

What's the right advanced prostate cancer treatment for me?

SELF-ASSESSMENT AND DISCUSSION GUIDE

Fill out this form and bring it to your doctor.
It could help you begin the conversation about advanced prostate cancer.



What is your age?

- Younger than 60 years
 60-80 years
 Older than 80 years

What have your PSA scores been over the past 6 months?

Date _____ Score _____
Date _____ Score _____
Date _____ Score _____

Has your PSA doubled over the past 6 months? Yes No

If your PSA has doubled over the past 6 months - for example, if your PSA was 10 and then increased to 20 - it may be an indication that your current treatment is no longer working.¹ If you're not sure what your PSA scores are, ask your doctor. He or she will have a record of them and can work with you to keep track of them over time.

What is your Gleason Score? _____ + _____ = _____ Date of test _____

This is the sum of your two Gleason grades. After a biopsy, the pathologist assigns one Gleason grade to the most common pattern of prostate cancer cells, and a second Gleason grade to the second most common pattern of prostate cancer cells.² The higher the Gleason score, the more aggressive the cancer. If you're not sure what a Gleason score is, or what your score is, ask your doctor for more information.

Do you have any bone pain? No Moderate Mild Severe

Please list your other medications, including both prescription and over-the-counter: _____

Do you have any of the following health issues?

- Fatigue Difficult urination Neutropenia (low white blood cell count)
 Diabetes Heart Disease Anemia/cytopenias (low red blood cell count/low blood cell count)
 Elevated liver function tests (LFTs) Other _____

How's your overall health (besides prostate cancer)?

- I feel normal, no complaints I require considerable assistance and frequent medical care
 I am able to carry on normal activity I am disabled and require special care and assistance
 I am able to carry on normal activity with some effort I am severely disabled and require special care and assistance
 I am able to care for myself, but unable to carry on normal activity or normal work I am severely disabled and may require hospital care
 I require occasional assistance, but am able to care for most of my needs I require hospital care and support

What are your overall concerns about prostate cancer?

- Disease progression Side effects of therapy Cost Other _____

Have you seen an oncologist regarding your prostate cancer?

- Yes, I have seen an oncologist No, I have not seen an oncologist

If you have advanced prostate cancer or your disease has progressed: How satisfied are you with past treatments on a scale of 1-10 (10 being most satisfied)?

- Hormone therapy Surgery Radiation Chemotherapy Immunotherapy

Ask your doctor about what treatment options are right for you.



Communicate as your prostate cancer advances
Consult a team of health professionals
Consider your treatment options

It's Worth the Fight is a program from Sanofi



1. The National Cancer Institute. NCI fact sheet: Prostate-Specific Antigen (PSA) test. Available at <http://www.cancer.gov/cancertopics/factsheet/detection/PSA>. Accessed Sept. 9, 2011.

2. American Cancer Society. Cancer glossary: Gleason score. Available at <http://www.cancer.org/Cancer/CancerGlossary/index>. Accessed Sept. 9, 2011.