



PROSTATE CANCER & YOU

A Guide for
Patients and Caregivers



Eligard[®]
(leuprolide acetate for injectable suspension)

Personal Information

My Contact Information

Name: _____

Address: _____

Phone: _____

Email: _____

Emergency Contact Information

Name: _____

Address: _____

Phone: _____

Email: _____

Use: ELIGARD® is a prescription drug, given by injection, for the management of advanced prostate cancer. However, there is no known cure for advanced prostate cancer.

Please see full Important Safety Information on page 63 and accompanying full Prescribing Information in back pocket.

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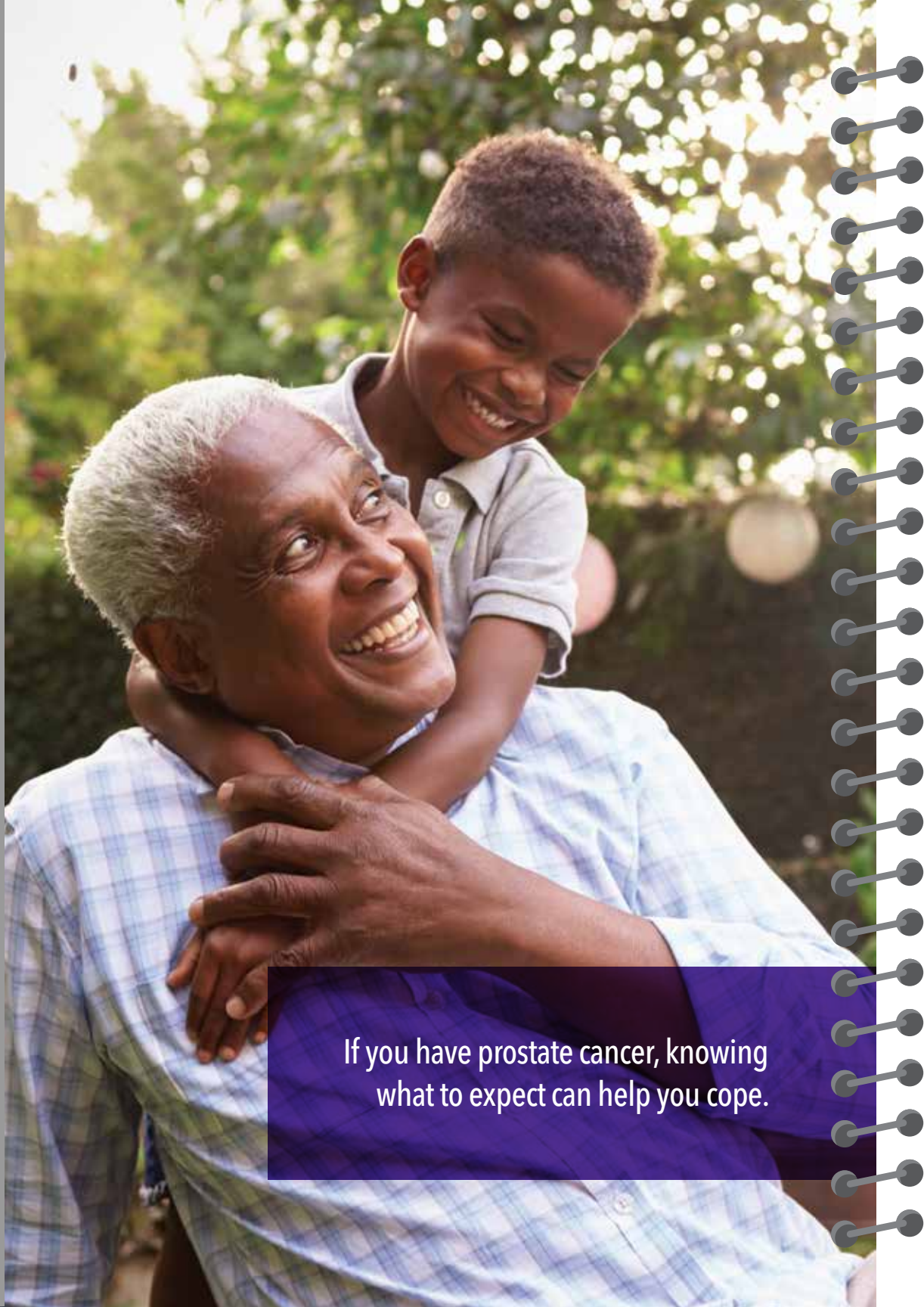
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If you have prostate cancer, knowing what to expect can help you cope.

Welcome

You have been prescribed ELIGARD® (leuprolide acetate for injectable suspension) to treat your prostate cancer.

To maximize the benefits of your treatment, it is important that your medication is administered as prescribed by your doctor. This guide contains information about prostate cancer and your treatment with ELIGARD. It also includes practical tools to help you on your journey with ELIGARD.

This guide should not be used as a substitute for advice from your doctor. If you have any questions or concerns regarding ELIGARD, your other medications, your condition or overall health, talk to your doctor or nurse.

You Are Not Alone

Being diagnosed with prostate cancer is a life altering experience, but it is important to remember you are not alone. Prostate cancer affects millions of men every year.¹ This guide is designed to help you navigate your way through your treatment.

2017 STATISTICS

Facts About Prostate Cancer¹⁻³

Other than skin cancer, prostate cancer is the most common cancer in American men.

Annually, an Estimated



161,360

American men will be diagnosed with prostate cancer.

26,730

will die from the disease.

About

1 in 39

men in the U.S. will die of prostate cancer.

About

1 in 7

men will be diagnosed with prostate cancer during their lifetime.



Prostate cancer can be a serious disease, but most men diagnosed with prostate cancer do not die from it.

2.9 million
American men are still alive today

In fact, more than **2.9 million** men in the United States who received a prostate cancer diagnosis at some point in their lives are still alive today.



About

6 in 10

cases

are diagnosed in **men 65 or older.**

Prostate cancer is rare in men younger than 40.

Prostate cancer occurs more often in African American men and in Caribbean men of African ancestry than in men of other races.



Having a father or brother with prostate cancer

more than doubles the risk

of developing prostate cancer.

Can prostate cancer be prevented?

You may not be able to prevent prostate cancer, but here are lifestyle habits that **may help lower your risk:**



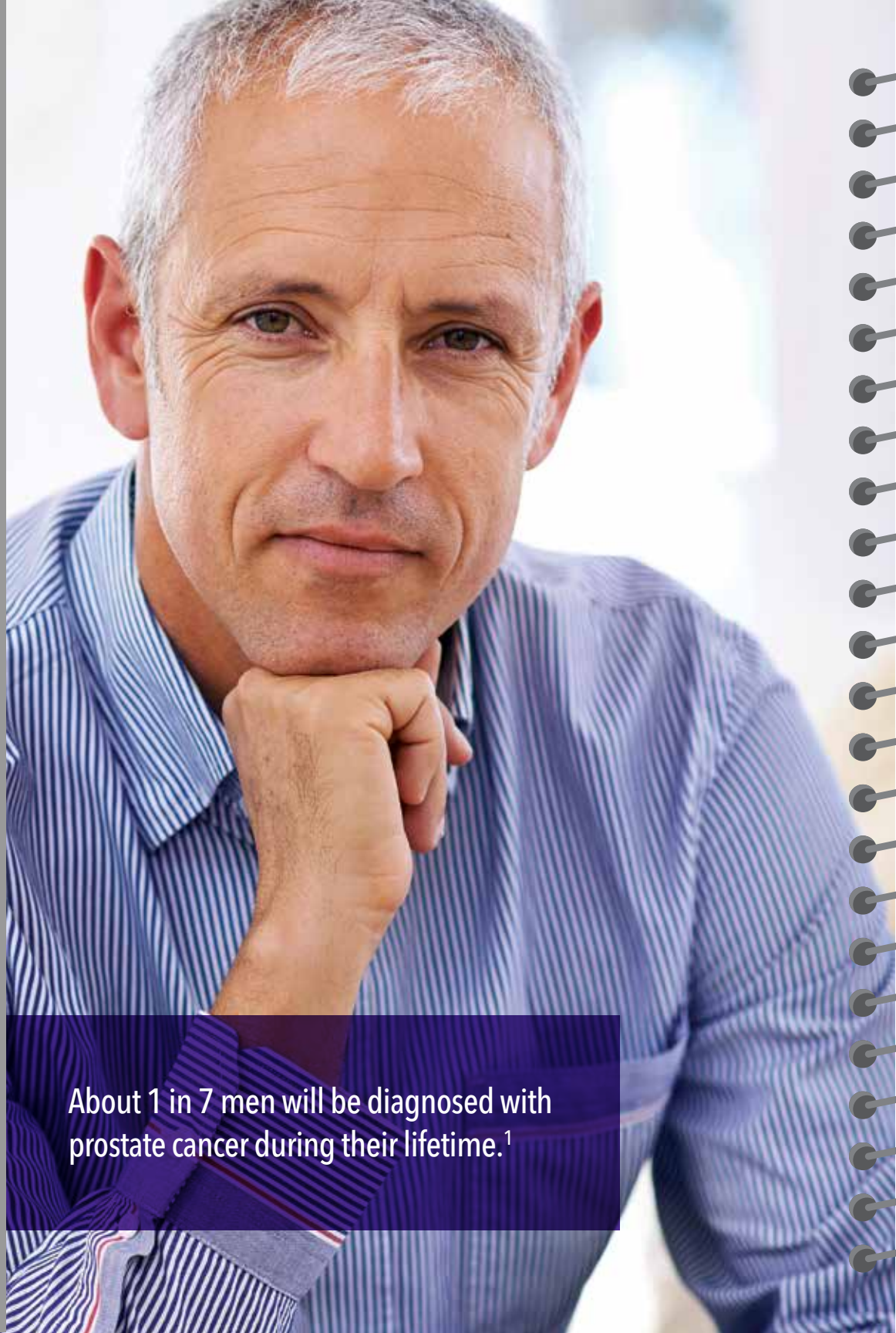
Eating at least 2½ cups of a wide variety of vegetables and fruits each day



Being physically active



Staying at a healthy weight



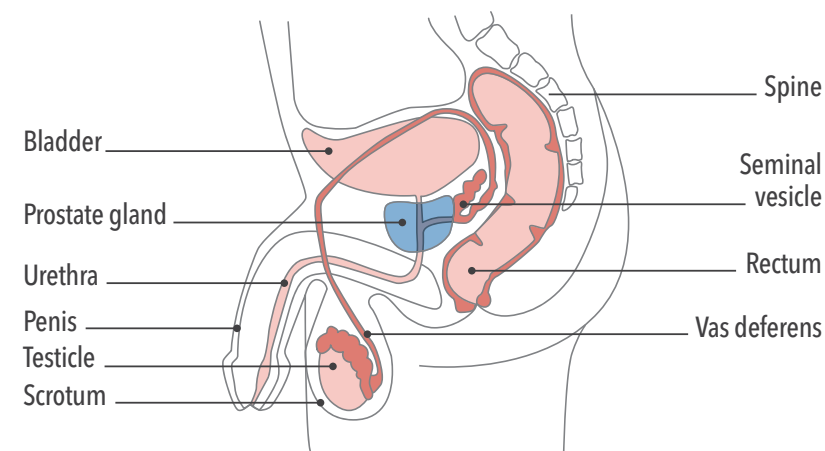
About 1 in 7 men will be diagnosed with prostate cancer during their lifetime.¹

Understanding Prostate Cancer

About the Prostate¹

The prostate is a small gland found in the male reproductive system. It produces some of the fluid found in semen.

The prostate is about the size of a walnut in younger men, but can grow in size as men age. It is found just below the bladder, directly in front of the rectum. The urethra, which is the tube that carries urine and semen out of the body through the penis, goes through the center of the prostate.¹



About Prostate Cancer

Cancer is a disease where cells, which are the building blocks of the tissues in the body, become abnormal. These abnormal cells multiply and can spread throughout the body.²

Cancer can grow in the prostate as a number of small tumors scattered throughout the prostate gland.⁴

- Tumors usually develop in older men and grow slowly.²
- Prostate cancer can develop in younger men, especially African American men and those with a family history of prostate cancer.²

- Some prostate cancer tumors are slow growing, do not spread and do not lead to death. However, some grow quickly and spread to other parts of the body, which may result in death.²

Today's methods of finding and treating prostate cancer have led to improvements in survival rates for this disease.¹

Risks and Causes of Prostate Cancer^{1-3,5}

Like many cancers, the exact cause of prostate cancer is unknown. There are, however, a few known risk factors that have been linked to an increase in the likelihood of developing prostate cancer.

Age

- The risk of prostate cancer increases with age.
- The average age at diagnosis is 66.

Family history (genetics)

- The risk of developing prostate cancer increases in men who have a first-degree relative (father or brother) with prostate cancer.
- A family history of breast or ovarian cancer is also a risk factor for prostate cancer.

Symptoms of Prostate Cancer

During the early stages, prostate cancer usually causes no symptoms. As the cancer progresses, symptoms may include:^{1,5}

- Difficulties with starting and stopping urination
- The need to urinate more often than usual, particularly at night
- Sudden urges to urinate
- Dribbling urine
- Pain or a burning sensation when passing urine
- Blood in the urine or semen
- Pain during ejaculation
- Pain in the lower back, upper thighs or hips

Diagnosis of Prostate Cancer

Prostate cancer is diagnosed using a combination of tests, which may include:^{2,5}

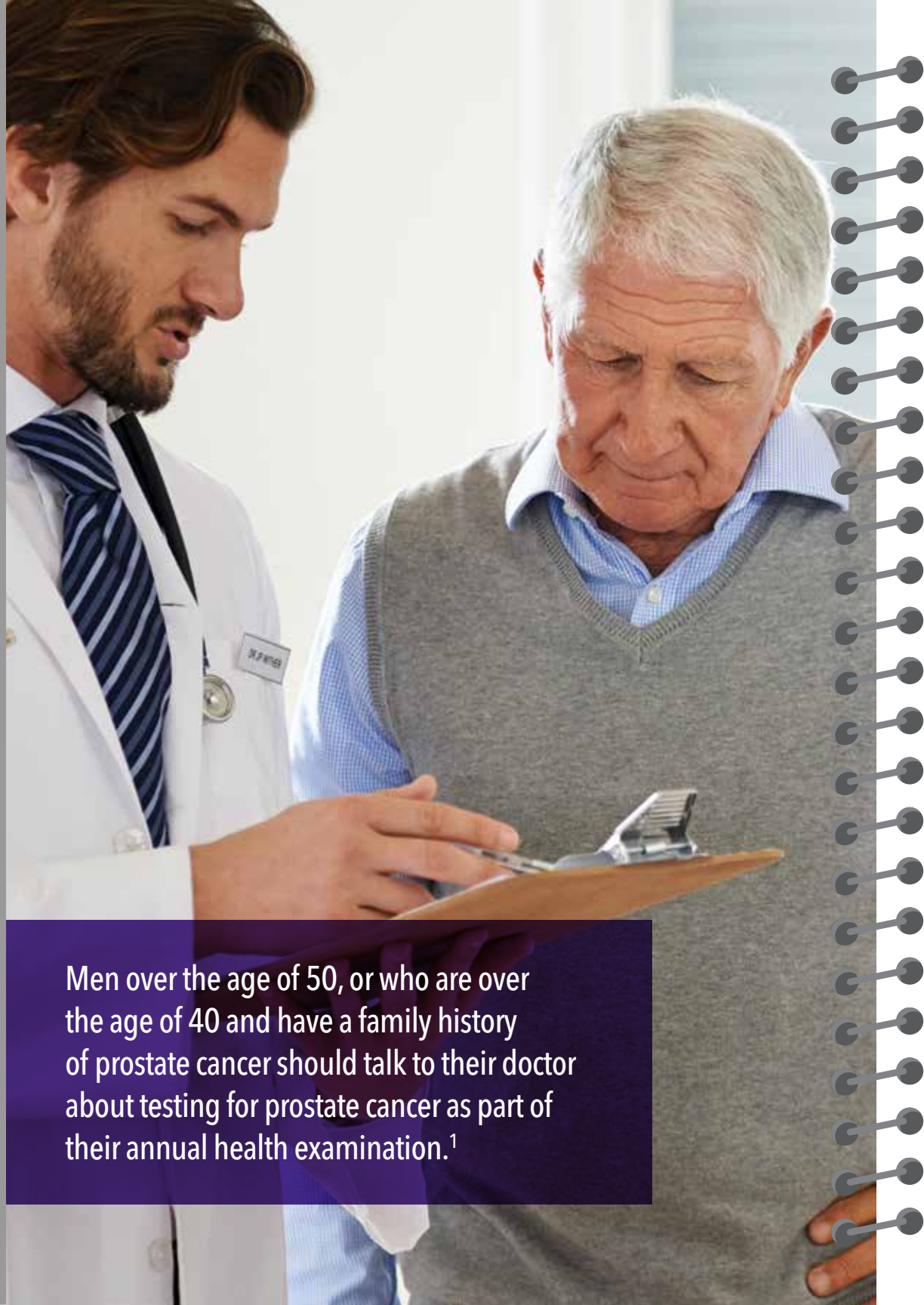
Digital Rectal Exam (DRE): The doctor feels for any bumps or hard areas on the prostate by inserting a gloved finger into the rectum.

Prostate-Specific Antigen (PSA) Blood Test: Higher levels of PSA, detectable with a blood test, can occur in men with prostate cancer. They also occur in men with a benign enlargement or an inflammation of the prostate.

Transrectal Ultrasound (TRUS): Ultrasound waves are used to visualize the prostate.

Biopsy: If either the DRE or PSA tests are abnormal, a biopsy may be taken. Small pieces of the prostate are sampled and examined under a microscope for cancer cells. A biopsy is a definitive way of diagnosing prostate cancer.





Men over the age of 50, or who are over the age of 40 and have a family history of prostate cancer should talk to their doctor about testing for prostate cancer as part of their annual health examination.¹

Grading and Staging of Prostate Cancer

There are tests that help your doctor determine the best treatment option for you.²

When prostate cancer has been diagnosed, doctors will determine the grade of the cancer (its aggressiveness) by examining biopsied cells under a microscope. Determining the grade of the cancer helps doctors choose the best treatment option for you.

Other tests are often ordered, which may include magnetic resonance imaging (MRI), computed tomography (CT) scans, bone scans and prostate-specific membrane antigen (PSMA) or positron emission tomography (PET) scans to determine the stage of the cancer.

Grading - a system doctors use to determine how quickly the cancer is likely to spread.²

Prostate cancer is usually graded using a Gleason Score⁶ or the grade group,⁷ a system that was developed by the International Society of Urological Pathology (ISUP). The higher the score, the more aggressive the cancer. Here's how the grading system works:²

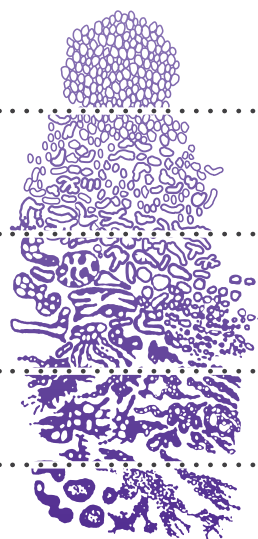
- Samples from two areas of the prostate are each graded into a Gleason Grading System pattern from 1 to 5.

- The numbers are added together to get a Gleason score between 2 and 10.
- A lower Gleason score means the cells look more like normal prostate cells.
- A higher Gleason score means the cells look more abnormal, and the cancer is likely to grow and spread more quickly.

The Gleason Grading System

The Gleason Grading System describes the five distinct patterns where prostate cells change from normal cells to cancerous cells.⁶

- 1 Small, identical cells that are close together
- 2 Cells in various shapes and sizes, loosely packed
- 3 Increased cell size with irregular shapes; cells are closer together
- 4 Large, irregular, fused cells
- 5 Irregular, fused cells that have invaded surrounding connective tissue cells



GLEASON PATTERNS ⁷	GLEASON SCORE ⁷	GRADE GROUP ⁷
1-3	≤6	1
3-4	3+4=7	2
3-4	4+3=7	3
3-5	8	4
4-5	9-10	5

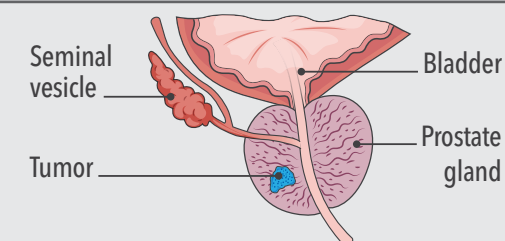
Staging - How Far the Cancer has Spread²

If a biopsy reveals cancer, additional tests are used to help determine if the cancer has spread outside the prostate. This is called staging.^{2,5} The American Joint Committee on Cancer TNM Staging System is used.¹

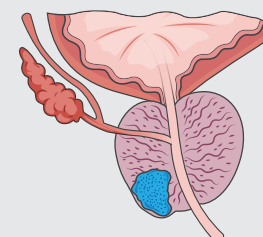
T Categories describe the local extent of a prostate tumor, ranging from T1 to T4. **N Categories** describe whether the cancer has spread to nearby lymph nodes. **M Categories** describe whether the cancer has spread to distant parts of the body.

T Categories

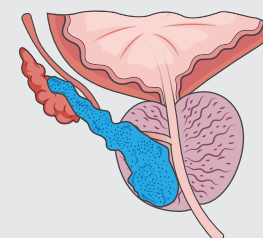
T1: The tumor is not felt during a DRE, but a biopsy found cancer cells.



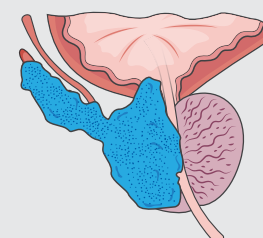
T2: The tumor is felt during a DRE, but the cancer remains within the prostate gland.



T3: The tumor has spread beyond the outer rim of the prostate and may have grown into the seminal vesicles.



T4: The tumor has spread to tissues and structures next to the prostate such as the bladder, rectum or pelvic wall.



N Categories

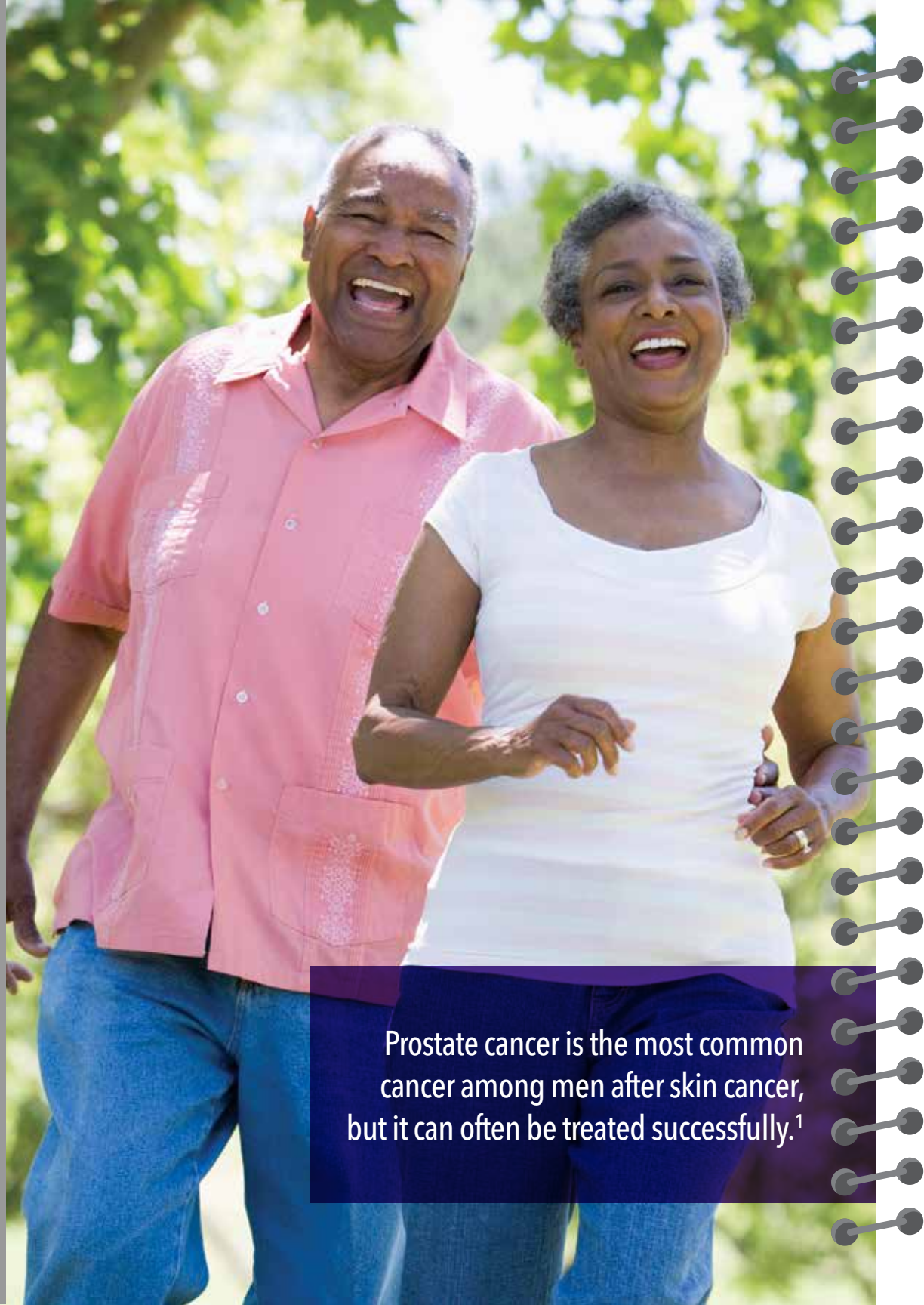
N0: The cancer has not spread to any nearby lymph nodes.

N1: The cancer has spread to one or more nearby lymph nodes.

M Categories

M0: The cancer has not spread beyond nearby lymph nodes.

M1: The cancer has spread beyond nearby lymph nodes.



Prostate cancer is the most common cancer among men after skin cancer, but it can often be treated successfully.¹

Treating Prostate Cancer

You and your doctor are partners from the beginning in deciding what treatment path is best for you.

Active Surveillance

Some prostate cancer tumors grow very slowly. That's why an "active surveillance" approach may be the right treatment for some men.^{1,4}

Active surveillance may be right for:⁴

- Men who are older or who have other health concerns
- Men with slow-growing tumors who do not want to experience treatment side effects
- Men whose cancer is not causing symptoms
- Men who have a very small tumor that is limited to one area of the prostate

Active surveillance does NOT mean the cancer is ignored.⁴

This approach includes:

- Careful observation by the doctor
- PSA and DRE tests, usually every three to six months
- Possibly a prostate biopsy once a year

If symptoms occur or the cancer begins to grow more quickly, treatment may be advised.

Surgery^{1,2,4}

Radical prostatectomy is the most common operation for prostate cancer. The goal of this surgery is to prevent it from spreading outside the prostate by removing the entire prostate gland, the associated lymph nodes plus some of the tissue around it.

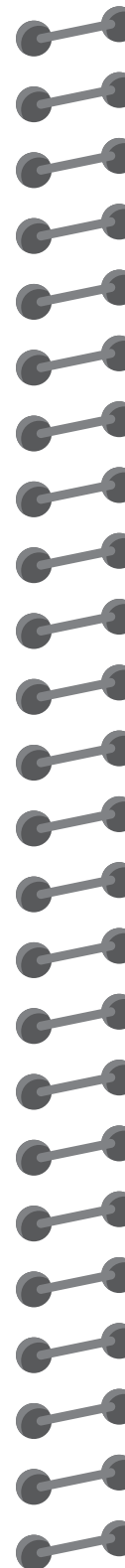
- Prostate cancer is not usually a single tumor. It is a number of small tumors scattered throughout the prostate gland, which is why the entire prostate is removed during surgery.
- The risks are similar to those of any major surgery.
- Complications of the surgery may include incontinence and impotence.

Laparoscopic radical prostatectomy (LRP) uses several smaller incisions to remove the prostate, which offers certain benefits.

- Smaller incisions resulting in less post-operative pain.
- Faster recovery times.

Robotic-assisted laparoscopic radical prostatectomy¹ (robotic-assisted LRP) allows the surgeon to control robotic arms to perform the operation through several small incisions.

- Results are similar to LRP, but the surgery can take less time, result in less pain and blood loss and healing may be faster.
- It may be possible to avoid injuring nerves that run on either side of the prostate.



Radiation^{1,2,4}

Radiation is used for:

- Cancer that is confined to the prostate gland
- Cancer that has spread only to nearby tissues
- Cancer that was not completely removed or returns
- Keeping advanced cancer from spreading further

Radiation therapy side effects may include incontinence, bowel problems and impotence.

Types of radiation therapy

External beam radiation therapy (EBRT) delivers radiation from outside your body using a large machine. The radiation passes through your skin and other tissue to reach the tumor.

Brachytherapy

- Small radioactive seeds are placed in or near the tumor itself, giving a high radiation dose to the tumor while reducing radiation exposure to the surrounding healthy tissue.
- The seeds are very small and usually do not cause significant discomfort.

Hormonal Therapies^{1,2,8}

Prostate cancer cells need hormones called androgens to grow. In men, the main androgen is testosterone. The goal of hormone therapy is to keep your body from making testosterone, which can slow tumor growth or even shrink the tumor, at least for a period of time. Hormone therapy alone does not cure cancer.

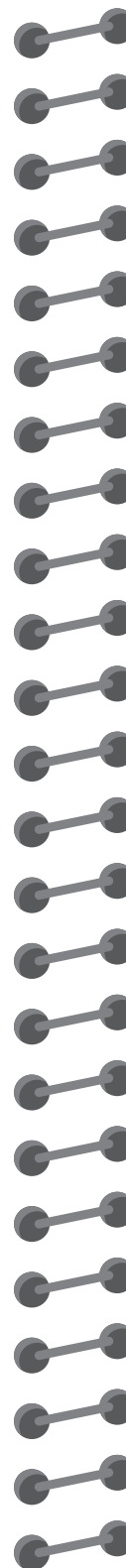
Hormonal therapy options include:

Luteinizing hormone-releasing hormone (LHRH) agonist/antagonist therapy stops your body from producing testosterone by the testes.

Antiandrogen: Prevents testosterone from reaching the cancer cells.

Androgen pathway inhibitors: Prevents testosterone production by enzyme inhibition or blocking androgen receptors.

Orchiectomy (surgical castration): Surgical removal of the testes to eliminate testosterone produced by the testes.



Other Therapies^{1,2,8}

Immunotherapy: A cancer vaccine that boosts the patient's own immune system to help it attack prostate cancer cells.

Bone targeted therapies: Targets bone metastases when prostate cancer has spread to the bones including bisphosphonates, radiopharmaceuticals and antibodies.

Chemotherapy: Chemotherapy may be used if the cancer has spread outside the prostate. Chemotherapy kills cancer cells, but does not cure cancer. Side effects may include hair loss, mouth sores, loss of appetite, nausea and vomiting, low white blood cell counts, easy bruising or bleeding, and fatigue.

When choosing the right treatment option, it is important to ask your cancer care team questions. They can help you make an informed decision.



Even when your cancer is advanced, you should know about an important therapy option.

ELIGARD[®] (leuprolide acetate for injectable suspension)

There are many treatment options for managing advanced prostate cancer.

Your doctor has recommended ELIGARD, the only LHRH with the innovative ATRIGEL[®] Delivery System.

 **Eligard[®]**
(leuprolide acetate for injectable suspension)

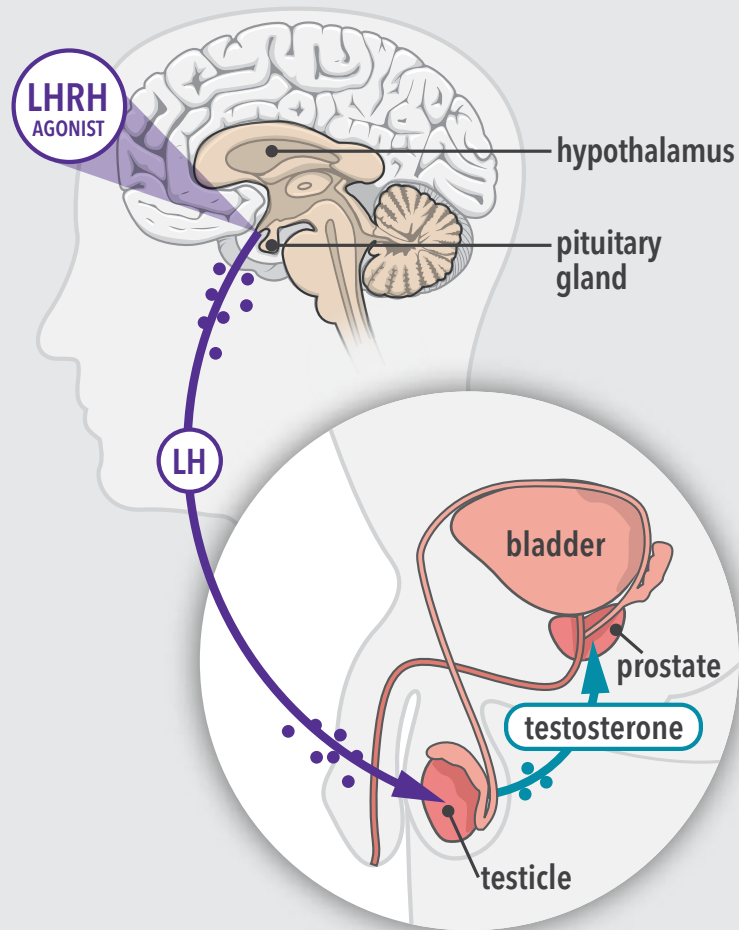
Use: ELIGARD[®] is a prescription drug, given by injection, for the management of advanced prostate cancer. However, there is no known cure for advanced prostate cancer.

Please see full Important Safety Information on page 63 and accompanying full Prescribing Information in the back pocket.

LHRH Agonist Drugs

There are several different types of hormone therapies, and they are grouped based on how they work to manage testosterone.¹ *Luteinizing hormone-releasing hormone* (LHRH) agonists are drugs that work by stopping testosterone production in the testicles.

How LHRH Agonists Work



How ELIGARD® Works^{1,4,8-10}

ELIGARD works by tricking the brain into thinking that there is too much testosterone in the blood. The brain then stops sending chemical messages to the testes so that they stop producing testosterone.

This has the effect of inhibiting the growth of the prostate cancer tumor, which relies on testosterone to grow.

Like other LHRH agonists, which stop your body from producing testosterone, the first dose of ELIGARD makes male hormone levels rise temporarily, which may cause a worsening of symptoms or onset of new symptoms in some patients.

Within three to four weeks, ELIGARD causes male hormone levels to fall. Your response to ELIGARD should be monitored by your doctor to evaluate if the product is working for you.

In most cases, testosterone hormone levels become similar to those seen after surgical castration.

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ELIGARD® has an innovative technology known as the ATRIGEL® Delivery System.⁹ It is designed to deliver a continuous dose of medicine to your body until your next ELIGARD injection — no matter which dose your doctor prescribes.

The steady, sustained release of the drug makes it possible for you and your doctor to choose from several different dosing schedules — whichever is right for you.^{9,10}



ELIGARD Dosing Options

Every month, every 3 months, every 4 months or every 6 months

Ask your doctor if a 6-month dosing option (two injections a year) is right for you.

Consistent Drug Release with the ATRIGEL® Delivery System



ELIGARD is injected just under the skin into the subcutaneous space, which means it is not injected into muscle. ELIGARD can be injected at one of many injection sites such as the abdomen, arm or upper buttocks.



The liquid hardens into a solid, pea-sized ball. You may feel a tiny bump immediately after injection, which goes away over time.



The ELIGARD implant dissolves slowly, continuously releasing medicine over the dosing period.

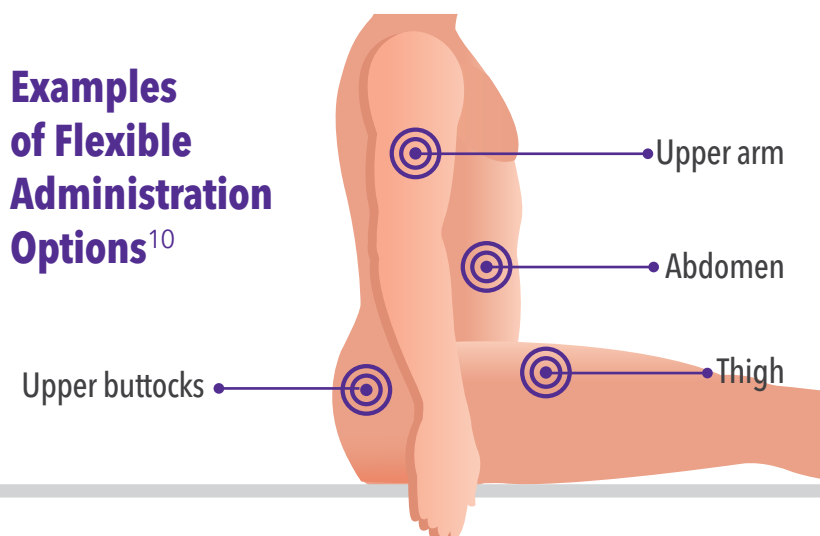
Your ELIGARD® Injection

ELIGARD is given by subcutaneous injection by your doctor or nurse. Subcutaneous means under the skin. In this type of injection, a short needle is used to inject the drug into the tissue layer between the skin and the muscle.

Your doctor can choose various sites for subcutaneous injections. He or she may choose an injection site on the abdomen, upper buttocks, thigh, upper arm or any other location with adequate amounts of subcutaneous tissue.



Examples of Flexible Administration Options¹⁰



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Common Side Effects with Hormonal Therapies like ELIGARD® (leuprolide acetate for injectable suspension) and Tips for Managing Symptoms^{4,8}

Many men experience side effects during hormonal therapies. It is important to understand these side effects and how to help manage them. This information does not replace the advice of your doctor; be sure to talk to your doctor about any side effects you have or lifestyle changes you make during treatment.

Side effects¹⁰

Hot flashes

Hot flashes may feel like a sudden rush of warmth in the face, neck, chest and back. They may last a few seconds to an hour or more.

Fatigue

Fatigue can feel like extreme tiredness, exhaustion, depression or difficulty concentrating. There are many causes of fatigue including inactivity, poor sleep and side effects from drugs like ELIGARD.

Dizziness

If blood vessels in the brain dilate, or expand, you may become lightheaded or dizzy. Alcohol, excitement, high temperatures, hyperventilation (breathing too fast) and certain medicines can cause dizziness.

Tips for managing side effects¹¹

- Avoid coffee, alcohol and spicy foods.
- Wear lightweight cotton clothes.
- Talk to your doctor if you have hot flashes. He or she may be able to help.

Simple things you can do to minimize fatigue:

- Talk to your doctor to determine the cause.
- Get enough rest.
- Don't push yourself.
- Take short walks and exercise, if possible.
- Eat nutritious foods that help with energy.
- Try stress-relieving activities.

Call your doctor if you feel any of the following, which may be a side effect or possibly something more serious:

- Faint
- Giddy or erratic
- Light headed

You may experience some temporary discomfort during and after your ELIGARD® injections. Common side effects related to the injection are:¹⁰

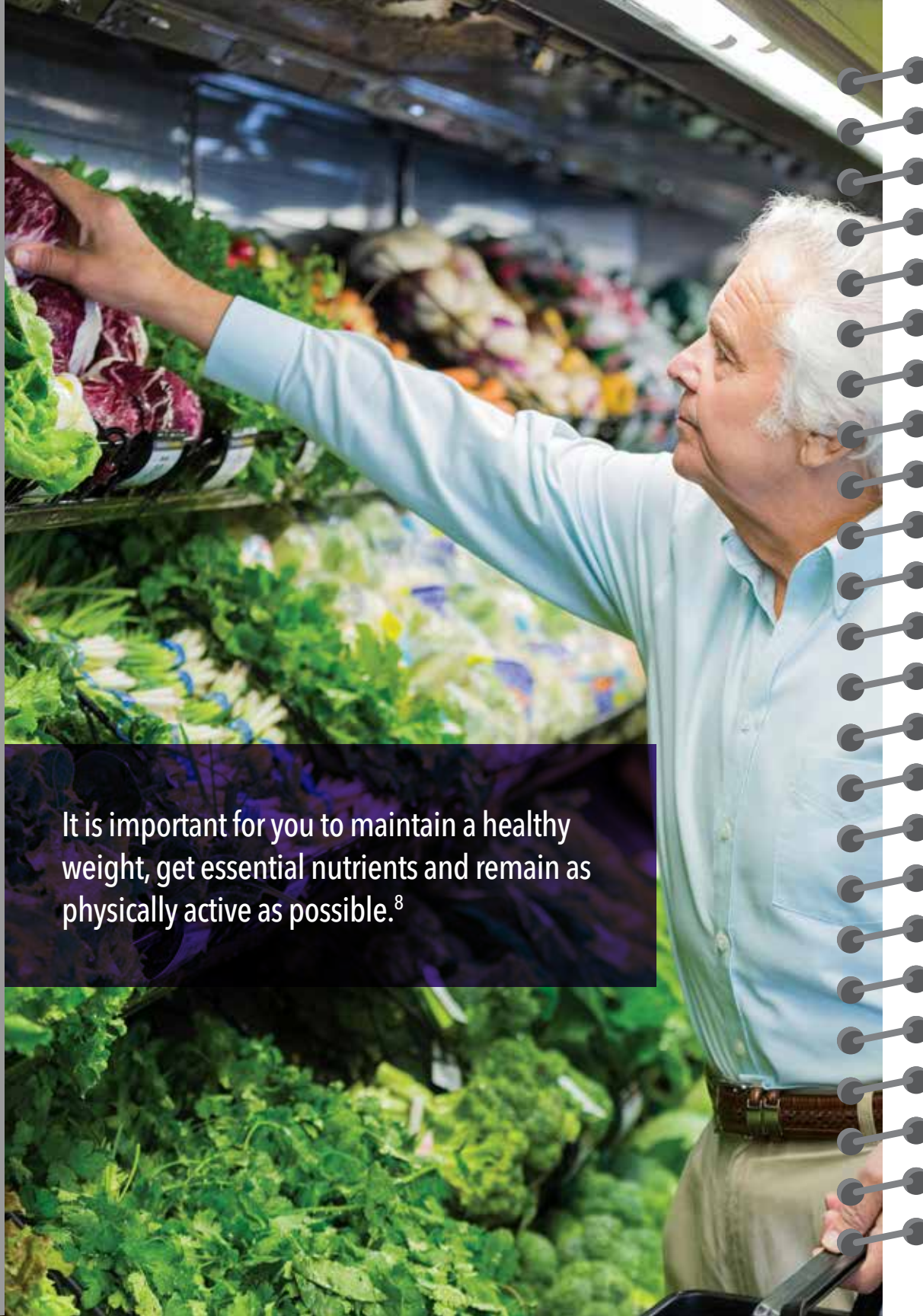
- Burning and stinging
- Pain
- Bruising
- Redness

Other side effects related to hormonal therapies include osteoporosis, hyperglycemia, diabetes and cardiovascular disease. Please notify your doctor if you experience any symptoms related to these diseases. You may experience other side effects and should always tell your doctor about how you are feeling when receiving hormonal therapy. Additional side effects have been reported with ELIGARD. Please see additional Important Safety Information for ELIGARD on page 63 of this booklet.



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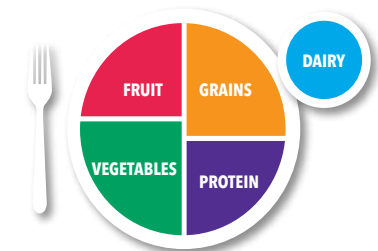


It is important for you to maintain a healthy weight, get essential nutrients and remain as physically active as possible.⁸

Tips on Living With Prostate Cancer^{1,4,8}

Diet

One of the best things you can do, regardless of treatment, is to eat a healthy, balanced diet. The diagram (at right) shows what a healthy meal should look like. It includes the five food groups that are the building blocks of a healthy diet.



Adapted from USDA, ChooseMyPlate.gov

A healthy diet helps:

- Fight possible side effects of hormonal therapy, such as decreased muscle mass and weight gain
- Boost your overall health and well-being
- Enhance your strength and energy level
- Increase your body's ability to tolerate side effects
- Decrease the risk of infection

What is a healthy diet?

- Foods and beverages in amounts that help achieve and maintain a healthy weight
- Whole grain breads, cereals, pasta and beans instead of white flour and sugar
- A limited amount of red meats, especially high-fat or processed meats, such as hot dogs, bologna and bacon

Talk to your doctor or nurse before you make any changes to your diet while managing your prostate cancer. They can help you decide which foods are best for you.

Getting the most from your meals

At times when your appetite is decreased or you feel full shortly after you start eating, large meals may seem overwhelming or unappealing.

Ways to help you get enough calories:¹

- Eat small meals (six to eight times a day) instead of three main meals.
- Serve smaller food portions on small plates instead of dinner plates.
- Drink beverages that are high in calories such as fruit juices or hot chocolate.
- Have your favorite snack foods easily available.
- Eat your favorite foods at any time of the day. For example, eat breakfast foods such as pancakes or omelets for lunch or dinner.
- Make dining an enjoyable experience by eating your meals in a pleasant, relaxing setting with family or friends.

11 ways to add physical activity to your daily routine¹²

- | | |
|---|--|
| • Walk the dog | • Do arm curls, squats, lunges and sit-ups while watching TV |
| • Golf, swim or other sports | • Ride a bicycle |
| • Wash the car | • Take breaks during work and go for short walks |
| • Do yard work | • Participate in local prostate cancer run/walk |
| • Play active games with your family | |
| • Take the stairs instead of the elevator | |
| • Go dancing | |

Talk with your doctor or nurse before starting any new program of physical activity. Ask his or her opinion about your exercise plans.



Physical Activity^{1,4,8,12}

Exercise is not only safe and possible during cancer treatment, but it can help improve your physical functionality and increase feelings of well-being.⁵

Whether you are just beginning an exercise routine or continuing one, your healthcare team should have your input in tailoring an exercise program to meet your interests and healthcare needs.

To get the most from your exercise, it is important to give your heart a workout. Pay attention to your heart rate, breathing and muscle fatigue. If you become short of breath or very tired, rest for a few moments, and start exercising again when you are able.

When you first begin an exercise program, your goal should be to exercise for at least 10 minutes at a time. Over the next few weeks, increase the length of time you exercise. The more you exercise, the better you'll be able to function. If your exercise program becomes too difficult, try to stay active by participating in as many of your daily activities as possible.

Emotional Health Concerns^{5,8}

I feel angry and anxious. Is this normal?

A prostate cancer diagnosis is difficult, not only physically, but emotionally as well.

You may experience a range of negative emotions, which can change from day to day or even hour to hour. All of these emotions are perfectly normal.

You may feel:

- Overwhelmed
- Angry
- Fearful and worried
- Stressed and anxious
- Sad and depressed
- Guilty
- Lonely

It is important to remember that your healthcare team can help you cope with physical and emotional issues. Family, friends, clergy and support groups are also excellent resources.

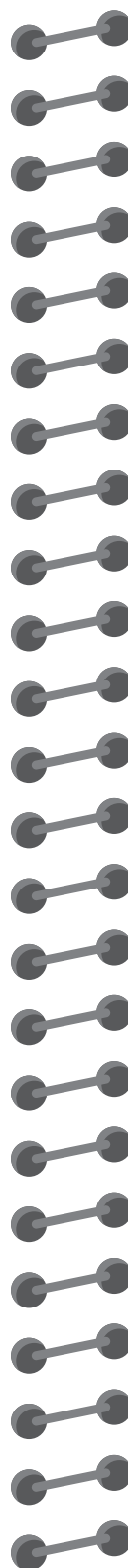
Be sure to talk about what is happening to you. Sharing your feelings and concerns with other people can help.

You can't change the fact that you have cancer, but you can find strategies to help you cope.

Will prostate cancer treatment affect my sex life?

Any treatment that lowers testosterone levels can cause erectile dysfunction or a lowered sex drive. Talk to your doctor about your concerns.

Share your thoughts and feelings with your partner. Talk about ways to stay close. Some couples find it helps to talk with a counselor.



Why is it important to manage stress?*

Most people feel some degree of stress and anxiety both during and after their cancer treatment. It's normal to experience stress over all the life changes you are facing.

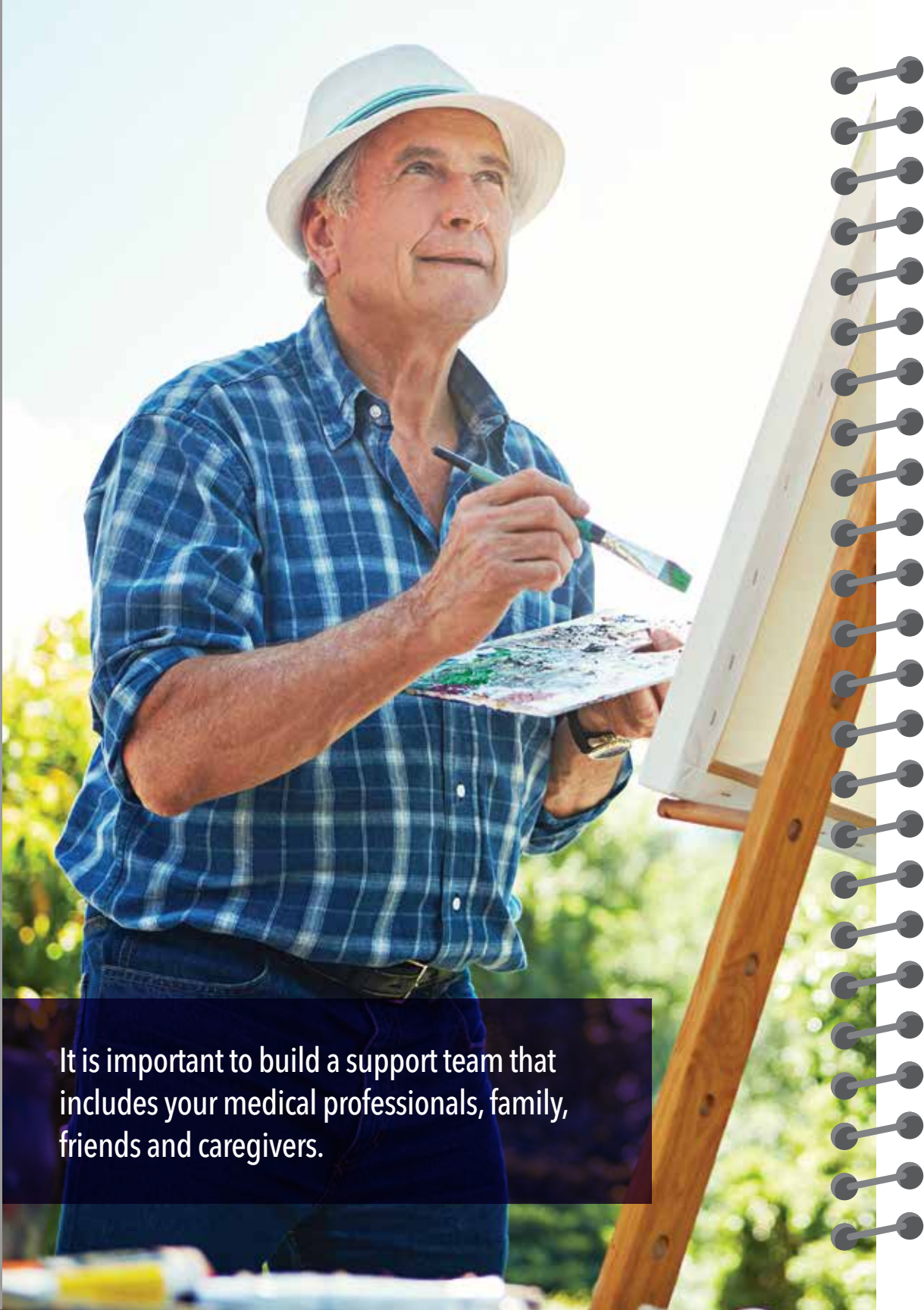
However, it is important to put effective coping skills in place. Too much stress can negatively affect your treatment.

Ongoing feelings of stress and anxiety can prevent the body from healing.

Ways to help manage stress:

- Create a support network of people you can rely on and trust.
- Talk openly with your healthcare professionals and get answers to your questions.
- Talk about your feelings with a counselor or support group; ask your doctor for a recommendation.
- Get enough rest.
- Listen to music.
- Try meditation or visual imagery.
- Take a yoga class.
- Go for a walk.
- Get outside and enjoy the fresh air.

*ELIGARD® (leuprolide acetate for injectable suspension) is not indicated to manage stress.



It is important to build a support team that includes your medical professionals, family, friends and caregivers.

Tools for Managing Your Treatment

Keeping track of your health is a great way to provide progress reports to your healthcare team.

Use the following tools to record your physical activity, make notes of questions to ask your doctor and document symptoms and side effects. Bring this information with you to your doctors' appointments. You may also want to record test results and stay organized by keeping the contact information for all your healthcare professionals in one place.

Planning and Recording Your Physical Activity

- On the following pages, you will find tools to help you:
- Plan and track your physical activity week by week
 - Measure and keep track of your monthly progress






Weekly Activity Planner and Tracker¹³

Use the weekly activity planner to make your own exercise and physical activity plan. Go4Life, from the National Institute on Aging at NIH, has a range of suggested activities for you to explore. Visit <https://go4life.nia.nih.gov/exercises>. It is also a good idea to involve your healthcare professional. When you plan your activities, it is important to be realistic with what you think you can manage.

Try to do strength exercises for all your major muscle groups on two or more days a week, but don't exercise the same muscle group two days in a row. Concentrate on the upper body and lower body on alternate days.

To track your activity, check the box on the planner when you complete the planned activity (see below for an example).

Example of using the Weekly Activity Planner

WEEK #: 2		    					COMMENTS (How did you perform? How did you feel?)
DATE: 8/10/17							
SUNDAY	<input checked="" type="checkbox"/> walked dog around park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> stretched legs and back		Legs were tight

For instructions on activities, go to <https://go4life.nia.nih.gov/exercises>

Talk with your doctor or nurse before starting any new program of physical activity. Ask his or her opinion about your exercise plans.

Monthly Progress Tracker¹³

As you exercise regularly, you may want to see whether your fitness has improved. You may be able to lift a weight more easily or your physical activity may no longer feel challenging. Track your progress and assess whether you need to update your goals monthly using the five simple tests outlined below. By recording your scores every month, you can monitor the progress of your fitness level.



Endurance

Choose a fixed course and see how long it takes to walk/jog that distance. As your endurance improves, it should take less time.



Upper body strength

Using a light hand weight, count the number of arm curls you can do safely in two minutes.



Lower body strength

Count the number of chair stands you can do safely in two minutes.



Balance

Time yourself as you stand on one foot, without support, for as long as possible. Stand near something sturdy to hold in case you lose your balance. Repeat with the other foot.



Flexibility

Sit toward the front of a sturdy chair and stretch one leg straight out in front of you with your heel on the floor and your toes pointing up. Bend the other leg and place your foot flat on the floor. Slowly bend from your hips and reach as far as you can toward the toes of the outstretched foot. Notice how far you can reach before you feel a stretch.

Use the scale below to rate yourself

- 1 Task was extremely challenging, and I could not complete it
- 2 Task was challenging, but I managed to complete the activity
- 3 Task was moderately challenging
- 4 Task was easy

Weekly Activity Planner

ACTIVITY KEY:



Endurance



Upper Body Strength

WEEK #:

DATE:



COMMENTS
(How did you perform?
How did you feel?)

SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						

To print additional pages of the Weekly Activity Planner, visit www.eligard.com.



Lower Body Strength



Balance



Flexibility

WEEK #:

DATE:



COMMENTS
(How did you perform?
How did you feel?)

SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						

Weekly Activity Planner

ACTIVITY KEY:



Endurance



Upper Body Strength

WEEK #:

DATE:



COMMENTS
(How did you perform?
How did you feel?)

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

To print additional pages of the Weekly Activity Planner, visit www.eligard.com.



Lower Body Strength



Balance



Flexibility

WEEK #:

DATE:



COMMENTS
(How did you perform?
How did you feel?)

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

Weekly Activity Planner

ACTIVITY KEY:



Endurance



Upper Body Strength

WEEK #:

DATE:



COMMENTS
(How did you perform?
How did you feel?)

SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						

To print additional pages of the Weekly Activity Planner, visit www.eligard.com.



Lower Body Strength



Balance



Flexibility

WEEK #:

DATE:



COMMENTS
(How did you perform?
How did you feel?)

SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						

Weekly Activity Planner

ACTIVITY KEY:



Endurance



Upper Body Strength

WEEK #:

DATE:



COMMENTS
(How did you perform?
How did you feel?)

SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						

To print additional pages of the Weekly Activity Planner, visit www.eligard.com.



Lower Body Strength



Balance



Flexibility

WEEK #:

DATE:



COMMENTS
(How did you perform?
How did you feel?)

SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						

Monthly Progress Tracker¹³

	MONTH 1	MONTH 2	MONTH 3	MONTH 4
 Endurance Choose a fixed course and see how long it takes to walk/jog that distance. As your endurance improves, it should take less time.				
 Upper Body Strength Using a light hand weight, count the number of arm curls you can do safely in two minutes.				
 Lower Body Strength Count the number of chair stands you can do safely in two minutes.				
 Balance Time yourself as you stand on one foot, without support, for as long as possible. Repeat with the other foot.				
 Flexibility Sit on a chair and stretch one leg straight out in front of you with your toes pointing up. Slowly bend from your hips and reach as far as you can toward the toes of the outstretched foot. Reach until you feel a stretch.				

To print additional pages of the Monthly Progress Tracker visit www.eligard.com.

Medical Appointments

Record all of your medical appointments.

[illegible]

Monitoring Your Disease

Ask your doctor for the results of your vitals and tests and record them below.

[illegible]

Monitoring Your Disease

Ask your doctor for the results of your vitals and tests and record them below.

[illegible]

Questions to Ask Your Doctor

Your doctor and healthcare team are the best source of information about your treatment. It can be tough to remember all the questions you want to ask during appointments.

That's why it is a good idea to write down your questions in advance. Use the list below as a starting point.

About ELIGARD® (leuprolide acetate for injectable suspension)

- ☐ How often will I receive an ELIGARD injection?
- ☐ Which dosing schedule is right for me?
- ☐ What are the side effects?
- ☐ Who should not take ELIGARD?
- ☐ Are there any medications or things I should avoid while on ELIGARD?

About Treating Advanced Prostate Cancer

- ☐ What role does testosterone play in my prostate cancer?
- ☐ What are the treatment options for the stage of my prostate cancer?
- ☐ How will I know if treatment is working?
- ☐ How can side effects be managed?
- ☐ What is the difference between types of hormonal therapies?
- ☐ What is a subcutaneous injection?
- ☐ Am I likely to have urinary or bowel problems?

About Living with Advanced Prostate Cancer

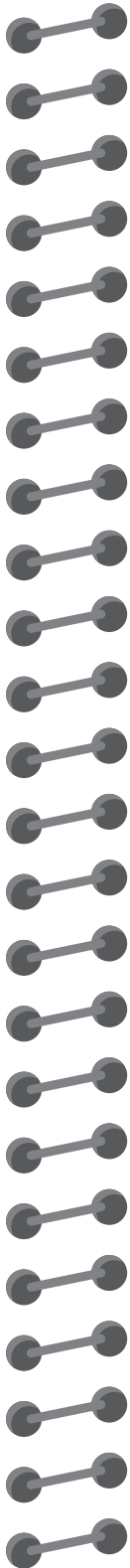
- ☐ Are there foods I should avoid?
- ☐ Are there activities I should avoid?

Questions and Notes

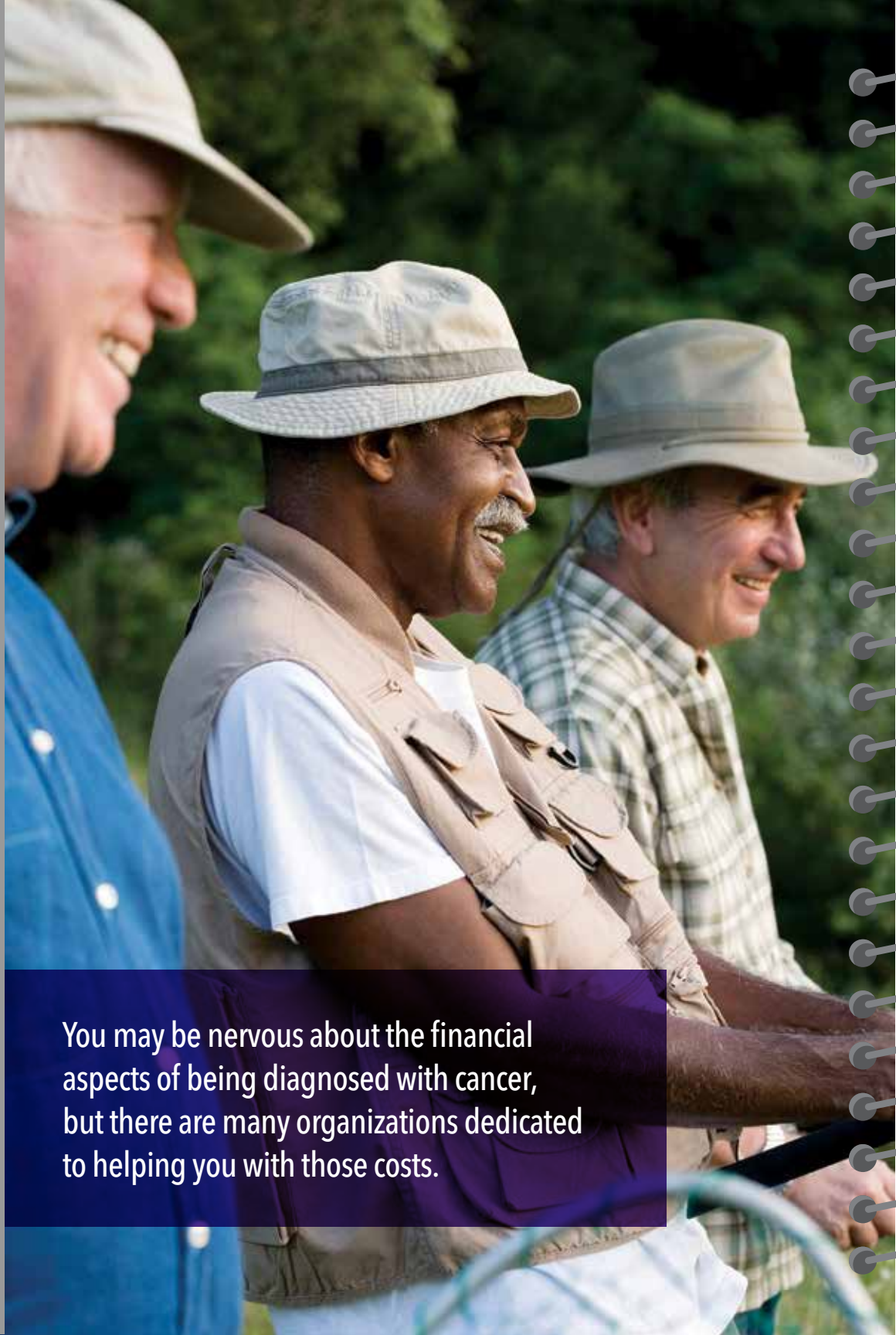
This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Questions and Notes

Lined area for questions and notes on page 56.



Lined area for questions and notes on page 57.



You may be nervous about the financial aspects of being diagnosed with cancer, but there are many organizations dedicated to helping you with those costs.

Get the Support You Need

No one should fight a cancer diagnosis alone. It is important to build a support team that includes your medical professionals, family, friends and caregivers. You may also want to include others who have been touched by this disease.

Advocacy

Prostate cancer advocacy groups help you and your loved ones navigate the cancer landscape. They can connect you with medical professionals, support groups and financial assistance. Advocacy groups also raise funds for advancing treatment options.

Patient Advocates for Advanced Cancer Treatments, Inc. (PAACT)

www.paactusa.org
1-616-453-1477

Prostate Cancer Foundation

www.pcf.org
1-800-757-CURE (2873)

Prostate Cancer Research Institute

www.pcri.org
1-800-641-PCRI (7274)

US Too

www.ustoo.org
1-800-808-7866

ZERO – The End of Prostate Cancer

www.zerocancer.org
1-888-245-9455



Education

Becoming your own advocate means learning as much as you can about prostate cancer. The following organizations will help you learn about your condition, treatment options and how you can support your medical care through healthy lifestyle choices.

Men's Health Network™

www.menshealthnetwork.org
1-202-543-MHN-1 (6461) ext.101

Urology Care Foundation™

www.urologyhealth.org
1-800-828-7866

American Cancer Society®

www.cancer.org (see "Learn About Cancer")
1-800-227-2345

Blue Cure®

www.bluecure.org

Prostate Health Education Network, Inc.

www.prostatehealthed.org
1-617-481-4020

Financial Assistance

You may be nervous about the financial aspects of being diagnosed with cancer, but there are many organizations dedicated to helping you with those costs. Speak with the organizations below to see what type of assistance they may be able to offer. You should also check with your doctor's office to see if other assistance is available.

BenefitsCheckUp®

www.benefitscheckup.org

CFAC: Cancer Financial Assistance Coalition

www.cancerfac.org

CancerCare® Co-Payment Assistance Foundation

www.cancercarecopay.org
1-866-55-COPAY (2-6729) or 1-212-601-9750

Health Well Foundation®

www.healthwellfoundation.org
1-800-675-8416

Partnership for Prescription Assistance®

www.pparx.org

Patient Advocate Foundation

www.copays.org
1-866-512-3861

Your Healthcare Network

Complete the contact information for your healthcare team below.

ELIGARD® (leuprolide acetate for injectable suspension)

Prescribing Physician

Name: _____

Address: _____

Phone/Fax: _____

Email: _____

General Practitioner

Name: _____

Address: _____

Phone/Fax: _____

Email: _____

Hospital/Medical Center

Name: _____

Address: _____

Phone/Fax: _____

Email: _____

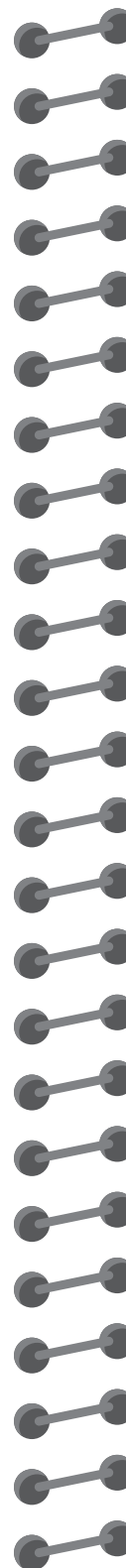
Pharmacy

Name: _____

Address: _____

Phone/Fax: _____

Email: _____



Important Safety Information for ELIGARD® (leuprolide acetate for injectable suspension)

ELIGARD® is a medicine for the treatment of advanced prostate cancer. It works by reducing the amount of testosterone in the blood. It is not a cure.

ELIGARD should not be used by anyone who is allergic to any of the ingredients in ELIGARD or to any medicines that reduce testosterone the same way. ELIGARD should not be used by women who are pregnant or may become pregnant. ELIGARD can cause pregnancy loss or harm to an unborn baby if used in pregnant women.

Severe and possibly life-threatening reactions called anaphylaxis have occurred in people receiving ELIGARD.

Increased risk of heart attack, sudden death due to heart problems and stroke have also been reported in men taking ELIGARD. ELIGARD may also affect electrical activity in the heart that can cause an irregular heartbeat. Your doctor will monitor you for heart conditions.

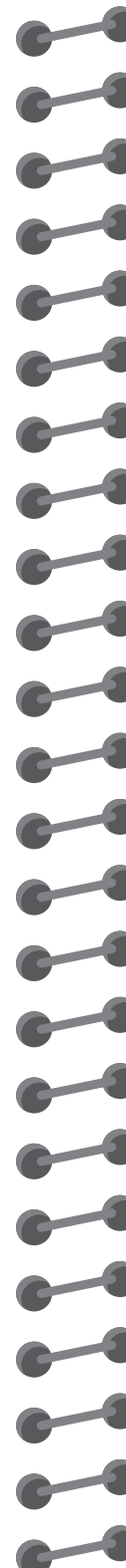
Elevated blood sugar and an increased risk of developing diabetes have been reported in men receiving ELIGARD. Your doctor will monitor blood sugar levels.

ELIGARD causes an increase in testosterone during the first few weeks of therapy and some men may experience new or worsening symptoms of prostate cancer e.g., bone pain, urinary symptoms, or nerve problems such as numbness, during this period. If your cancer has spread to the urinary tract or spine, urinary blockage or pressure on the spine that can lead to paralysis may occur. Your doctor will discuss with you the benefits and risks of taking ELIGARD.

The most common injection site reactions are transient burning and stinging, pain, bruising, and redness. The most common side effects include hot flashes/sweats, fatigue, weakness, muscle pain, dizziness, clamminess, testicular shrinkage, decreased erections and enlargement of breasts. Other side effects, including thinning of bones that may lead to fracture, and rare but serious problems with the pituitary gland in the brain, have been reported with ELIGARD. **See package insert for full Prescribing and Safety Information.**

References:

1. American Cancer Society, Prostate Cancer website. <https://www.cancer.org/content/dam/CRC/PDF/Public/8793.00.pdf>. Accessed July 2017.
2. National Comprehensive Cancer Network, NCCN Guidelines for Patients: Prostate Cancer, Version 1.2016: National Comprehensive Cancer Network website. <https://www.nccn.org/patients/guidelines/prostate/index.html#10>. Accessed July 2017.
3. Center for Disease Control, Prostate Cancer website. <https://www.cdc.gov/cancer/prostate/statistics/index.htm>. Accessed July 2017.
4. Carroll PR, Carducci MA, Zeitman AL, Rothaermel JM. Report to the Nation on Prostate Cancer: A Guide for Men and Their Families. Santa Monica, CA: Prostate Cancer Foundation; 2005. http://www.prostatecareqld.com.au/download-books_files/click-here-to-download-report-to-the-nation-on-prostate-cancer-a-guide-for-men-and-their-families.pdf.
5. NIH, National Cancer Institute, Prostate Cancer Patient website. https://www.cancer.gov/types/prostate/patient/prostate-treatment-pdq#link/_120; <https://www.cancer.gov/about-cancer/coping>. Accessed July 2017.
6. Gleason DF, Mellinger GT. Prediction of prognosis for prostatic adenocarcinoma by combined histological grading and clinical staging. *J Urol*. 1974 111:58–64.
7. Epstein JI, Zelefsky MJ, Sjoberg DD, et al. A contemporary prostate cancer grading system: A validated alternative to the Gleason score. *Eur Urol*. 2016 69(3): 428–435.
8. Prostate Cancer Foundation website. <https://www.pcf.org/understanding-prostate-cancer>. Accessed July 2017.
9. Sartor O. Eligard® 6: A new form of treatment for prostate cancer. *Eur Urol*. 2006 (suppl 5):905-910.
10. ELIGARD®, leuprolide acetate for injectable suspension, Highlights of Prescribing Information: <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=b78d1919-9dee-44fa-90f9-e0a26d32481d>.
11. ELIGARD®, leuprolide acetate for injectable suspension, Side Effects. <http://eligard.com/about-eligard/eligard-side-effects>. Accessed July 2017.
12. Eat Healthy and Get Active: Make Exercise Work for You. American Cancer Society website. <https://www.cancer.org/healthy/eat-healthy-get-active/get-active/make-exercise-work-for-you.html>. Accessed July, 2017
13. U.S. Department of Health and Human Services. Go4Life: Measuring Your Fitness Progress. <https://go4life.nia.nih.gov>. <https://go4life.nia.nih.gov/tip-sheets/monthly-progress-test>; <https://go4life.nia.nih.gov/tip-sheets/weekly-exercise-and-physical-activity-plan>. Accessed July 2017.



See package insert for
Full Prescribing and Safety Information

For more information visit
www.ELIGARD.com



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 **Eligard[®]**
(leuprolide acetate for injectable suspension)