25 percent less than women do,” he says, noting that African Americans have a higher incidence of prostate cancer than Caucasians, which can be due to healthcare disparities or genetic predispositions. “The problem is men associate prostate problems with sexual problems. That’s a barrier. But it should be an empowerment — to seek health earlier to be able to preserve those functions.” □

Note: Optilume is under clinical investigation and not commercially available in the United States.

Jeff Somers

OPTILUME

To learn more about Optilume for strictures or BPH, visit urotronic.com.

Why Lawrence Zarian Says Real Men Take Charge of Their Prostate Health

Author, TV personality, and fashion expert Lawrence Zarian has long been an advocate for men's health. We asked him about the stigmas surrounding many health issues, and why he thinks men should get regularly screened for prostate cancer.

How do you make sure you're properly monitoring your prostate health?

Due to my family history with prostate cancer, I have two complete physicals each year. I'm also extremely transparent with my doctor(s) and tell them everything. My amazing father had prostate cancer and was extremely open and honest about it, for himself and for his three sons. My father was also one of those men who listened to his doctors and always had his prostate checked. His early detection added so much more time to his precious life. There's no shame in that game!

What should all men know about prostate cancer and its effects?

All men should do their research because this is something that can affect all men, plus this is something that should not be ignored.

Why do you think there is such a stigma attached to prostate health?

It's hard for some men to be vulnerable with their doctor, especially when it comes to their anus. It's taboo and that is just silly! I have men in my life that actually hate going to the doctor for their prostate exam and the intimate process involved. They feel as if their masculinity is being threatened. On the contrary, I believe getting your prostate exam shows that you're man enough to take care of yourself and your health.

With the current pandemic, what advice would you give to young men looking to balance their health and find their next career move?

In our new normal, everyone should consider this time as a way to restart their lives. The entire world stopped and for a period of time, we were all given some precious time to rethink our priorities and what is truly important: friends, family, health. So important, and so easily forgotten or ignored.

Take extra time to take care of yourself and be still, be quiet, and breathe. Take in the moment. Every moment. Put the phone down and go for a proper socially distanced walk. Find a space in your home to meditate. Nourish yourself with good foods. Healthy foods. Exercise. Find a healthy balance and end the day, every day, with a gratitude list.

Why a Healthy Diet Can Decrease Your Risk for Prostate Cancer

There's good news on the prostate health front: The foods you eat — and those you avoid — can make a difference in your risk for prostate cancer.

Science shows you can eat your way to a healthier prostate.

“Lifestyle modifications, including diet, have been convincingly shown to reduce the risk of the onset of cancer and progression, including prostate cancer,” said Jonathan W. Simons, M.D., president and CEO of Prostate Cancer Foundation (PCF). “Thanks to advances in understanding metabolism and mutations, the concept of using food as medicine is finally converging. Men who adapt these healthier lifestyle changes can help reduce prostate cancer risk.”

When it comes to protecting prostate health, there are pros and cons to dietary choices. PCF's “The Science of Living Well, Beyond Cancer” recommends a diet high in brightly colored vegetables, low in sugar and processed carbohydrates, and moderate amounts of animal-based protein (instead choosing prostate-healthy protein sources like beans, nuts, soy, and certain fish).

Here are the top five foods to eat for a healthy prostate:

Cruciferous vegetables

Think of cabbage, broccoli, kale, bok choy, cauliflower, Brussels sprouts, and other cruciferous vegetables as prostate superfoods. They are high in vitamins, minerals, and antioxidants, which protect against cellular damage. Studies suggest eating cruciferous

vegetables can lower inflammation, which is related to your risk of developing prostate cancer. Broccoli, in particular, is high in a phytochemical (phyto means “plant”) called glucoraphanin, which research shows can convert to substances that potentially prevent cancer cell growth.

Berries

Strawberries, blackberries, blueberries, and raspberries are a great source of antioxidants known as anthocyanins. Chronic inflammation, which can put you at risk for many diseases, including cancer, results in an excess of “free radicals” — molecules that can damage cells and DNA. Damaged DNA cannot replicate properly, potentially leading to cancerous changes in cells. Antioxidants, like the anthocyanins in berries, help to neutralize free radicals and flush them from the body.

Fish

Research has shown that chronic inflammation within the prostate can fuel cancer. Certain fish, especially cold-water fish like salmon, sardines, and trout, provide “good fats” that don't trigger inflammation the way saturated animal fats (like beef fat) do. But it seems not all fish have equal cancer-fighting properties. In one study, Harvard scientists Fred Tabung, Ph.D., M.S.P.H., and Edward Giovannucci, M.D., Sc.D., looked at the relationship between diet and inflammation, and found that canned tuna, shrimp, lobster, and scallops were more inflammatory than “dark meat” fish like salmon and red snapper.

Cooked tomatoes

Tomatoes are another prostate health superfood. Their bright red color comes from lycopene, part of the class of carotenoid antioxidants that can protect cells from damage caused by free radicals. Lycopene accumulates in the prostate, which helps explain why tomatoes have been linked to a lower risk of aggressive prostate cancer. Cooking tomatoes loosens the bonds in the cell walls of tomatoes, making it easier for the body to access the powerful antioxidant and send it to the prostate. A bonus tip: Cook tomatoes in olive oil, which helps the body absorb more cancer-busting lycopene.

Coffee and tea

A lot has been said about the benefits of green tea as a source of antioxidants called catechins, which are believed to be anti-carcinogenic and anti-mutagenic (preventing healthy cells from mutating into cancer). A review of several published studies suggests that men who drank up to seven cups of green tea per day had a decreased risk of prostate cancer.

A growing number of studies also suggest that regularly drinking one or two cups of coffee a day may help protect against prostate cancer. The key, though, is to limit your use of sugar, which is at the top of the list of what not to eat for a healthy prostate.

Take action

Want to learn more about the latest science on what to eat — and not eat — to protect against prostate cancer? Check out the Prostate Cancer Foundation's wellness guide “The Science of Living Well, Beyond Cancer” at PCF.org. □

Prostate Cancer Foundation

How to Successfully Navigate a Prostate Cancer Diagnosis



A prostate cancer diagnosis unexpectedly presents a unique problem different from other cancers. It typically progresses considerably slower than any other cancer.

So slow, in fact, that research has shown treatment would not improve a man's expected survival for many types of the cancer. But in rare cases, or if it is diagnosed at its later stages, a prostate cancer diagnosis can be a frantic battle for survival.

There are many effective treatments but, unfortunately, prostate cancer treatments pose a real threat to a man's sexual and urinary function. In the initial stages of diagnosis, these side effects might not be mentioned upfront and may be considered to be a low prior-

ity when dealing with a cancer diagnosis. The treatments are highly effective at curing the disease, but men will live with these side effects long after the disease is cured.

Quality education

It is important to go to a quality medical center if possible. Treatments and imaging are changing rapidly. The use of the latest treatments and technology can significantly improve the outcome of the disease.

However, patients don't always have access to the best medical centers due to limited resources, restrictive HMO insurance plans, a lack of insurance, or other limita-

tions, such as geography or inability to travel. It is suspected that for some of these reasons, and others, some demographics, such as Black men, tend to have worse outcomes with prostate cancer when compared to the population at large.

However, even without access to the best medical centers, patients can overcome many of these challenges with education. The more one knows about their disease, the more they can work with their doctors to get the best care with what is available to them.

Many nonprofit organizations provide free educational information, and

support groups provide a unique insight for those who are new to the prostate cancer landscape. These organizations can be found on the internet with a little bit of research and are critically important for men with prostate cancer. They can help you understand essential concepts and help you figure out how to maximize your resources.

This knowledge empowers patients to advocate for themselves. The more one can learn about their case, the better their outcome will be. □

Austin Patterson, Prostate Cancer Research Institute

Prostate cancer can be stressful and confusing; no one should face it alone.

Men need support, practical guidance and key information. That's where True North comes in.

Reliable, relatable and relevant information for the prostate cancer journey all in one spot.

Visit truenorth.movember.com



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