

Prostate Cancer (PC)

Reimagining Medicine to Transform Prostate Cancer

At Novartis, we are focused on addressing the multi-faceted needs of people living with prostate cancer as they navigate this difficult disease.

Prostate cancer is the most common cancer among men, after skin cancer¹. In 2024, it is estimated that about 35 250 men will die from prostate cancer¹— or nearly 1 000 men each day.

Learning the facts about prostate cancer can help individuals and loved ones make more informed decisions together with their health care teams about their care experience.

Scan for PSMA: Novartis Empowering Individuals Affected by Advanced Prostate Cancer

As humans, we're naturally motivated to avoid losses. And because those living with prostate cancer are acutely aware of the losses they are suffering, too many in this community refrain from speaking up for help to avoid further loss of their identities. Many individuals do not speak up about their cancer, instead avoiding further eroding their sense of self. This hesitation can prevent patients from taking optimal steps for their cancer experience.

Pushing against the outdated notion of “toughing it out” on your own and trying to break through to this community, “Scan for PSMA” embraces today’s new reality. Today, asking for help is one of the strongest and bravest things a person can do. By knowing what information to ask for, who to ask and what to expect, people living with advanced prostate cancer can potentially regain an element of control over this difficult cancer experience.

Visit [ScanforPSMA.com](https://www.scanforpsma.com) to learn more about how Novartis is educating people about advanced prostate cancer and an important biomarker called prostate-specific membrane antigen (PSMA).



Understanding Prostate Cancer

Prostate cancer can often be found early through screening tests. The American Cancer Society recommends discussions about PC screening begin at²:

- Age 50 for men who are at average risk of prostate cancer
- Age 45 for men who are at high risk
 - Includes African Americans and people with a first-degree relative (parent or sibling) diagnosed with prostate cancer at an early age (younger than age 65)
- Age 40 at an even higher risk
 - Includes those with more than one first-degree relative who had prostate cancer at an early age

In addition to the physical toll, a prostate cancer diagnosis can bring tremendous emotional strain to individuals and families—particularly when it is in the later stages. Managing the uncertainty that comes with a diagnosis and trying to understand treatment options can add to this stress.

For some individuals, taking control and learning about prostate cancer and the treatment journey can help. Taking steps to learn about your healthcare team, including a urologist, medical oncologist and/or radiation oncologist, or to learn about biomarkers such as PSMA can be reassuring.

Key Statistics to Know About Prostate Cancer:

- About 1 in 8 men will be diagnosed with prostate cancer during their lifetime¹
- About 6 in 10 prostate cancers are diagnosed in men who are 65 or older, and it is rare in men under 40¹
 - The average age of men when they are first diagnosed is about 67¹
- Prostate cancer risk is also higher in African American men and in Caribbean men of African ancestry than in men of other races¹
- For military Veterans living in the US, the numbers are higher, with 1 in 5 receiving a diagnosis of prostate cancer, making it the most common cancer diagnosis among those who served their country^{3,4}
- For people with localized or regional prostate cancer, the 5-year relative survival rate – which compares people with the same type and stage of cancer to people in the overall population – is 99%⁵

- However, for distant-stage prostate cancer (which is when cancer has spread to other parts of the body, such as the lungs, liver, or bones), the 5-year relative survival rate drops to 34%⁵
- PSMA is a biomarker that is found in more than 80% of men with prostate cancer and may provide helpful information for evaluating treatment options^{6,7}

References

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