WebMD REAL STORIES

PROSTATE CANCER



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Actor JAMES PICKENS JR. on living beyond his prostate cancer diagnosis

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WINTER 2026/2027

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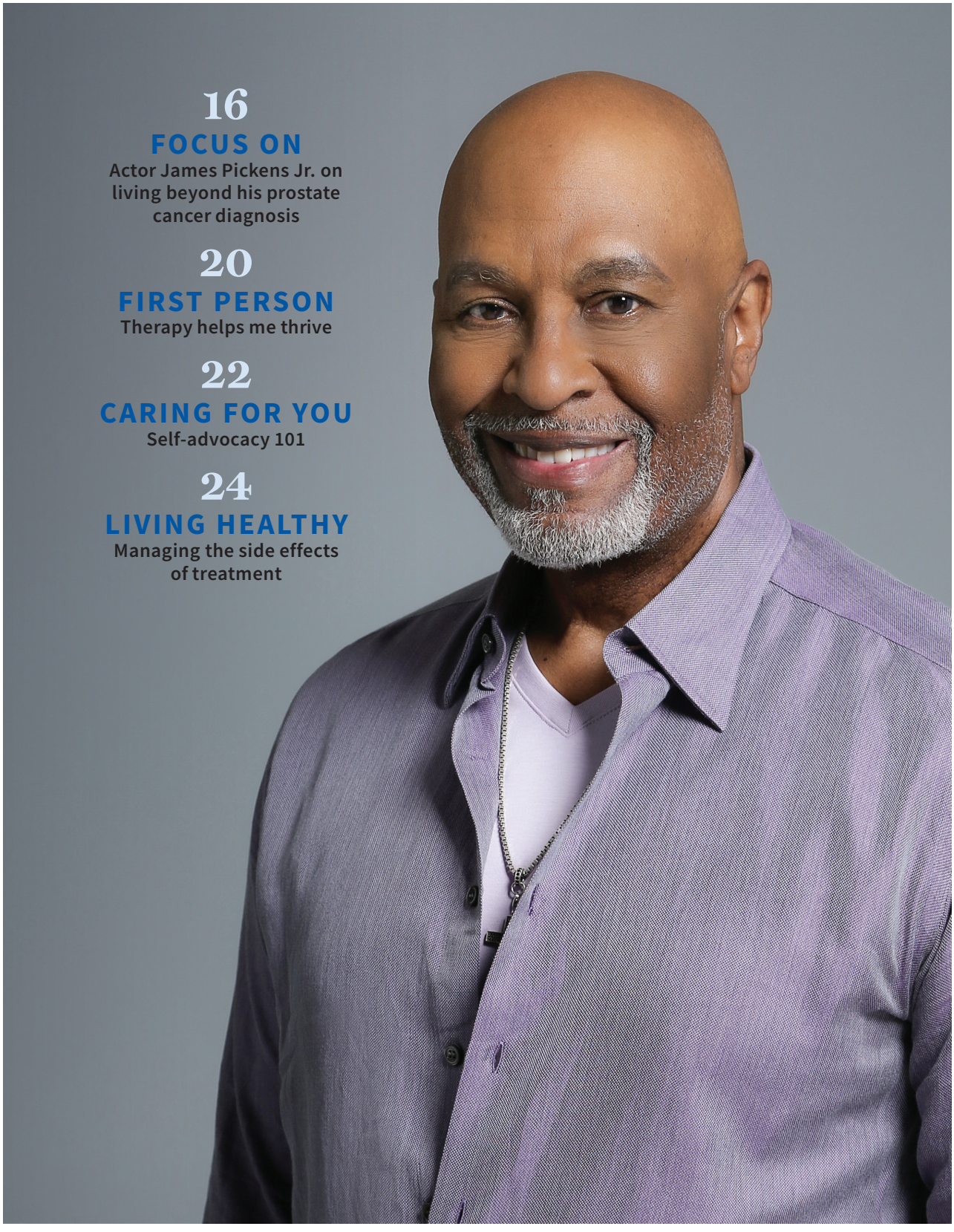

Cover and Contents Images: Photography by Sal Owen

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 healthcare 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 healthcare providers about ongoing tiredness and symptoms may help improve your emotional well-being and quality of life.

SOURCE: *Cancers*



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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.

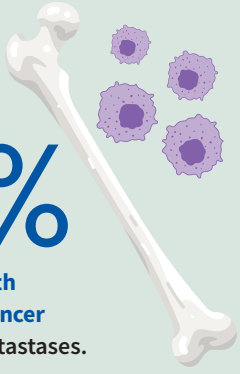


About 1 in 8

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

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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



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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.



Now FDA approved *as early as metastatic prostate cancer diagnosis*

Patient portrayal.

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.

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

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

PLUVICTO is not chemotherapy. It's different.

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

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

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,

↓33%

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%).

2X

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%).

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.

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

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East Hanover, New Jersey 07936-1080

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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.

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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.



PHOTOGRAPHY BY COLLEEN SWEENEY

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.





DRAGONIMAGES/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.”

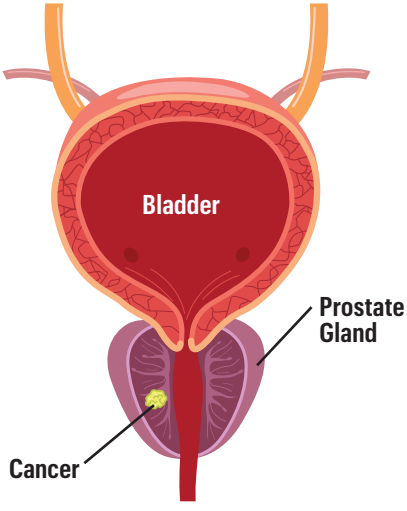
PROSTATE CANCER **STAGES**

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

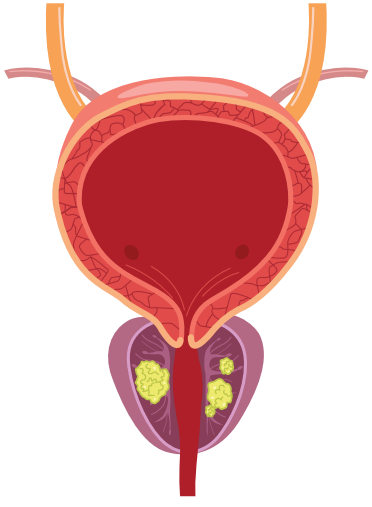
Stage I

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.



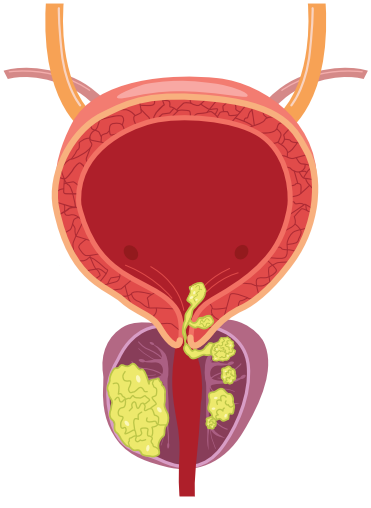
Stage II

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.



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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

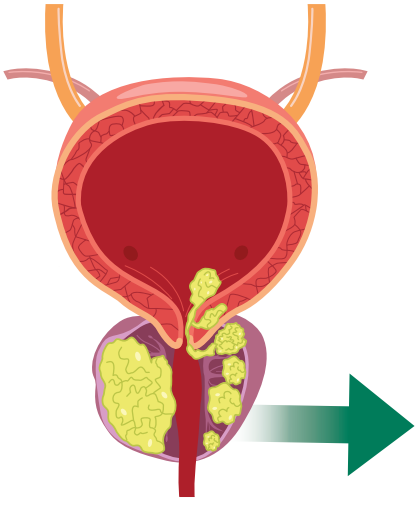
In this treatment, a machine beams radiation energy at the cancer to kill the cancer cells. You might have this therapy alone or in combination with other treatments.

Hormone Therapy

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

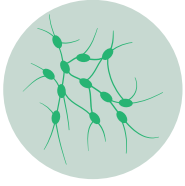
Stage IV

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



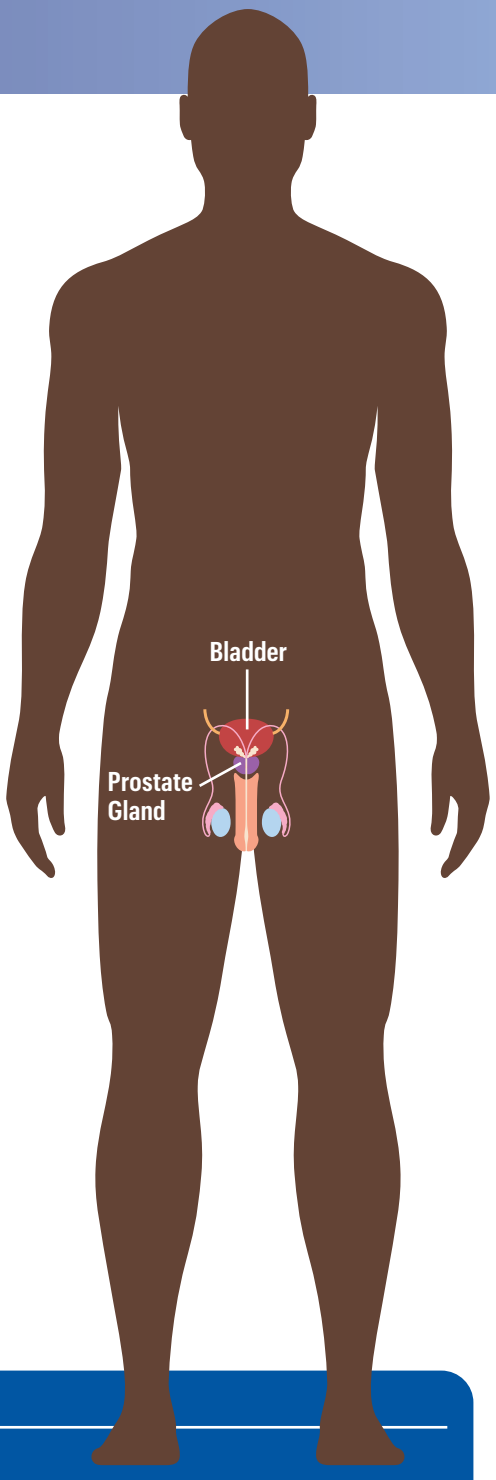
Bones



Liver



Lungs





Targeted therapy

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



Chemotherapy

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



Immunotherapy

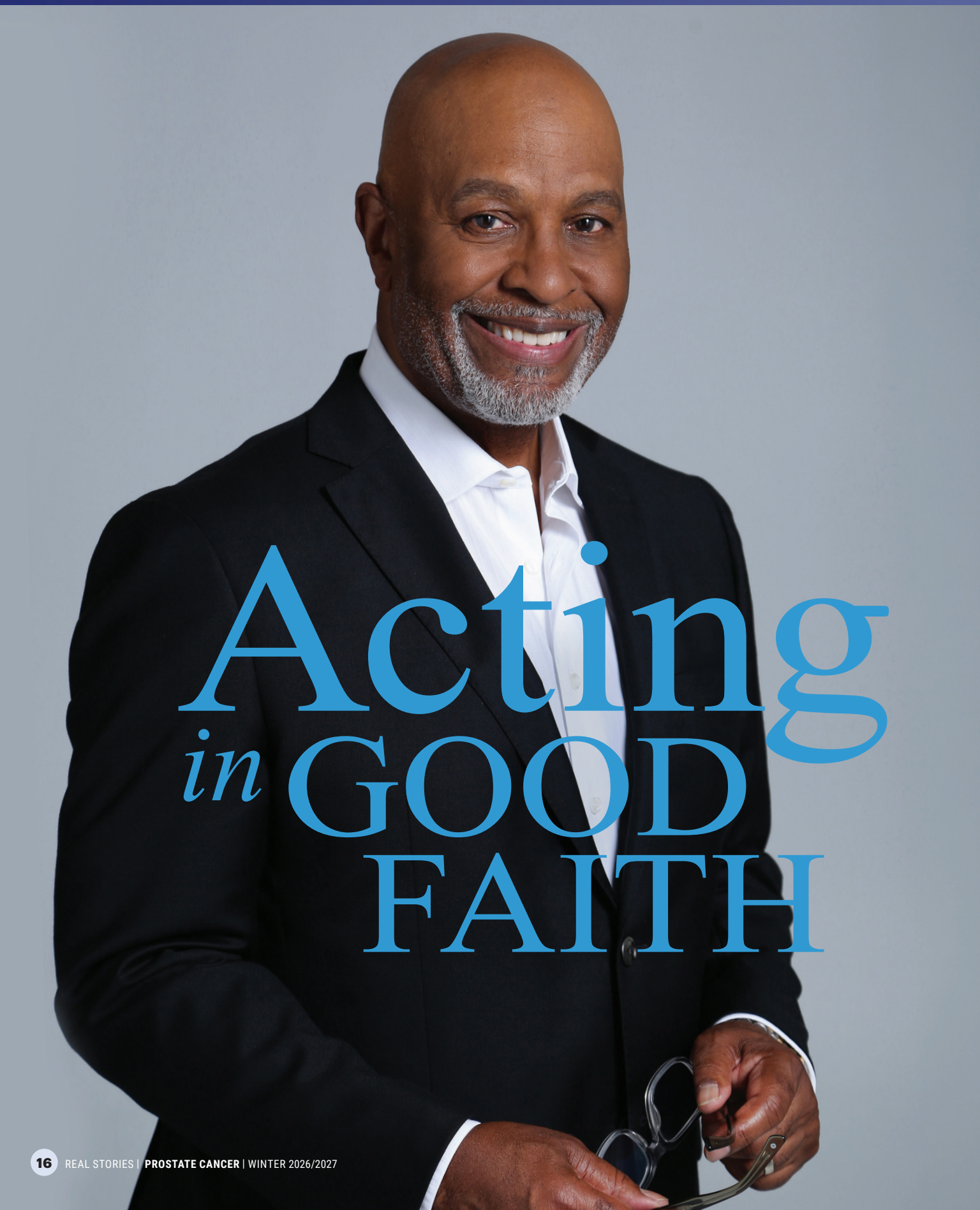
These drugs boost your immune system to help attack the cancer cells.



Radiopharmaceutical treatment

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

SOURCES: Mayo Clinic: "Prostate Cancer"; Johns Hopkins Medicine: "Prostate Cancer Stages," "Chemotherapy for Prostate Cancer"; National Cancer Institute: "Prostate Cancer Treatment"



Acting *in* GOOD FAITH

Grey's Anatomy's James Pickens Jr. examines how the hit show helped him prepare for his most important role to date: prostate cancer survivor

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

For 22 seasons, the hit medical drama *Grey's Anatomy* has dealt with everything from plane crashes and mass shootings to love triangles and weddings. Suffice it to say, the show's been an emotional roller coaster for everyone involved—cast, crew, and the countless viewers who've checked into Grey Sloan Memorial Hospital over the years.

But for all the feelings examined across more than 460 episodes, no storyline hit James Pickens Jr. harder than the one from Season 22's Episode 6. In the closing montage of "When I Crash," Pickens' character, Dr. Richard Webber, reveals to a colleague that he has cancer. The scene lasts less than a minute in an hourlong program that features a harrowing bus accident and an emergency C-section, but its impact is immense. You can see the moment's heaviness in Pickens' eyes.

That honesty isn't merely a product of Pickens' great acting. The scene feels real because it is real. Pickens himself was diagnosed with prostate cancer in 2024. Dr. Webber's life-altering announcement was merely imitating Pickens'.

> ***"One of the advantages of doing this show as long as I have is you make relationships with some of the foremost physicians and doctors not just in America, but also in the world."***

ART IMITATES LIFE

"That was actually a story I pitched," says Pickens, 73, who has starred on *Grey's Anatomy* since its inception in 2005. "When I found out about my diagnosis, I went to my executive producer and said, 'Look, I'd like to have Dr. Webber mirror me and what I'm going through. How can we pull down the curtain on prostate cancer and take away some of the myths and stuff like that? Let's watch him go through this process as I go through it.'"

That process started after Pickens' doctors noticed elevated prostate-specific antigen (PSA) levels in his body during a routine examination. Navigating around subsequent biopsies and MRIs could have proved overwhelming, but Pickens had help from high places.

"One of the advantages of doing this show as long as I have is you make relationships with some of the foremost physicians and doctors not just in America, but also in the world," says Pickens. "We have on our production staff actual doctors who have given me really good advice over the years for other family members. So, I reached out to them and said this is going on. [Producers said,] 'Jim, we want to plug you into so-and-so [for medical advice].' It made the landscape less murky. That gave me quite a bit of solace and confidence moving forward."

After consulting with doctors and reassuring family members—"My wife and daughter were ride or die. A lot of guys don't have that," Pickens remembers—he elected to have a radical prostatectomy, a robotic procedure which essentially removed the prostate, the lymph nodes, and other nearby tissues affected by the disease.

PHOTOGRAPHY BY SAL OWEN



A NATURAL BOND: Spending quality time with his American Quarter Horse, Tux, in California in 2023, James Pickens Jr. savors life’s simple pleasures.

Pickens announced he was cancer free in November 2025. “I’m still what they call ‘undetectable,’” he says. “There’s no PSA level [in my body] that they can measure. We’ll watch it for the next couple of years. I’m good to go.”

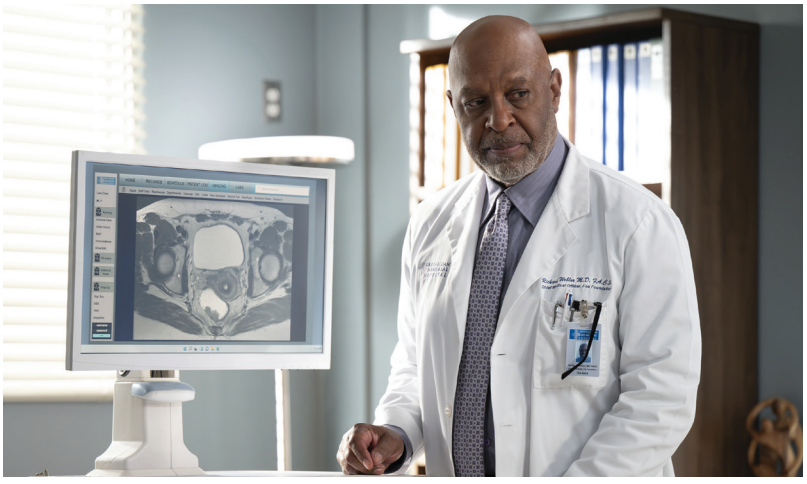
KNOWING IS KEY

While having the right doctors helped Pickens along his journey, most people will never get access to Hollywood’s top physicians. In those instances, Pickens says they can rely on two other things: early detection and knowing their family medical history.

“My father and uncles had been diagnosed with prostate cancer,” says Pickens. “As far as I know, no one succumbed to it, but it was in the family. It behooved me to stay on top of [my health]. I made it part of my annual physical every year, starting at the age of 41. [My doctors] just kept checking on it each year. When they saw that there was a little something suspicious going on, we were able to move into action.”

When addressed early enough, prostate cancer is one of the most curable forms of the disease. The early-detection message is one Pickens conveyed in a public service announcement he released at the end of his emotional *Grey’s Anatomy* episode. It’s the same message he’s repeated working alongside Black Health Matters, a leading resource for health and wellness initiatives affecting the African American community.

According to the American Cancer Society, 1 in 8 men will get prostate cancer over their lifetime. That number rises considerably in the Black community. “You got to pull that curtain down of all the mystique around it,” says Pickens. “Black men have to say, ‘This ain’t what I thought it was.’ You can survive and you can thrive. I always said



LIGHTS, CAMERA, LEGACY: Best known as Dr. Richard Webber on *Grey's Anatomy*, James Pickens Jr. brings depth and heart to the character in Season 21, Episode 4, "This One's for the Girls," in 2024.



A LASTING LOVE: James Pickens Jr. and his wife, Gina Taylor, have built a life together over 42 years of marriage.

FINDING LIGHT IN THE DARKNESS

Getting unfortunate health news, like a cancer diagnosis, can cause an incredible amount of stress. But there are ways to cope. Here are three approaches Pickens found particularly useful.

+ **Accentuate the positive.** Celebrate every day as a gift.

+ **Lean on your family.** Pickens says his wife and daughter were there for every important moment.

+ **Stand on your faith.** "Jesus Christ is my Lord and Savior," he says. "Look, I'm gonna put it in His hands."

that I have prostate cancer; it doesn't have me. That's what I keep in the forefront."

JUST KEEP GOING

With regard to his own health, Pickens has made some changes. With the help of his supportive family, Pickens has reduced his red-meat consumption to twice a week and has taken more of a plant-based approach to his diet. He exercises regularly, too. Knee issues might restrict Pickens from strenuous activities, but he admits to being a fan of chair yoga.

Pickens is also quite fond of horses. "I'm riding along the trail and you come back and you're refreshed and renewed," says Pickens, who owns three steeds. "OK, I can go out and face another day now. It gives you something to take care of, an animal who trusts you with his life. In return, he gives you back everything he can give you. That's a pretty good partnership."

Acting keeps Pickens busy, too. He recently starred in and produced the short film *Albert's Flower*, which made the festival rounds. His production company, Bay Springs Production, is also pitching a female-led comedy series to streaming services and is working on a film about musician Sheila E.'s father, Pete Escovedo, the godfather of West Coast Latin jazz.

And, of course, there's *Grey's Anatomy*, whose 23rd season began on Oct. 15. While it's uncertain what new obstacles will stand in Dr. Webber's way once the hospital doors reopen, history tells us that he'll be ready for whatever they are.

"We're storytellers," says Pickens. "We get a chance to live the lives of some other folks and tell these amazing stories. There's no other profession that provides that. It can be therapy. It can be celebration. I think it's all those things wrapped into one. And I think that's the thing that has made it such an integral part of my life."

PHOTOGRAPHY (LEFT AND BOTTOM) BY SAL OWEN; PHOTO (TOP) COURTESY OF DISNEY/ANNE MARIE FOX

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 how to handle your emotions, read "Feeling Stigmatized With Advanced Prostate Cancer." Use your smartphone camera to activate the QR code.

D3SIGN/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 healthcare 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."

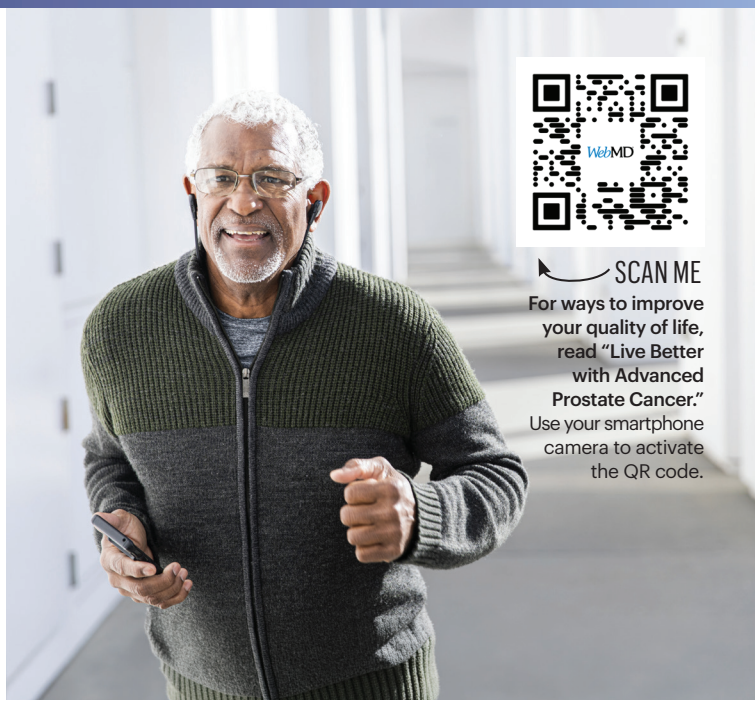
JACOB WACKERHAUSEN/VIA GETTY IMAGES



MANAGING THE **SIDE EFFECTS OF TREATMENT**

These challenges can be tough, but many can be eased with the right support

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



SCAN ME
For ways to improve your quality of life, read "Live Better with Advanced Prostate Cancer." Use your smartphone camera to activate the QR code.

Don't push through treatment side effects with metastatic prostate cancer. Tell your care team. They can recommend medications, lifestyle changes, supportive therapies, or treatment adjustments that may help.

"Don't suffer in silence," says Hiba Khan, MD, MPH, a medical oncologist at Fred Hutchinson Cancer Center in Seattle. "There are many things we can do for you."

FATIGUE

Many treatments cause fatigue. Regular exercise—though you may not feel like it—can help, even if it's just a short walk or moving around the house.

"Anything that gets the heart rate up," Khan says.

Sufficient sleep is also crucial.

If you are taking an oral medication, such as a PARP inhibitor, your doctor may reduce the dose to help with extreme fatigue. But don't reduce the dose yourself. Talk to your doctor if your fatigue doesn't get better with exercise and sleep.

HOT FLASHES

Testosterone-blocking medications commonly cause hot flashes. Mild ones may improve by wearing lighter clothing, using a fan, and keeping your bedroom cool. Acupuncture can also help. For severe hot flashes, your doctor may prescribe medication.

SEXUAL SIDE EFFECTS

Low testosterone can reduce sexual desire and cause erectile dysfunction. Loss of libido can be difficult to treat, Khan says, but erectile dysfunction may improve with medication.

MUSCLE AND BONE LOSS

Another consequence of low testosterone is muscle and bone loss. Resistance exercise can help with both. For strong bones, you also need sufficient vitamin D and calcium and sometimes prescription medications.

NEUROPATHY

Some chemotherapy drugs can cause numbness and tingling in the hands and feet. Don't ignore it. Untreated neuropathy can worsen and interfere with hand use, walking, and balance. "We never want to see patients get that far," Khan says.

Medications, acupuncture, or reducing the chemotherapy dose may help.

BLOOD COUNT CHANGES

Several treatments may lower blood cell counts. Your care team will monitor them. Low red blood cells can cause fatigue. Low platelets increase bleeding risk. Low white blood cells can make you more infection-prone. If you develop a fever during chemotherapy, contact your care team right away.

If a side effect bothers you, don't keep it to yourself. "Some of these are hard to talk about," Khan says, "but we've heard it all and we've managed it all."

ADAMKAZ/VIA GETTY IMAGES