

WebMD[®]

REAL STORIES

PROSTATE CANCER

FOCUS ON

**New York
Knicks Legend**

ALLAN HOUSTON

shares his prostate cancer journey and how he's partnered with ZERO to help others face it with courage and purpose

page 16

GOOD TO KNOW

**Understanding
your metastatic
diagnosis**

page 6

FIRST PERSON

**Therapy
helps me
thrive**

page 20



**COMPLIMENTARY COPY
TAKE ONE HOME**



SCAN ME

**For more Prostate
Cancer content,** use
your smartphone
camera to activate the
QR code.

FALL 2026

INSIDE THE ISSUE

4

NEWS

The latest research

5

BY THE NUMBERS

Stats and facts

6

GOOD TO KNOW

Understanding your diagnosis

11

VIEWPOINT

How I found the right
care team to carry
me through

12

TREATMENT SMARTS

Finding the right path



06



22



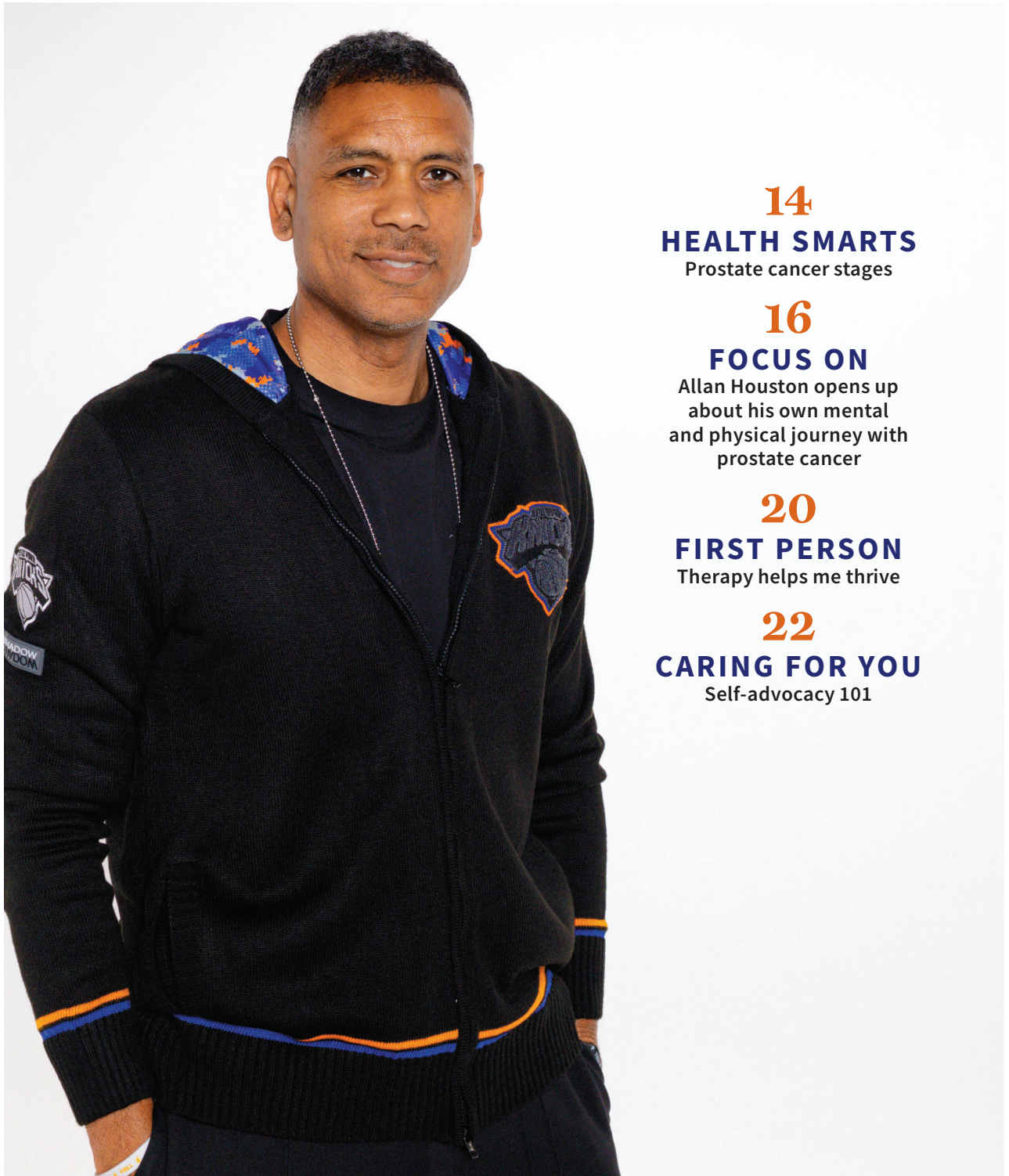
SCAN ME



WE WANT TO HEAR FROM YOU!
TAKE OUR SURVEY

Your feedback matters! Tell us what you think about our condition guides and workbooks. Use your smartphone camera to activate the QR code.

WebMD Real Stories is not responsible for advertising claims. WebMD Real Stories (ISSN 1553-9946) is published by WebMD LLC and may not be reproduced in whole or in part without written permission of WebMD LLC. All rights reserved. All editorial content is reviewed by our board-certified physicians, is for informational purposes only, and is not intended to be a substitute for professional medical advice, diagnosis, or treatment. WebMD does not endorse any specific product, service, or treatment. Always seek the advice of your health care provider with any questions regarding a medical condition and never disregard professional medical advice or delay seeking it because of something you have read in a WebMD publication. If you think you have a medical emergency, call your doctor or 911 immediately. 2026 WebMD LLC. All rights reserved.



14 HEALTH SMARTS

Prostate cancer stages

16 FOCUS ON

Allan Houston opens up about his own mental and physical journey with prostate cancer

20 FIRST PERSON

Therapy helps me thrive

22 CARING FOR YOU

Self-advocacy 101

Cover Image: Photo Courtesy of FISLL Media; Contents Image: Photo Courtesy of FISLL Media; Clothing: FISLL Knicks Hoodie

WebMD Real Stories is not responsible for advertising claims. WebMD Real Stories (ISSN 1553-9946) is published by WebMD LLC and may not be reproduced in whole or in part without written permission of WebMD LLC. All rights reserved. All editorial content is reviewed by our board-certified physicians, is for informational purposes only, and is not intended to be a substitute for professional medical advice, diagnosis, or treatment. WebMD does not endorse any specific product, service, or treatment. Always seek the advice of your health care provider with any questions regarding a medical condition and never disregard professional medical advice or delay seeking it because of something you have read in a WebMD publication. If you think you have a medical emergency, call your doctor or 911 immediately. 2026 WebMD LLC. All rights reserved.

THE LATEST ON PROSTATE CANCER

A REASON TO KEEP GOING

When advanced prostate cancer continues to progress despite multiple treatments, newer targeted therapies may still offer hope. Researchers in the U.S. found that 42% of men with metastatic castration-resistant prostate cancer who were treated with a targeted radioactive therapy experienced a 50% drop in prostate-specific antigen (PSA) levels, a sign that the treatment could be helping control the cancer. Encouraging survival outcomes were also observed among patients who had undergone several prior treatments and had poorer overall health. These findings suggest that staying informed and talking with your doctor may help you better understand the range of treatment options available.

SOURCE: *The Journal of Nuclear Medicine*

ABOUT 333,830

Estimated number of new prostate cancer cases in the U.S. in 2026.

SOURCE: American Cancer Society

ABOUT 67

Average age of men when they are first diagnosed with prostate cancer.

SOURCE: American Cancer Society

ADVANCING EQUITY IN CARE

Some Black communities are often underrepresented in clinical research due to limited access to health care and more. To gain insight into how effective targeted radioactive therapy is across diverse patient groups with advanced prostate cancer, about 40% of the 163 patients included in this U.S. study were Black. Researchers found that Black patients showed outcomes similar to—and in some cases better than—those of other racial groups, including stronger treatment responses. The results highlight the need to improve access to treatment so that more people can benefit from advances in care.

SOURCE: *The Oncologist*

THE MIND-BODY TOLL

Cancer and its treatments can leave many patients feeling physically and emotionally drained. A survey of more than 6,400 people with prostate cancer found that those with higher fatigue levels were more likely to have poor physical and mental health. About 32% reported having poor mental health, and nearly 67% reported having poor physical health. Experts believe that staying socially connected, keeping active, and talking openly with health care providers about ongoing tiredness and symptoms may help improve your emotional well-being and quality of life.

SOURCE: *Cancers*



This content was created using several editorial tools, including AI, as part of the process. Human editors reviewed this content before publication.

STATS & FACTS

Reviewed by Brunilda Nazario, MD,
WebMD Chief Physician Editor, Medical Affairs

2.9 MILLION

Estimated number of new prostate cancer cases diagnosed worldwide each year by 2040, up from 1.4 million in 2020.



ABOUT 6 in 10

Number of prostate cancer cases diagnosed in men age 65 or older.



67%

Increase in the rate of new prostate cancer cases among Black men compared with White men.

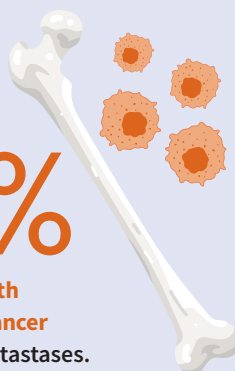


About 1 in 8

Number of men who will be diagnosed with prostate cancer in their lifetime.

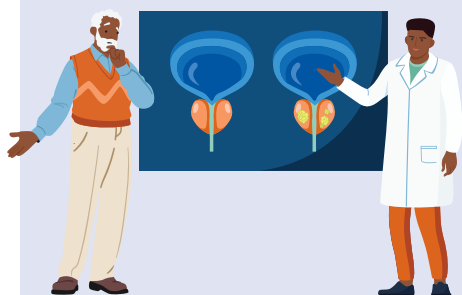
More than 80%

Amount of people with metastatic prostate cancer who develop bone metastases.



72%

Reduction in the amount of men diagnosed with metastatic prostate cancer since the introduction of prostate-specific antigen blood testing.



44% to 75%

How much more likely Black men are than the general population to have advanced prostate cancer at the time of diagnosis.



SOURCES: *The Lancet*, American Cancer Society, American Society of Clinical Oncology, American Urological Association

This content was created using several editorial tools, including AI, as part of the process. Human editors reviewed this content before publication.

UNDERSTANDING YOUR DIAGNOSIS

You have “PSMA-positive metastatic castration-resistant prostate cancer.” What does that mean? And what’s next?

By Sonya Collins

Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

Learning that you have PSMA-positive metastatic castration-resistant prostate cancer can feel overwhelming. The name may be long and complicated, but each part gives your doctor important information about where the cancer is, how it is behaving, and which treatments may help.

WHAT METASTATIC, CASTRATION-RESISTANT, AND PSMA-POSITIVE MEAN

“Metastatic” cancer has spread beyond the prostate. It often spreads first to lymph nodes in the pelvis and then to the bones. Common sites include the pelvis, hips, spine, ribs, and long bones of the legs.

“Castration-resistant” means the cancer is growing in spite of your very low testosterone levels. Prostate cancer usually depends on testosterone to grow. That is why many men are first treated with androgen deprivation therapy to block or lower testosterone. This treatment can work for years. But eventually, cancer cells begin to grow again.

“These cells no longer respond to hormonal manipulation, meaning PSA’s going to rise even though testosterone is low to undetectable,” says Leslie A. Deane, MBBS, chief of urology at Howard University Hospital in Washington, DC.

“PSMA-positive” means the cancer cells have a marker on their surface called prostate-specific membrane antigen. That matters because newer treatments target this specific protein.

WHO GETS IT

Prostate cancer can affect any man, though it’s typically older men and places a heavier burden on Black men. The reasons are complex.

“Black men who have certain genetics from Northwestern sub-Saharan Africa—Nigeria, Cameroon, Ghana—are at higher risk of getting prostate cancer and lethal prostate cancer,” says Otis Brawley, MD, professor of oncology and epidemiology at Johns Hopkins School of Medicine in Baltimore.

But biology is not the whole story. Access to care, which isn’t always equal across racial and ethnic lines, plays a big part in prostate cancer outcomes. The encouraging news is that “Once diagnosed, equal treatment yields equal outcome,” Brawley says. That makes timely care and access to the full range of treatment options especially important.

WHAT’S NEXT

After your initial diagnosis, you may have more imaging, blood tests, and



PREPARE FOR YOUR NEXT APPOINTMENT

Bring these things to your next appointment:

- + Your list of questions
- + Current medication list
- + List of treatments
you've already had
- + Your most recent test
results
- + A list of symptoms
- + A loved one if you feel
comfortable

genetic testing. This testing can show whether you might benefit from certain medications that tend to work for men who carry certain gene variations or whose tumors have a certain genetic profile.

Your doctor may talk with you about a sequence of treatments, which can include chemotherapy, radiopharmaceuticals such as PSMA-targeted treatment, immunotherapy, vaccine-type therapy, PARP inhibitors, and clinical trials. One treatment may work for a while, then another may be considered when the first one stops working.

“There is a long sequence of treatments available that really extend lives,” Deane says. “You see your PSA come down, you feel good, and you know there’s time left.”

This diagnosis is serious. But it is not the same diagnosis it was years ago. Many men now have more options, more time, and more reasons to stay engaged in their care.

Victory
looks
like this

Now FDA approved as early as
metastatic prostate cancer diagnosis

What is PLUVICTO® (lutetium Lu 177 vipivotide tetraxetan)?

PLUVICTO is a prescription treatment used to treat adults with metastatic prostate-specific membrane antigen-positive (PSMA+) prostate cancer and are:

- androgen pathway modulation-naïve or -sensitive (mAPMN/S) in combination with hormone therapy, or
- androgen pathway modulation-resistant (mAPMR) after hormone therapy, and
 - appropriate to delay chemotherapy, or
 - have received prior chemotherapy

IMPORTANT SAFETY INFORMATION

What is the most important information I should know about PLUVICTO?

Use of PLUVICTO involves exposure to radioactivity.

Long-term, accruing radiation exposure is associated with an increased risk for cancer. Drink plenty of water and urinate as often as possible during the first hours after administration.

Please see additional Important Safety Information on the next page and Brief Summary of full Prescribing Information on the following page.

To minimize radiation exposure to others following administration of PLUVICTO, limit close contact (less than 3 feet) with household contacts for 2 days or with children and pregnant women for 7 days. Refrain from sexual activity for 7 days, and sleep in a separate bedroom from household contacts for 3 days, from children for 7 days, or from pregnant women for 15 days.

PLUVICTO may cause serious side effects, including:

Low level of blood cell counts, which may be severe and life-threatening. Tell your doctor right away if you develop any new or worsening symptoms, including:

- Tiredness or weakness
- Pale skin
- Shortness of breath
- Bleeding or bruising more easily than normal or difficulty stopping bleeding
- Frequent infections with signs such as fever, chills, sore throat, or mouth ulcers

PLUVICTO is not chemotherapy. It's different.

Now FDA approved in PSMA+ mAPMN/S prostate cancer (also known as mHSPC)

In a primary analysis, PLUVICTO reduced the risk of cancer worsening by an additional 28% vs hormone therapy alone.



In an updated analysis 14 months later,

PLUVICTO reduced the risk of cancer worsening by an additional 33% vs hormone therapy alone

50% of men on hormone therapy alone lived without cancer worsening for 48.5 months while **men on PLUVICTO lived longer than that without cancer worsening** (the exact length of time is continuing to be measured).

86% of men on PLUVICTO had their tumors shrink or disappear (vs 81%).

FDA, US Food and Drug Administration; mAPMN/S prostate cancer, metastatic androgen pathway modulation-naïve or -sensitive prostate cancer; mAPMR prostate cancer, metastatic androgen pathway modulation-resistant prostate cancer; mCRPC, metastatic castration-resistant prostate cancer; mHSPC, metastatic hormone-sensitive prostate cancer; PSMA+, prostate-specific membrane antigen-positive.

Proven in PSMA+ mAPMR prostate cancer (also known as mCRPC)



More time without cancer worsening vs a second hormone therapy

With a median of 9.3 months with PLUVICTO vs 5.6 months with a second hormone therapy. In an updated analysis 17 months later, it was a median of 11.6 months with PLUVICTO vs 5.6 months.

49% of men on PLUVICTO had their tumors shrink or disappear (vs 14%).

Scan here to learn if PLUVICTO may be right for you.

Ask your doctor about PLUVICTO.



Kidney problems, which can be severe. You should stay well hydrated before and after treatment. Tell your doctor right away if you develop any new or worsening urinary symptoms. All radiopharmaceuticals, including PLUVICTO, have the potential to **cause harm to an unborn baby**.

- You should use effective contraception during treatment with PLUVICTO and for 14 weeks after your last dose

PLUVICTO may cause temporary or permanent **infertility**.

The most common side effects of PLUVICTO include:

- Decreased blood cell counts
- Laboratory abnormalities
- Tiredness
- Dry mouth
- Nausea
- Kidney problems

These are not all of the possible side effects of PLUVICTO. Call your doctor for advice about side effects. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Please see Brief Summary of full Prescribing Information on the following page.

 **PLUVICTO®**
lutetium Lu 177 vipivotide tetraxetan
INJECTION FOR INTRAVENOUS USE

 **NOVARTIS**

Novartis Pharmaceuticals Corporation
East Hanover, New Jersey 07936-1080

© 2026 Novartis

Printed in USA

7/26

FA-11682073

PLUVICTO Consumer Brief Summary July 2026

About PLUVICTO® (lutetium Lu 177 vipivotide tetraxetan)

PLUVICTO is a prescription treatment used to treat adults with metastatic prostate-specific membrane antigen-positive (PSMA+) prostate cancer and are:

- androgen pathway modulation-naïve or -sensitive (mAPMN/S) in combination with hormone therapy, or
- androgen pathway modulation-resistant (mAPMR) after hormone therapy, and
 - appropriate to delay chemotherapy, or
 - have received prior chemotherapy

Warnings about PLUVICTO

Use of PLUVICTO involves exposure to radioactivity. Long-term, accruing radiation exposure is associated with an increased risk for cancer. Drink plenty of fluids and urinate as often as possible during the first hours after administration. To minimize radiation exposure to others following administration of PLUVICTO, limit close contact (less than 3 feet) with household contacts for 2 days or with children and pregnant women for 7 days. Refrain from sexual activity for 7 days, and sleep in a separate bedroom from household contacts for 3 days, from children for 7 days, or from pregnant women for 15 days.

PLUVICTO can cause low levels of blood cell counts that may be severe or life-threatening.

Your doctor will monitor your blood cell counts before and during treatment. Tell your doctor right away if you develop any new or worsening symptoms, including tiredness or weakness; pale skin; shortness of breath; bleeding or bruising more easily than normal, or difficulty stopping bleeding; or frequent infections with signs such as fever, chills, sore throat, or mouth ulcers.

PLUVICTO can cause severe kidney problems.

You should stay well hydrated before and after treatment. Your doctor will monitor your kidney function before and during treatment. Tell your doctor right away if you develop any new or worsening symptoms, including passing urine less often or passing much smaller amounts of urine than usual.

Before starting PLUVICTO

Tell your health care provider if you:

- Have low levels of blood cell counts (hemoglobin, white blood cells, absolute neutrophil count, or platelets), or if you have or have had symptoms of low levels of blood cell counts
- Have or have had kidney problems
- Have or have had any other type of cancer or treatment for cancer
- Are sexually active

What you should know while taking PLUVICTO

PLUVICTO has not been studied in females and has the potential to cause harm to an unborn baby. Use effective contraception during treatment with PLUVICTO and for 14 weeks after your last dose. PLUVICTO may cause temporary or permanent infertility in males.

Possible side effects of PLUVICTO

The most common side effects of PLUVICTO include:

- Decreased blood cell counts
- Laboratory abnormalities
- Tiredness
- Dry mouth
- Nausea
- Kidney problems

These are not all of the possible side effects of PLUVICTO. To learn more:

- Talk to your health care provider or pharmacist
- Visit **www.us.pluvicto.com** to obtain the FDA-approved product labeling

You are encouraged to report negative side effects of prescription drugs to the FDA.

Visit **www.fda.gov/medwatch**, or call 1-800-FDA-1088.



BUILD YOUR STRENGTH

Find the right care team to carry you through

By Quint White

Reviewed by Brunilda Nazario, MD,
WebMD Chief Physician Editor, Medical Affairs

In 2019, I had an elevated prostate-specific antigen (PSA) test, which is used to screen for prostate cancer. It went down and then up and up again. I went to see a urologist who took a biopsy. The first one came back negative, but my PSA was still up. An MRI-driven biopsy found the cancer the first biopsy missed on the other side of my prostate.

TAKING ACTION

You hear the word “cancer” and you’re scared. You think whatever we can do to get rid of it, let’s go. So you have it taken out.

After surgery to remove my prostate, they wanted me to continue androgen deprivation therapy. But I wondered how we’d know if the surgery was successful in removing all the cancer. Then, I had another PSA rise. I never had a real durable remission.

FIND THE BEST

My sister-in-law recommended a radiation oncologist, and I got radiation therapy. Again, I had a little bit of a remission, and the PSA started moving again. After more targeted radiation and another doctor, it was again the same thing: a brief remission and then up again.

I realized I hadn’t talked to an oncologist yet. I asked who I should see. I had a car. I could drive wherever I needed to go. I just needed the best. They hooked me up with my oncologist, who I’ve been seeing ever since.

EXPLORE NEW OPTIONS

My PSA has only been nondetectable for a couple of months here or there. But it’s never gone too high either.

As I understand it, I was one of the first people to get a new type of targeted radioligand therapy approved for prostate-specific membrane antigen-positive metastatic prostate cancer that’s resistant to hormone therapy. My PSA dropped down and then went back up. It’s holding now, and that’s my journey.

QUINT’S TIPS

- + In the beginning, I didn’t know anything about prostate cancer or its treatment. **Take the time to learn about it.**
- + **Do what you can to put together a care team you trust** from the beginning.
- + **Stay current.** I follow an expert at the Prostate Cancer Research Institute in California, and he’s really on the cutting edge.
- + **Metastatic prostate cancer treatment gets better every year.** They keep finding out something, so know that your options will grow.



FINDING THE RIGHT PATH

Treatment often means moving from one plan to the next

By Sonya Collins

Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

When you have metastatic castration-resistant prostate cancer, you typically stay on one treatment plan for as long as it helps you. Then your doctor re-evaluates and recommends a new plan.

“It’s not a case of treatment A or B,” says Praful Ravi, MB BChir, a medical oncologist at the Lank Center for Genitourinary Oncology at Dana-Farber Cancer Institute in Boston. “It’s a case of A then B or B then A.”

Doctors have several ways to slow the cancer, ease symptoms, and help you live longer.

HORMONE-TARGETING TREATMENTS

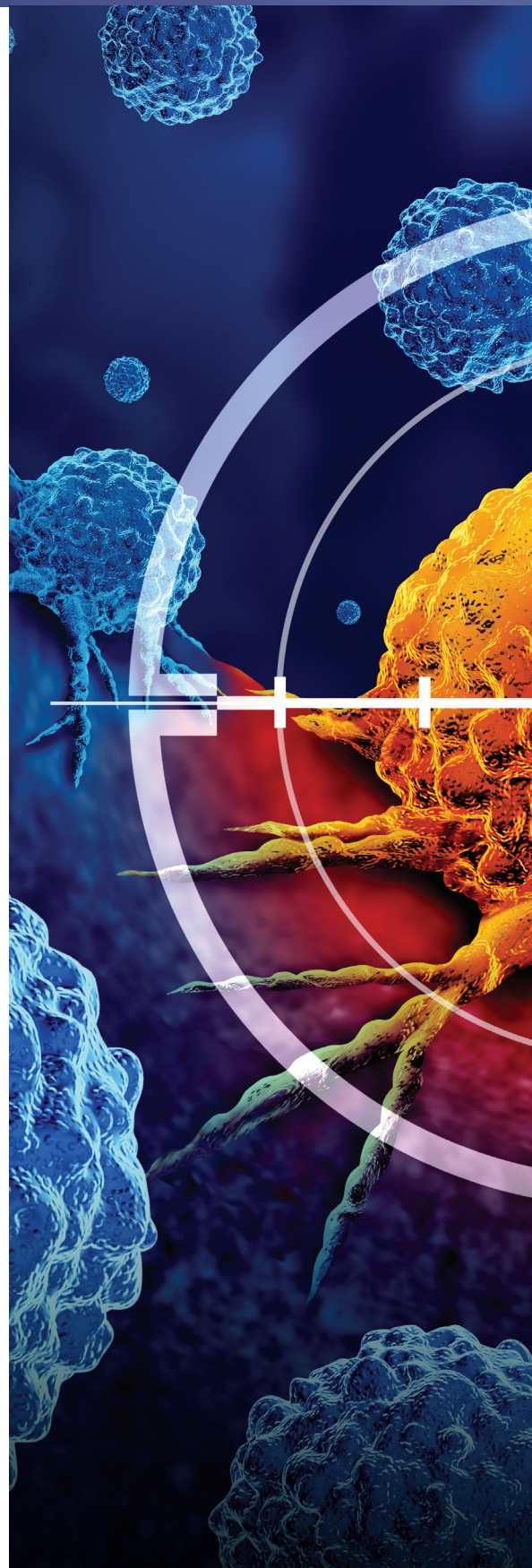
Hormone-targeting treatments may still play a role in castration-resistant cancer. Most men continue medications that keep testosterone very low. You might also add pills that block any signals the remaining testosterone is sending.

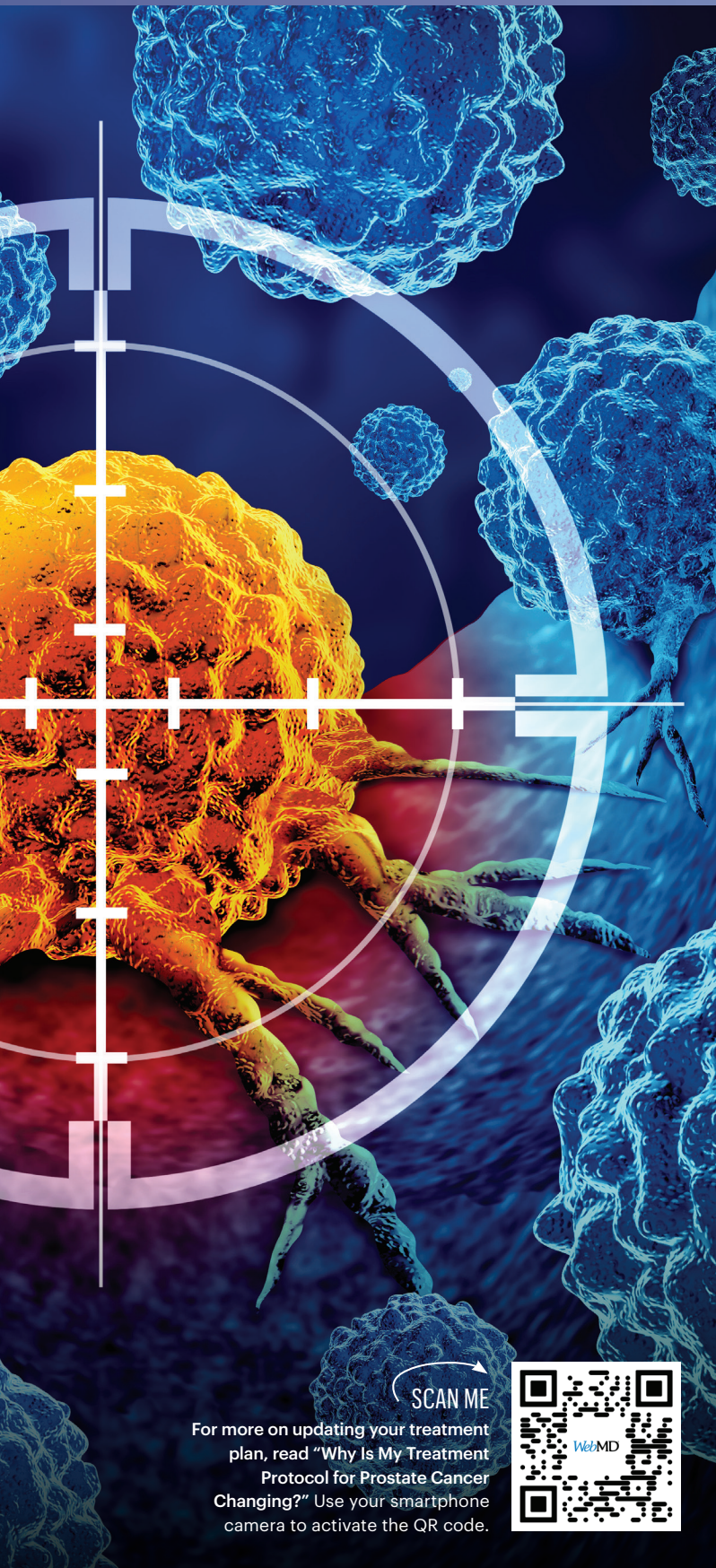
CHEMOTHERAPY

Chemotherapy may be a good choice when the cancer is growing quickly, causing pain, or has spread to vital organs. While it is known for its harsh side effects, Ravi says, “We give these chemos to men in their 70s and 80s, and they can handle it.”

RADIOPHARMACEUTICALS

Radiopharmaceuticals are drugs that deliver radiation once they are inside the body. “It’s a way of treating all disease sites with radioactivity—a cross between a drug and radiation,” says Frank Cackowski, MD, PhD, a medical oncologist at Karmanos Cancer Institute in Detroit.





SCAN ME

For more on updating your treatment plan, read “Why Is My Treatment Protocol for Prostate Cancer Changing?” Use your smartphone camera to activate the QR code.



WILDPixel/VIA GETTY IMAGES

One of these drugs attaches to PSMA (prostate-specific membrane antigen), a protein found on many prostate cancer cells. Another targets cancer in the bones rather than PSMA specifically.

Because these drugs are radioactive, men need to follow safety precautions to protect others for a few days after each dose, such as sleeping alone and using a separate bathroom if possible.

TARGETED THERAPY AND IMMUNOTHERAPY

Some men may benefit from treatments based on their genetics or the genetics of their tumor. A class of drugs called PARP inhibitors, for example, may help men who carry certain variations in DNA repair genes, especially BRCA2 and sometimes BRCA1, or other related mutations.

Immunotherapy, which helps your immune system fight cancer, is an option for a much smaller group of men whose tumors have changes in genes meant to repair DNA. These gene changes are rare, but testing is still important because those who have these gene changes may respond very well to immunotherapy.

CLINICAL TRIALS

A trial may offer access to a new drug, a new drug combination, or a new way of using an existing treatment. “Clinical trials are appropriate for any patient on their prostate cancer journey,” Cackowski says. “Not just patients who are running out of options.”

LOOKING AHEAD

The goal of treatment is to shrink the cancer and help you feel as well as possible for as long as possible. As you move from one treatment to the next, each option may add time, control symptoms, and help you keep living your life.

“This can be treated effectively for years,” Cackowski says. “Most people in treatment do all the same things they did before.”

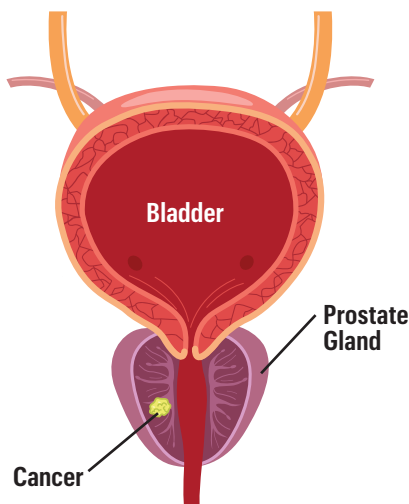
PROSTATE CANCER STAGES

Care teams use a staging system to describe how far your disease has spread

By Rachel Reiff Ellis Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

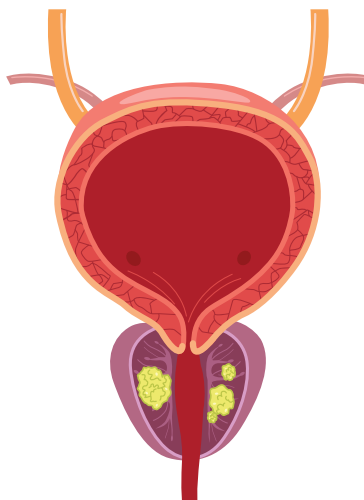
Stage I

The cancer cells are in less than half of one side of your prostate gland and small enough that your doctor can't feel it during a rectal exam.



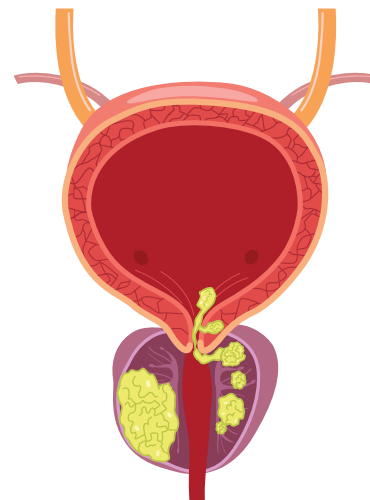
Stage II

The cancer cells are only in your prostate but involve more than one area, and your doctor can feel the tumor during a rectal exam.



Stage III

Prostate cancer cells have spread outside your prostate into your seminal vesicles (coiled pouches behind your bladder that make fluid for semen), bladder, rectum, or other nearby organs.



GETTY IMAGES/FREEPIK.COM/VECTEEZY.COM

TREATMENT OPTIONS



Active Surveillance

For prostate cancer that is growing very slowly and not causing symptoms, your doctor may just watch and monitor you with blood tests, imaging, and regular exams.



Surgery

When cancer is only in your prostate, a surgeon can remove your prostate with a surgery called prostatectomy.



Radiation Therapy

In this treatment, a machine beams radiation energy at the cancer to kill the cancer cells. You might have this therapy alone or in combination with other treatments.

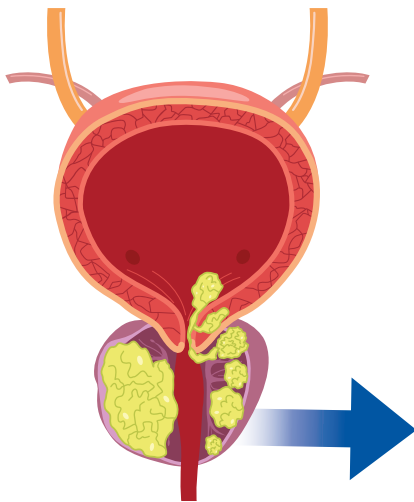


Hormone Therapy

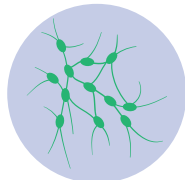
Male hormones can help prostate cancer cells grow. This treatment removes hormones or blocks them to stop cancer cells from growing.

Stage IV

Also called metastatic prostate cancer, this stage means the cancer has spread to farther places in your body such as nearby lymph nodes, your bones, liver, or lungs.



Bladder



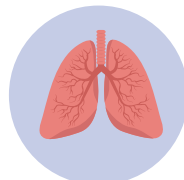
Lymph Nodes



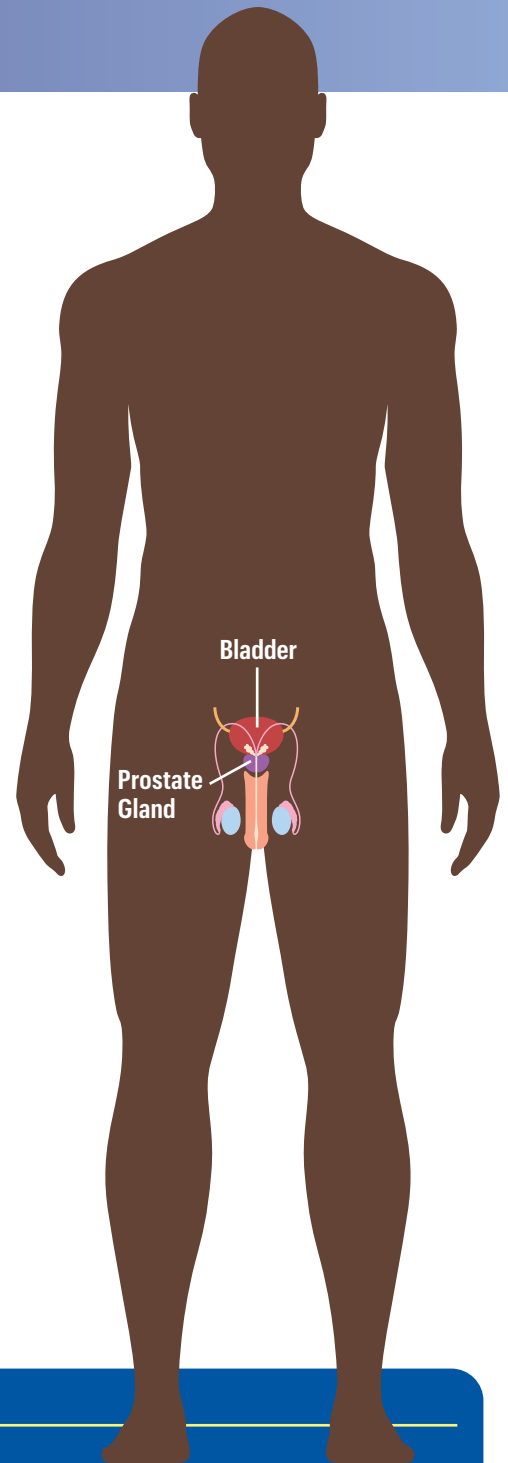
Bones



Liver



Lungs



Targeted therapy

These medicines attack specific chemicals in prostate cancer cells, which makes the cancer cells die.



Immunotherapy

These drugs boost your immune system to help attack the cancer cells.



Chemotherapy

It kills fast-growing cells in your body, including prostate cancer cells. You take chemotherapy by mouth or in a vein.



Radiopharmaceutical treatment

A doctor injects a radioactive substance into your vein to kill prostate cancer cells, especially those that have spread to your bones.

CHANGING THE GAME

Knicks legend Allan Houston opens up about his own mental and physical journey with prostate cancer and how he's rewriting the narrative for others battling it

By DeMarco Williams Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

The list of accomplishments Allan Houston racked up during his 12-year NBA career with the Detroit Pistons and New York Knicks is impressive: a two-time all-star, 14,000-plus career points, an Olympic gold medal, and a headlining role in New York's 1999 NBA Finals appearance.

But let Houston tell it, the most impressive thing he ever did in the league was stay healthy. "I went through a series of probably seven seasons and only missed 10 games," says Houston, who technically missed only nine games between the 1996-1997 and 2002-2003 campaigns. "I'm thankful that God gave me health and well-being."

Sometimes a player's best ability is his availability.

"Part of being great—and I'm not claiming that—and doing anything at a high level is preparing for consistency," adds the former Knick, who made regular appearances in the stands this past postseason during New York's spirited run to an NBA title. "The way you train physically, the way you train mentally, and the way you train spiritually—it all lines up."

PUT UP A FIGHT

Back in 2023, the smooth, 6-foot-6 former shooting guard's health again was in the headlines. After doing prostate-specific antigen screening (which measures PSA protein in the blood), Houston was diagnosed with prostate cancer. He knew that his next play would be fighting the disease. Houston had a wife and seven kids depending on him.

Houston's dad taught him how to be strong. A trailblazer in the basketball world, Wade Houston was the first Black person to receive a hoops scholarship from the University of Louisville. Years later, he became the first Black head coach in the SEC when he took over at the University of Tennessee in 1989.

"My dad was [assistant] coaching at the University of Louisville," Houston remembers. "By the time I was 9 or 10, I saw his team win a national championship. I saw his team go to four Final Fours by the time I was a freshman in high school. When you see things at that level, you see what it takes to go into that. But you also see how you deal with the adversity."

HOME COURT: Former New York Knicks star Allan Houston reflects on time well spent at Madison Square Garden, where he became one of the franchise's most beloved players.

PHOTO COURTESY OF THE NEW YORK KNICKS



Houston, who starred at Tennessee under his father from 1989 to 1993, isn't talking about the kind of hardships that come after a tough loss. No, what he saw his father endure was more severe. Wade was diagnosed with prostate cancer in 2010. Prostate cancer, the most common form of cancer among men after nonmelanoma skin cancer, disproportionately impacts Black men, who are 70% more likely to be diagnosed than White men and twice as likely to die from the disease.

LET YOUR ACTIONS SPEAK

Houston said his dad considered traveling abroad for care before agreeing to try a then-pioneering treatment called robotic prostatectomy. Houston remembers how his father courageously took the whole process in stride, never much showing emotion either way.

A WINNING GAME PLAN

Three things Allan Houston never skips

- + **Meals:** What you eat is important, but managing portion size is the key. I usually have a meal supplement. It's called Living Fuel. A friend of mine launched it years ago. I actually used to drink it at halftime, put it in Gatorade or water. It's a game changer for me because it allows me to have a nice digestive pattern in the first half of the day.
- + **Movement:** Get in some steps—even if it's only for a few minutes a day.
- + **Meditation:** Make time for reflecting with your Bible. Spiritual nutrition is vital.

“[My family’s] not dramatic,” Houston says. “We couldn’t really get anything out of him. I was like, ‘What are we doing?’ He’s like, ‘I’ll be all right.’ He went through it. And we were there to pray for him and support him.”

But while Wade may not have had much to say, his actions surrounding his health spoke volumes. Allan’s father has always been proactive with his health. He made sure his son understood the importance of knowing about his body and regularly communicating with his doctor.

“For him to lay the foundation,” says Houston, “that ‘I’m gonna get the best doctors and I’m gonna get on this and be there for my family’ [was inspiring]. He didn’t have to say that. But that’s the way he approached it.”

After receiving his own diagnosis and starting treatment, Houston began wondering how he’d navigate his own journey. Would he keep things private or go public? Sure, he’d been in front of cameras for nearly two decades as a collegiate and NBA star, but this was different. This was personal.

“[My doctor] gave me some great advice,” tells Houston. “He said, ‘You’ll know when and how you want to be vocal.’ For me and my family, our mindset has always been you don’t need to bring attention to yourself. You don’t want to be dramatic. Sometimes you can overdo that. That’s what I didn’t want to be.” During his playing days, the reserved Houston usually let his dependable jump shot do most of the talking.

But as Houston started to discuss his condition with others in similar situations, he came to understand how healing those conversations could be. “You realize how much they needed that,” he adds. “In life, what really helps is when people that have gone through what you’ve gone through can be there for you.”

USE YOUR PLATFORM

Houston would ultimately partner with ZERO Prostate Cancer, an organization whose mission is to help individuals and families affected by prostate cancer through advocacy, education, and support ([ZEROCancer.org](https://www.ZEROCancer.org)). A ZERO board member, Houston uses the platform to

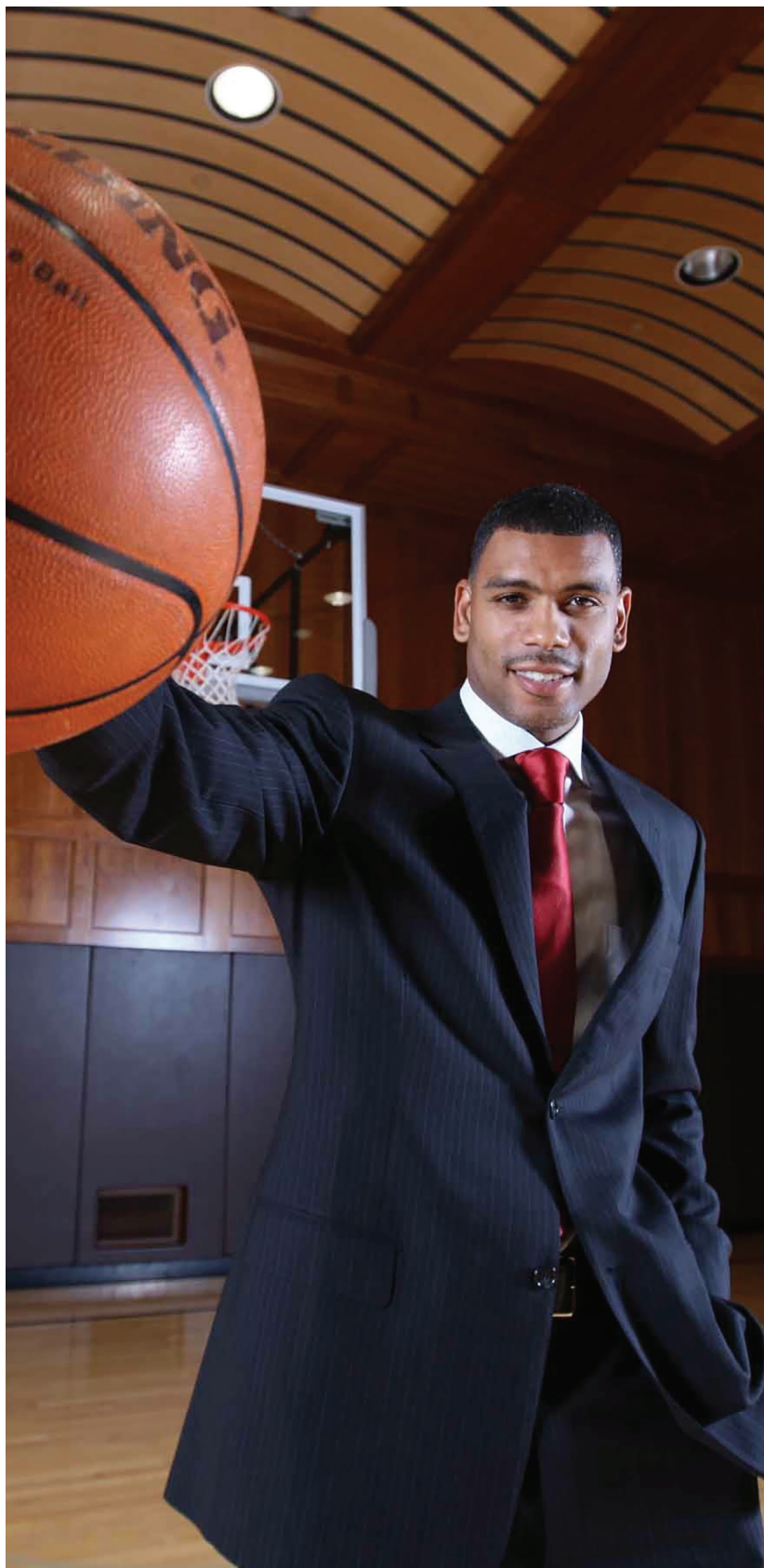


PHOTO OF ALLAN HOUSTON COURTESY OF FISLL MEDIA; PHOTO OF WADE HOUSTON COURTESY OF FISLL MEDIA; FAMILY PHOTO COURTESY OF ALLAN HOUSTON

“In life, what really helps is when people that have gone through what you’ve gone through can be there for you.”

—Allan Houston

help educate people, especially Black men, on the importance of screening and being more proactive about their overall health through ZERO’s **Blitz the Barriers** initiative, focused on eliminating the survival gap for Black men.

“There’s strength in talking,” Houston says. “Sometimes, even just being there to listen to somebody is all you can do. All someone else can do is just talk. There’s nothing else you can do but just be there. What I’ve been learning and trying to do is continue to open up spaces for dialogues and conversations.”

Another way Houston uses his platform is through FISLL (Faith. Integrity. Sacrifice. Leadership. Legacy.), a lifestyle brand rooted in five fundamental values that have guided his life on and off the court. Through apparel, education, community engagement, and storytelling, FISLL creates opportunities to connect with people around purpose, personal growth, and the choices that shape how we live and lead.

“FISLL represents that team of people that we can have a higher perspective with,” Houston says. “That’s what drives me—these conversations around these values and what we need to be doing in today’s world to stand out and think at a high level. The world is not going to get any easier to live in. It’s not going to get any more comfortable. It’s like every round of the Playoffs. It’s going to get harder and harder. So, guess what? You gotta be ready for it.”



A STRONG FOUNDATION: Allan Houston credits his father, Wade Houston, with instilling the resilience, discipline, and perspective that continue to guide him today.



TEAM HOUSTON: Tamara Houston and her husband, Allan (front row), smile bright with their seven children (from left to right) Jade, Allan III, Jodi, Asher, Remi, Truth, and Rowan, the center of their lives.

LEARNING TO REMAIN STEADY

Self-education and therapy helped me face the highs and lows

By Lonnie Van Horn

Reviewed by Brunilda Nazario, MD,
WebMD Chief Physician Editor, Medical Affairs

Life with metastatic prostate cancer is all about highs and lows. Your treatment is working. Your treatment stops working. You're eligible for a clinical trial. It works. It stops working.

When I was diagnosed in 2017, it was classified as aggressive right out of the gate. They put me on androgen deprivation therapy, which lowers testosterone to shrink tumor cells or slow their growth. Most people get at least a year out of that therapy. I failed it in six months.

It felt like the sky was falling.

I knew from the start that I didn't want chemotherapy. But then what's next? At the time, my doctor didn't know what was next. There were a couple of things that weren't chemotherapy, but their success rate wasn't great.

I was crushed.

At that time, I didn't have any way to cope with that kind of setback. I was nervous, anxiety-ridden, and couldn't process my feelings.

ARMING MYSELF WITH INFORMATION

So I started reading.

It was very cathartic for me to dive into the research and learn as much as I could about prostate cancer. It helped quell my anxiety.



CYCLE OF HOPE AND DESPAIR

My oncologist told me about a brand-new clinical trial. But I was terrified. I didn't want to be a guinea pig. I was bawling in my oncologist's office. He said, "If I didn't think you could do this, I wouldn't have brought it up."

So I enrolled in the trial. It was for people who had inherited BRCA2 and CHEK2 gene mutations, which raise your risk for prostate cancer. The trial drugs started working immediately. My PSA was coming down, the scans were clearing up, and my tumors were becoming more stable.

It felt great! I was so happy.

That lasted about eight months. Then it appeared that the cancer was outsmarting the treatment or the treatment was losing its efficacy—not a lot, just a little bit. My PSA started creeping up in insignificant amounts. There would be a little tumor activity here and there.



SCAN ME

For more on connecting with others, flip through our slideshow on “The Benefits of Finding Support Within the Prostate Cancer Community.” Use your smartphone camera to activate the QR code.



MEDIAPHOTOS/VIA GETTY IMAGES; INSET PHOTO COURTESY OF LONNIE VAN HORN

Then terror set in again.

But we changed the dosages of some of my medications, including the trial drugs, and they started working again. We did that again and again. It was a never-ending cycle of hope and bone-chilling terror.

THE TOOLS TO COPE

It's still that way. But I can handle those emotions now. One day, I woke up and said, “I can't do this anymore”—the emotional roller coaster. And I found a therapist who specializes in cancer patients. I still see her every week after all these years. She has taught me so much about how to handle grief, fear, and anxiety. Because the emotional roller coaster never goes away. You just have to steady yourself on it.

LONNIE'S TIPS



- + **Find a therapist** right away.
- + **Choose a friend or loved one in your inner circle who will just listen**—no advice, no problem solving, just listening.
- + **Educate yourself** about your disease.

SELF-ADVOCACY 101

Talking openly can help you access the best care during your mCRPC journey

By Kendall K. Morgan Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

Self-advocacy in health care means being informed. It means asking questions anytime you're unsure while communicating your unique concerns. When you have a serious health condition like metastatic prostate cancer that's castration resistant, it's important to know you have a right to dignity, respect, and attention to your needs. It's your right to make your own decisions about the care you receive.

ACCESSING THE LATEST TREATMENT AND BEST CARE

The good news is that treatment and outlooks for metastatic prostate cancer are better today than in the past. But with these advances, self-advocacy has become even more important than ever before, says Phillip J. Koo, MD, chief medical officer at the Prostate Cancer Foundation in Santa Monica, CA.

"In the world of medicine, I would say that self-advocacy is probably one of the most important things patients and their caregivers can do for their own care journeys," Koo says. "I'm talking specifically about prostate cancer, but I think it applies to a lot of different areas. There are so many advancements and changes. At every [medical] meeting that comes and goes, there's practice-changing information that's presented, but oftentimes it takes too long to get incorporated into routine clinical care, and that's where that self-advocacy piece can really help accelerate that change and make sure patients are getting access to the best available treatments for them."

OPEN DISCUSSION

While every advance you read about won't be the right one for you, being informed about the options can help you

stimulate discussion with your care providers, Koo says. It will enable open communication about the pros and cons of your various treatment options and how they may align with your goals.

TACKLE DISPARITIES

Self-advocacy is an important way to help you overcome disparities that exist in prostate cancer, says Amar U. Kishan, MD, a radiation oncologist at UCLA Health in Los Angeles. Black men are diagnosed with prostate cancer more often. They're also more than twice as likely to die of the disease compared to White men. A study led by Kishan and his colleagues found that Black men also are less likely to receive new treatments for reasons that are likely complex.

Kishan says he's "passionate about educating his patients on all the options they may have." Make sure you have an oncologist who's willing to do the same. He says it helps to let your doctor know about your values and preferences. That way they can help you balance your prostate cancer treatment with your quality-of-life concerns.

LEAN ON OTHERS

Being your own best advocate doesn't mean you have to do it alone.

"When you're diagnosed with metastatic prostate cancer, which unfortunately is rising in incidence every year, it's overwhelming," Koo says. "One of the most important things you can do is put yourself at the center and assemble a team around you, whether it's your spouse, partner, your relatives, friends, and then obviously you have your physicians and providers who are there along the journey as well."



SCAN ME

For more on this topic, read
"Advanced Prostate Cancer:
Advocating for Yourself." Use
your smartphone camera to
activate the QR code.

looking to
STAY WELL
every day



Fuel Your Body with Good for You Ingredients



ECHINACEA

Beautiful flower traditionally thought to help your body's defenses

LEMONGRASS

Tasty herb commonly thought to be a supportive hand to your overall health



ROSE HIPS

Tart and tasty herb commonly used to help support your well-being

ELDERFLOWERS

Light colored flower traditionally considered to help support a healthy lifestyle



BIGELOW
BENEFITS

Redefining Wellness
EVERY DAY