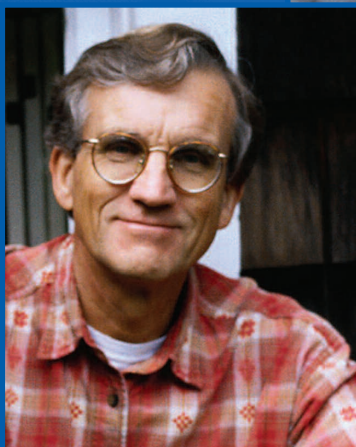
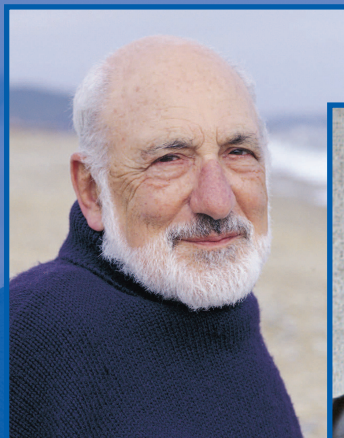


Treatment Choices for Men

With Early-Stage Prostate Cancer



Things to Remember

Many men with prostate cancer have shared their advice to help other men who are newly diagnosed:

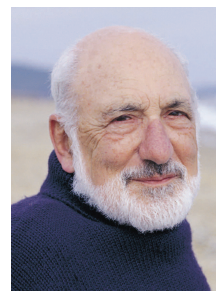
- There are treatment options—be sure to know them all.
- Treatments and medical procedures have improved over the past 10 years.
- You must make the decision that is right for you—not your doctor.
- Seek the opinions of several different doctors since some may only recommend the option they know the most about.
- Take the time you need to research your options before making your decision. There’s usually no need to rush.
- Your spouse or partner has an important role in your decision and will be affected by your choice. Try to be open and honest with each other about your concerns.
- Organizations and support groups can help you learn more about what others in your situation are doing for their prostate cancer.
- It is possible to live a full life after prostate cancer.

Treatment Choices for Men

WITH EARLY-STAGE PROSTATE CANCER

3 Men ...

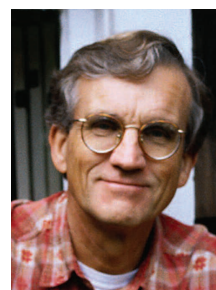
3 Different Treatment Choices



“When my doctor said **watch and wait**, I thought he meant that I should give up. But after he explained my stage of cancer, it made sense to me. It doesn’t mean giving up or never having treatment.”



“I talked it over with my wife and son. I chose **radiation therapy** because we thought that it had the best potential for my situation.”



“My wife and I looked at the pros and cons of each treatment. In talking with several doctors who specialize in prostate cancer, we concluded that **surgery** was the best option for me.”

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1	Introduction
3	Facts About Prostate Cancer
4	Thinking About Treatment Choices
14	Comparing Your Treatment Options
25	Making a Choice About Treatment
35	Resources
39	Words to Know

Introduction

As a man with early-stage **prostate cancer**, you will be able to choose which kind of treatment is right for you. There can be several reasonable options, which can make the decision difficult. And each choice has its pros and cons.

Active treatment usually begins a few weeks to months after diagnosis. During this time, you should meet with various doctors to learn about your treatment choices. Use this booklet to help you talk over possible treatments with your doctor before deciding which is best for you.

You will want to think about what is important to you. It's also a good idea to include your spouse or partner in your decision-making process. After all, a diagnosis of cancer and the treatment choice you make affect both of you.

Terms that may be new to you appear in **bold** type. For a list of key words to know, see page 39.

This booklet is meant to be a starting point.

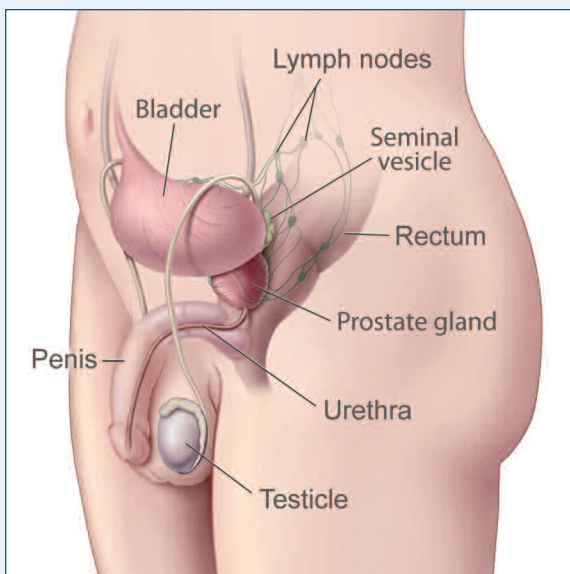
Its purpose is to help you learn about early-stage prostate cancer, current treatments, and the pros and cons of each treatment. But most men will need more information than this booklet gives to reach their decisions. For a list of organizations that provide more information and support, please see the Resources section on page 35. If your prostate cancer has spread beyond the prostate, or if it has returned after treatment, also refer to this section.

Facts About Prostate Cancer

What is the prostate?

The **prostate** is a small gland in a man's reproductive system. It helps make semen—the milky fluid that carries sperm from the testicles through the penis when a man ejaculates.

The prostate is about the size and shape of a walnut. It lies low in the pelvis, below the bladder and in front of the rectum. The prostate also encircles part of the urethra, the tube that carries urine out of the bladder and through the penis.



Early-stage prostate cancer means that cancer cells are found only in your prostate gland. Compared with many other cancers, prostate cancer tends to grow more slowly. This means that it can take 10 to 30 years before a **tumor** gets big enough to be found or cause problems (or symptoms). Older men who have prostate cancer often die of something else, not of prostate cancer.

- Prostate cancer is most often diagnosed in men 65 and older, although younger men can be diagnosed with it as well.
- By age 80, more than half of all men have some cancer in their prostate.
- African American men tend to be diagnosed at younger ages with more aggressive prostate cancer than men of other races.

Today, prostate cancer is most often found in earlier stages. There are a number of treatment options available.

Thinking About Treatment Choices

Watchful waiting, surgery, and **radiation therapy** are the standard treatment choices for early-stage prostate cancer (see Types of Treatment on page 9). Each has benefits (how treatment can help) and risks (problems treatment may cause). There is seldom just one “right” treatment choice.

“The bottom line is to have enough information to know what treatment to choose.” —Ken

Treatment choices depend on several factors:

- **Prostate cancer characteristics.** This includes the size of your prostate, **prostate-specific antigen (PSA)** score, **Gleason score**, and **stage** of cancer. (See Medical Tests and Terms on page 6 to learn more.)
- **Health problems, other than prostate cancer.** This means whether you have heart problems, diabetes, or other illnesses or have had a previous surgery for an enlarged prostate. Having such health problems may affect which treatment you choose.
- **Age.** If you are older, you may view treatment choices differently than younger men because the benefits and risks of treatment vary with age.

- **Type of care available to you.** The skills of specialists and types of treatment can vary. You will need to ask what you may feel are tough questions to make sure that you get the best care and outcomes. See pages 26 and 32 for questions to ask.

- **Balancing what you value most.** Your unique experiences in life shape your feelings and perceptions about how to deal with your prostate cancer. Keep in mind what is important to you personally to help guide your decision.

Many men may ask their doctor, “What would you do, if you were me?” Try to remember, the doctor isn’t you and his or her personal values may be different from yours.

How do you view the potential risks and benefits of the treatment options offered to you? Are you a person who could cope with knowing cancer is in your body? Would you rather have the cancer treated and know that there could be side effects? Do you know of other men’s experiences with prostate cancer that may influence your decision?

- **Spouse or partner.** Even though the treatment decision is yours, involve your spouse, partner, or caregiver to help you sort out what is most important to you and your family. Your treatment choice will affect your spouse or partner.

Medical Tests and Terms

By now you may have had several tests to find out the extent of your cancer. Your doctor will take into account your physical exam, PSA level, Gleason score, and stage when discussing your treatment options. What do these mean?

■ **Prostate-Specific Antigen (PSA) test.** PSA is a protein made by normal cells and prostate cancer cells. PSA is found in the blood and is measured with a blood test. Doctors sometimes watch the rate of change in your PSA levels over time. A score of 4 nanograms (ng) or higher is often the trigger for further tests.

■ **Gleason score of your biopsy.** When you had a biopsy, tissue samples (called “cores”) were taken from several areas in your prostate. The pathologist checked for cancer in the samples using a microscope. He or she can also estimate how much cancer there is by looking at how many tissue samples are positive. A Gleason score (or sum) on a scale of 2 to 10 is assigned to the cancer. This score tells how different the prostate cancer tissue looks from the normal prostate tissue and helps estimate how likely it is that the tumor cells will spread (how aggressive the cancer is).

A low-risk score is 2 to 4. A low score means that the cancer tissue still looks similar to normal prostate tissue, and the tumor cells are less likely to spread. A score of 5 to 7 means moderate risk, while a score of 8 to 10 means higher risk. As the score gets higher, it means that the prostate cancer tissue becomes more and more different

from normal tissue and that the tumor cells are more likely to spread. Most men with early-stage prostate cancer have a Gleason score of 5, 6, or 7.

■ **Stage.** The stage of cancer is an important factor in choosing a treatment. The stage tells how much the cancer may have grown within the prostate and whether it has spread to other tissues or organs. Doctors use a standard rating system to describe the stage, called the TNM System. T means the size of the main tumor, N means whether nearby lymph nodes are involved, and M means whether the cancer has spread beyond the region around the prostate.

First, the doctor will assess the stage of your prostate cancer based on *clinical* findings (such as a physical exam, **digital rectal exam**, or **DRE**, and biopsy). If you have surgery to remove your prostate, seminal vesicles or nearby lymph nodes, then your cancer can be assessed from a *pathologic stage*. This means that by looking at what is removed, doctors are better able to predict your outcome and survival.

Your doctor may also suggest other tests such as a bone scan, **MRI**, **CT scan**, removing lymph nodes in the pelvis, or a **seminal vesicle** biopsy.

Prostate cancer tumor stages range from stage T1 to T4. They may also be further classified a, b, or c. This booklet addresses early stages, which are Stage T1 and T2, where the cancer is confined to the prostate.

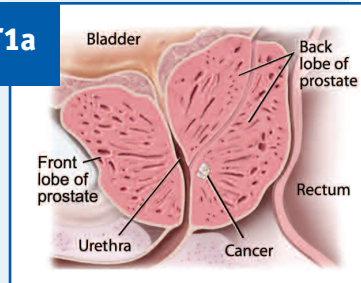
Tumor Stages

Sometimes cancer is found “by accident,” or incidentally (called **T1a** or **T1b**) when men have surgery to correct a non-cancerous prostate enlargement. **T1** means that a tumor is not usually felt during a digital rectal exam.

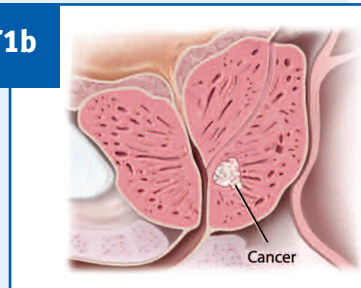
Since most prostate cancer is found through PSA testing, **T1c** is the stage most often diagnosed through biopsy.

A stage of **T2** means that prostate cancer can be felt during a digital rectal exam but that it is still confined to the prostate gland. Your doctor may also assign a, b, or c stages depending on the cancer’s size and location in the prostate.

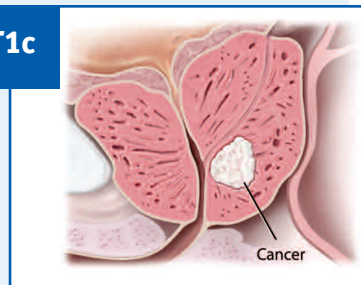
T1a



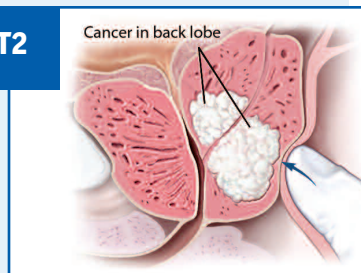
T1b



T1c



T2

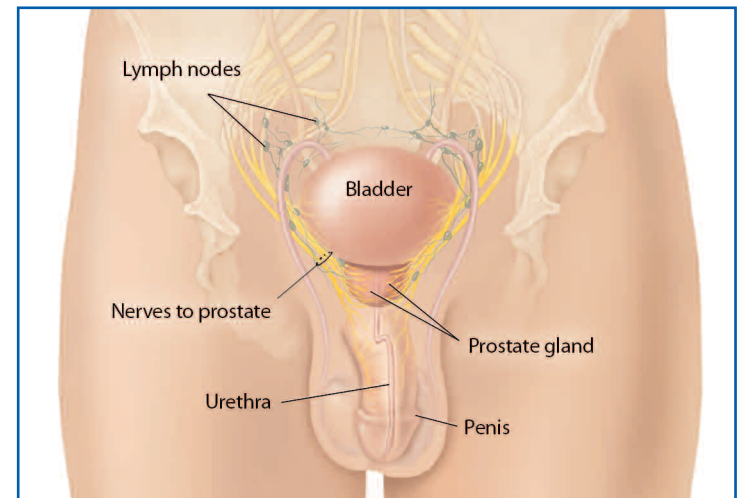


Types of Treatment

Surgery

Surgery is often a treatment choice for men who have early-stage prostate cancer and are in good health. Surgery to remove the prostate is called **prostatectomy** (PRAHS-ta-TEK-toe-mee). There are two approaches that are typically used by surgeons:

- **Retropubic prostatectomy.** Your surgeon can remove the prostate through an incision just above the pubic bone in your lower abdomen. He or she can also check nearby lymph nodes for cancer (see drawing below). This approach gives the surgeon a better chance to spare the nerves (called **nerve-sparing surgery**) located next to your prostate that control your bladder and erections.



You may want to talk with your surgeon about techniques that may spare the nerves that control your bladder and erections.

- **Perineal prostatectomy.** This type of surgery, which is not used as often, reaches the prostate through an incision between your scrotum and anus. With this method, your surgeon is not able to check the lymph nodes for cancer. It is also more difficult to spare the nerves that control erections. This approach is used when the cancer is confined to the prostate.

Other Options

Cryosurgery freezes and thaws tissue to kill prostate cancer with the surgeon being guided by ultrasound. Also called cryotherapy, it is often used when the prostate has more advanced, yet still confined disease, and when surgery is not an option. The prostate is not removed with this approach.

Cryosurgery can result in injury to the rectum, **incontinence**, swelling of the scrotum, pain or numbness in the penis, or blocked urine flow. In 1 in 200 cases, a hole (called a fistula) appears between the rectum and prostate. Results depend highly on the doctor's skill and experience. Success rates may not be as high as with prostatectomy or with any form of **external beam radiation therapy**. Long-term results for this type of treatment are not yet known.

Laparoscopic surgery is the newest type of surgery to remove the prostate. It is done with smaller incisions using a slender tube with a camera on the end (laparoscope), which may be robotically controlled. The scope is inserted through the navel, and the surgeon can see a highly enlarged image of the prostate. Compared with other types of prostatectomy, this technique may lead to shorter hospital stays, faster recovery, and less blood loss and pain. However, it is fairly new and not widely used. Some surgeons have limited experience with this type of surgery. Since it is newer, researchers have not had the chance to follow its effectiveness for as long as they have for standard surgery.

Radiation Therapy

This type of treatment uses high doses of radiation energy to treat cancer. Radiation therapy is an option when cancer is in your prostate but has not spread to other organs. It is also used when you cannot have surgery because of your age, health, or personal choice. There are two types of radiation therapy:

- **External beam radiation.** A machine aims radiation at your cancer cells. It rotates around your body, sending radiation from many directions. After the doctor maps out the exact part of your body that needs radiation, treatment usually happens once a day, 5 days a week, for 6 to 8 weeks. Each treatment session usually lasts about 15 minutes. The latest types of radiation are called **3-D Conformal Radiation Therapy** and **Intensity-Modulated Radiation Therapy (IMRT)**. These types of radiation are more precise in destroying cancer while leaving nearby healthy cells unharmed. They are designed to lower the exposure of the rectum and bladder to radiation to help lessen side effects.
- **Brachytherapy** (BRA-kee-THAYR-uh-pee). This is a type of internal radiation therapy. It is also called **seed implants**. Radiation is delivered inside your body by implanting tiny seeds in your prostate. Usually 40 to 130 seeds are inserted into the prostate, depending on the size of your prostate. Each seed has a small amount of radioactive material that emits radiation within an inch of its surroundings. Low-dose seeds are left in the prostate permanently, although their radiation lasts for

only 3 to 6 months. This procedure is usually done on an outpatient basis, without a hospital stay.

Both types of radiation can be used together (placing radioactive seeds internally and using external beam radiation to kill any cancer that may be close to the prostate) or with hormone therapy.

Watchful Waiting

Watchful waiting is often called “active surveillance” or “observation” and means that you decide to have no active treatment now. Your doctor will want to follow you closely to look for any signs that the disease may be changing. You will have tests like the ones you’ve already had such as digital rectal exams, PSA tests, and repeat biopsies. You can change your mind and decide to have treatment at any time.

Watchful waiting is based on the fact that many early-stage prostate cancers grow so slowly that they may never cause problems or become life threatening. In some cases, it may be a way to avoid the harms of treatment without shortening life expectancy. Or it can be a decision based on your age and other serious health problems—older men in their 70s and 80s may not have the same views about undergoing surgery or radiation therapy as younger men.

About Hormone Therapy

Hormone therapy may be used in combination with other treatment, such as radiation therapy, when the tumor is large. Male sex hormones such as **testosterone** make prostate tumors grow. Hormone therapy slows a tumor’s growth by stopping or blocking testosterone from entering the cancer cells. Hormone therapy can be given for several years. Side effects usually occur during treatment, but they go away after treatment is over. Side effects may include loss of sex drive, **impotence**, and hot flashes.

Comparing Your Treatment Options

The chart on page 14 lists common questions and answers for the three options outlined in this booklet. As mentioned earlier, most men will need more information than this booklet gives to reach their decisions. You may use this chart as a guide for talking with your doctor or researching your options.

Comparing Your Treatment Options

1. What factors might help me decide on the treatment that is right for me?

Watchful Waiting

If you have a smaller or slow-growing type of prostate cancer confined to the prostate, and it is considered low risk

If you are in your 70s or older, or have serious medical problems

If you are able to live with the fact that you have cancer in your body

If you can be vigilant about going to your check-ups

Surgery

If you are younger than 70 and in good health

If you want the cancer cells removed

If you are able to accept that serious side effects often happen with surgery

Radiation Therapy

If you are a man of any age with early-stage prostate cancer

If you are unable to choose surgery because of other serious medical conditions

If you are able to go for treatment 5 days a week for 6 to 8 weeks

2. What are the medical terms for these treatment options?

Watchful Waiting

Also called active surveillance or observation

Surgery

- Prostatectomy
 - Retropubic
 - Perineal
- Cryosurgery (or cryotherapy)
- Laparoscopic prostatectomy

Radiation Therapy

External Beam Radiation

- 3-D Conformal Radiation Therapy
- Intensity-Modulated Radiation Therapy (IMRT)

Brachytherapy or Seed Implants—low dose or high dose

3. What happens during treatment?

Watchful Waiting

You will not start active treatment.

You will have regular visits to the doctor and examinations.

You and your doctor will watch for signs that the cancer may be changing.

You may repeat the same tests you had before, such as DREs and PSA tests.

Surgery

Surgery takes about 2 to 4 hours.

Most patients stay in the hospital for 2 to 4 days.

After surgery, you will need to use a catheter (tube to drain your urine) for 1 to 2 weeks.

Radiation Therapy

External Beam Radiation

- Your doctor will calculate the dose of the radiation beam to the cancer location while trying to avoid the nearby normal tissue.
- You will lie on a table while a large machine with a beam targets your cancer cells using radiation.
- Each session takes about 15 minutes and is given daily for 5 days a week for 6 to 8 weeks.

Brachytherapy or Seed Implants

- Radioactive seeds (the size of grains of rice) are inserted into the prostate or surrounding area using hollow needles through the space between the scrotum and the anus.
- It takes 1 to 2 hours with spinal or general anesthesia.
- The seeds are left in permanently.

4. What are the benefits of this treatment option?

Watchful Waiting

There are no side effects to manage such as bladder or bowel control or impotence.

You can decide to begin treatment at any time.

Surgery

Prostate cancer cells are removed.

Radiation Therapy

External Beam Radiation

- No hospital stay
- No anesthesia risk
- May have fewer urine problems than with surgery
- Similar effectiveness to surgery over a 10-year period.

Brachytherapy or Seed Implants

- No hospital stay
- Can be easier on your body than surgery
- Less damage to the rectum and surrounding tissue than external beam radiation.

Both types of radiation can be used together (placing radioactive seeds internally and using external beam radiation to kill any cancer that may be close to the prostate) or with hormone therapy.

5. What are the side effects and risks of this treatment option?

Watchful Waiting

You may have feelings of worry and anxiety about living with cancer and not treating it.

The cancer needs to be followed closely—it could spread and become harder to treat.

Surgery

There are risks with any surgery, such as bleeding, infection, heart problems, or death.

Recovery is longer than with radiation.

Problems holding and passing urine, called incontinence, can occur. Managing this often means wearing pads to catch urine. The most common type of incontinence is passing a small amount of urine from the stress of coughing, laughing, or sneezing. A small number of men may have more serious incontinence that can be lifelong.

Problems getting or keeping an erection (impotence or **erectile dysfunction** or **ED**) can occur. Most men should expect a decline in being able to get an erection after surgery.

If your tumor is too close to the nerves that control erections, the nerves could be damaged or removed. This means that there is a strong chance of problems with sexual potency after surgery.

Your age and prior strength of erections can affect erectile dysfunction that result from surgery.

(continued on next page)

Radiation Therapy

External Beam Radiation

During Treatment

- Fatigue (being extremely tired)
- More frequent and loose bowel movements (**fecal incontinence**) or urinary problems
- Rectal irritation or bleeding.

After Treatment

- Loss of sexual function within 5 years of treatment in half of those treated; potency rates are closer to surgery after that time.
- This type of therapy also causes more bowel problems than prostatectomy or brachytherapy.
- After treatment, there can be a temporary increase in the PSA reading.
- If radiation does not get rid of the cancer, surgery can be more difficult due to scarring around the prostate from radiation.

Brachytherapy or Seed Implants

During Treatment

- More frequent passing of urine, especially at night
- More discomfort when passing urine
- Can affect bowel function and cause serious problems in some men
- Delayed onset of sexual problems
- Impotence, as can occur with external beam radiation.

After Treatment

- Urinary problems can occur.

6. How will this treatment affect my ability to have sex, an erection for sex, or get a woman pregnant?

Watchful Waiting

It should not affect your sex life.

Surgery

Having the prostate removed can affect getting erections. Talk with your doctor about whether nerve-sparing surgery can be used to allow the nerves that control erections to be kept. Medications and devices can help with impotence in many men.

After surgery, the orgasm may be “dry,” meaning no ejaculation. If you are interested in having children, you will need to preserve your sperm (**sperm banking**) before surgery (see page 35 for a list of resources for more information).

Radiation Therapy

There is less risk of impotence with radiation therapy, but over time it may become a problem. Your age and overall health can affect impotence.

7. How can I live with side effects? What can be done to help?

Watchful Waiting

There are no side effects.

Surgery

Knowing the possible side effects you may have before surgery is very important.

Medicines such as sildenafil (Viagra®), vardenafil (Levitra®), and tadalafil (Cialis®) increase blood flow to the penis, leading to an erection.

Injection therapy (or shots) can help with getting an erection. Medicine is self-injected with a needle into the penis to produce an erection. The drug takes about 5 minutes to work and lasts for 20 to 90 minutes.

For men who don't do well with either oral medicine or injection therapy, they should talk with their doctor about other options. This includes **MUSE (medicated urethral system for erection)**, where a small pellet is inserted into the urethra using an applicator to help with erections. Vacuum erection devices or penile implants can be other options to help with erections.

Lack of bladder control may be severe for about 6 to 12 weeks after surgery. During this time, you will need to wear a pad. Emptying your bladder often may help to control leaks. Other options for managing incontinence include absorbent products, collection devices, **biofeedback**, and various surgical options.

Radiation Therapy

Bladder and bowel function may be affected, but there are bladder muscle exercises and medications that can help.

8. Is this treatment painful? What can be done to help with pain?

Watchful Waiting

There is the discomfort of additional testing.

Surgery

Some men have little pain after surgery, while others need pain relief. If you feel pain, your doctor can help control it using various medications.

Radiation Therapy

External beam radiation therapy itself does not cause pain, but over time it can cause side effects that cause discomfort. Medications can help with discomfort or pain.

For seed implants, men may pass urine more often, notice a slower stream, or feel some pain. Medicine can help treat these symptoms.

9. What other treatment will I need and how long will I need it?

Watchful Waiting

Hormone therapy may be used for a rising PSA.

Surgery

Hormone therapy may be used before surgery to shrink the prostate.

Radiation Therapy

Hormone therapy may be used to shrink the prostate before radiation therapy and for several years after radiation.

10. What if my treatment doesn't work?

Watchful Waiting

This allows monitoring of the cancer for an increase in symptoms or PSA.

Surgery

The final surgery **pathology report** will tell whether the cancer was confined to the prostate or was found in lymph nodes or seminal vesicles. But even with a microscope, it may not be possible for the surgeon to see all of the cancer.

Some men who have surgery may need additional treatment within 5 years.

If surgery fails, hormone therapy can be a successful treatment option.

Radiation Therapy

Radiation therapy may fail if the tumor cannot be seen completely in the planning process. Some men who had radiation therapy will need hormone therapy or a prostatectomy within 5 years.

Regardless of the treatment you choose, you will continue to have PSA tests for monitoring.

For More Information

For more information about treatment options or clinical trials for prostate cancer, visit NCI's Web site at www.cancer.gov/cancertopics/types/prostate or call the National Cancer Institute's Cancer Information Service toll-free at 1-800-4-CANCER (1-800-422-6237).

Making a Choice About Treatment

11. How long can I expect to live after I have this treatment?

Watchful Waiting, Surgery, and Radiation Therapy

Depending on age and the nature of the disease, a man with cancer confined to the prostate can lead a long and healthy life.

The 5-year survival rate for men with early-stage prostate cancer is nearly 100 percent. The 10-year survival rate is 86 percent and the 15-year survival rate is 56 percent. The average age of men at diagnosis is 65 years old.

And even if the cancer comes back, there are many treatment options that are known to be effective.

Most prostate cancers found in the early stages grow slowly. This means that you usually do not have to rush when making a treatment choice. Often, you have several weeks to several months from the time you first learn you have prostate cancer until you have to make a choice.

Many men use this time to find out more about prostate cancer treatment options. Be sure to find all of the information you need to answer your questions and be comfortable with your decision.

It may be helpful to use this extra time to attend a prostate cancer support group to talk with other men who have faced the same decision-making process. Page 35 lists the National Cancer Institute's toll-free number to call and request contact information for prostate cancer organizations.

Studies show that men felt better about their treatment decision when they took part in making their own treatment choice. But making this choice can be hard to do. The following are some ideas that may help.

Types of Doctors

Below is a list of types of doctors who treat or specialize in prostate cancer (also see Talking With Your Medical Team on page 26):

- **Medical oncologist.** A doctor who specializes in diagnosing and treating cancer using chemotherapy, hormonal therapy, and biological therapy. This doctor is often the main health care provider for people with cancer. He or she can also give supportive care and may coordinate treatment given by other specialists.
- **Pathologist.** A doctor who finds diseases by studying cells and tissue under a microscope. Although you won't personally interact with this doctor, he or she writes up a pathology report, which contains the cancer information from your biopsy or prostate surgery.
- **Radiation oncologist.** A doctor who specializes in using radiation to treat cancer.
- **Urologic oncologist.** A doctor who specializes in treating cancers of the urinary system.
- **Urologist.** A doctor who specializes in diseases of the male urinary system and sex organs.

Talking With Your Medical Team

Here are some things to keep in mind:

- **Questions.** Ask your doctor or nurse questions that you are thinking about, but that you normally may not feel comfortable asking. These questions can be about topics that are new to you or side effects that concern you. For example, “How many operations (prostatectomies) do you do a month?” Make sure you understand the answers, or ask your doctor or nurse to explain in other ways such as with pictures, models, or charts. (See page 32 for a list of key questions to ask.)
- **Health history.** This includes your age, family history, health (other than cancer), and whether you have any other illness, such as diabetes or heart problems, or have had a previous prostate surgery.
- **Cancer history.** You will talk about your prostate cancer in terms of PSA number, grade, Gleason score, and stage. This means size, location of the cancer, and what it looks like under the microscope. (To learn more about these terms, see page 6 and 7.)
- **Treatment choices.** It’s important to ask your doctors about all the treatment options that are available to you. This includes benefits (how each treatment can help) and long- and short-term side effects. This may even include the small risk of death from surgery.

- **Your part in making a choice.** Men who actively take part in their treatment tend to have fewer regrets than men who let others decide for them. Let your health provider know how active you want to be in making this choice.
- **What is important to you.** Keep in mind what’s important to you and what worries you. This is also a good time for you and your spouse or partner to have an open, honest discussion with each other about your treatment choices and their side effects.
- **Ask a family member or trusted friend or caregiver to come to appointments with you.** This person can help listen, ask questions, take notes, and talk with you about what your doctor or nurse said.
- **Bring a copy of your pathology report.** Make sure to ask your doctor for a copy of this report and bring a copy with you when you see new doctors. Your pathology report includes the results of tests that describe details about your cancer. If you are seeing a new doctor, it’s important to bring all the information he or she requests to your visit.

“Investigate all your options and be comfortable with the choice you make, because you can’t second guess when it’s all over.” —Lawrence

- **Get a second or even third opinion.** Seeking other opinions means talking about prostate cancer treatment with doctors you are not working with now. You may want to talk with other prostate cancer specialists, such as a urologist, urologic oncologist, surgeon, medical oncologist, internist, or radiation oncologist.

Getting second and third opinions can be confusing, because you may get different advice or opinions. Because of this, many men find it helpful to see a medical oncologist for a general view of prostate cancer treatment options. Talking with other doctors can give you ideas to think about or help you feel better about the choice you are making. Most insurance companies pay for second opinions. It is better to get a second opinion than worry that you made the wrong choice.

“When you are faced with a medical decision like this, you almost want to put yourself in the hands of the expert. But it’s really a decision that you have to make, and you have to make it on an informed basis and seek out more than one opinion from a doctor.” —Paul

Learning as Much as You Want to Know

Many men with prostate cancer find that it helps to learn a lot about their disease and its treatment. Doing so can help you feel more in control and at ease with your treatment choice.

You can learn more by reading books and articles, searching the Internet, or calling organizations that focus on prostate cancer. But too much information can sometimes be overwhelming or confusing as you are adjusting to your diagnosis. Instead, learn as much as you want to know at a time when you are ready. Later, you can always find out more. Let your doctor or nurse know what else you need to know to be comfortable reaching a decision.

Some men want to read books and articles that outline the current research on prostate cancer treatment options. Others prefer to meet with men at support groups who have had prostate cancer to learn how they made their treatment choices. Some men may not want information or want to talk about it at first—only later are they ready for more information. All of these approaches are natural reactions to coping with a diagnosis of prostate cancer.

For more details, see the fact sheet “How to Evaluate Health Information on the Internet: Questions and Answers” at www.cancer.gov, search term “Internet.” Also see Resources on page 35 for more information.

Thinking About Your Feelings and Values

It's natural to feel many emotions at this time. Sometimes you may have many strong feelings at once, while at other times, you may feel overwhelmed or angry. Your spouse or partner will also feel a range of emotions but may not have the same emotions at the same time as you do.

A diagnosis of prostate cancer can stir up many feelings, such as fear of the cancer getting worse or of dying. You may also worry about changes to your body or being intimate with your spouse or partner. Many men describe a feeling of loss—loss of the life they had before cancer, loss of energy levels, or the physical loss of the prostate. These feelings are a natural part of the coping process.

Your spouse or partner may be worried about losing you, changes to your lives, and how to best give you the support you need. They may want to talk about it more than you want to at first. If you find that you need time to adjust and sort out your feelings and values, let your spouse or partner and family know your needs. Chances are that they are also trying to cope with the news and may not know how best to help you. If you are holding your worries and feelings inside for too long and your silence is hurting you or your family, ask your doctor, counselor, or religious leader for suggestions about getting help.

Reaching a decision on how you want to treat your prostate cancer is very personal—it is a blending of what is important to you, what you value the most, what types of treatment options are available to you, and what the benefits and side effects are.

Talking With Others

Along with talking to their health professionals and spouse or partner, many men find it helpful to meet with others and talk about treatment choices. For example, you might want to meet with:

- **Family.** This includes your relatives and close friends who care about you. Your family can support your choice about treatment.
- **Men who faced prostate cancer.** There is a lot to learn from other men who faced these same prostate cancer treatment decisions. You may want to join a support group or meet with others to talk about the choices they made and what life is like now that treatment is over. Remember that while your prostate cancer may be similar to someone else's, your life and desires may be very different.
- **Others who can help you.** You may have other people in your life who can help. This may be a close friend, neighbor, counselor, social worker, or religious leader you like and trust.

Asking Questions

You may find it helpful to ask the following questions:

Could you write down my exact type of prostate cancer?

May I have a copy of my pathology report? _____

If I wish to have another pathologist look at my prostate biopsy, how do I get the slides? _____

What is the clinical stage and Gleason score of this cancer?

What treatment option do you recommend?

- Watchful waiting
- Surgery (What type, can the nerves be spared, and how often do you do this procedure?)

- Radiation (What type do you use, and what can be done to minimize side effects?)

- Other

What are the short- and long-term side effects of this particular treatment?

What are my chances of:

- Becoming incontinent

- Becoming impotent

- Having other urine or bowel problems

What are the chances of the cancer coming back if I have this treatment?

What is the expected survival rate?

Making a Choice

“Prostate cancer gives you the opportunity to make a deliberate, considered choice. In the majority of cases, the disease is very slow growing and is never a medical emergency.

With prostate cancer, you have ample time to assess the situation, evaluate your particular needs and resources, and devise the most sensible, strategic plan of action.

Doctors can and should help you to understand your medical situation, but only you can decide what trade-offs you can tolerate, what level of risk you find acceptable, and which potential sacrifices you’re willing to make.” —*Dr. Peter Scardino, Chairman of the Department of Urology, Memorial Sloan Kettering Cancer Center*

Resources

National Cancer Institute

You can find out more from these free NCI services:

Cancer Information Service (CIS)

Toll-free1-800-4-CANCER (1-800-422-6237)

TTY1-800-332-8615

NCI Onlinewww.cancer.gov

Chat Onlinewww.cancer.gov/cis

Clinical Trials.....www.cancer.gov/search/clinicaltrials

Free booklets that are available include:

- *What You Need To Know About Prostate Cancer*
- *Radiation Therapy and You*
- *When Someone You Love Is Being Treated for Cancer: Support for Caregivers*

Other Federal Resources

Medicare

For more information about Medicare benefits, contact:

Toll-free1-800-MEDICARE (1-800-633-4227)

Onlinewww.medicare.gov

National Kidney and Urologic Diseases Information Clearinghouse

Toll-free1-800-891-5390

Onlinewww.kidney.niddk.nih.gov

Other Organizations

American Cancer Society Man-to-Man Program

This support group of the American Cancer Society offers advice on coping with illness and the side effects of treatment, along with newsletter archives and a directory of prostate cancer publications. Call toll-free 1-800-ACS-2345 (1-800-227-2345) or visit online at www.cancer.org.

American Urological Association Foundation

The AUA Foundation supports research; provides education to patients, the general public, and health professionals; and offers patient support services for those who have or may be at risk for a urologic disease or disorder. The Foundation provides information on urologic diseases and dysfunctions, including prostate cancer treatment options, bladder health, and sexual function. It also offers prostate cancer support groups (Prostate Cancer Network). Some Spanish language publications are available. Call toll-free 1-800-828-7866 or visit online at www.afud.org.

CancerCare

CancerCare is a national nonprofit agency that offers free support, information, financial assistance, and practical help to people with cancer and their loved ones. Services are provided by oncology (cancer) social workers and are available in person, over the telephone, and through the agency's Web site. A section of the CancerCare Web site and some publications are available in Spanish, and staff can respond to calls and e-mail in Spanish. Call toll-free 1-800-813-HOPE (1-800-813-4673) or visit online at www.cancercare.org.

Fertile Hope

Fertile Hope is a national organization that provides reproductive information, support, and hope to cancer patients whose medical treatments present the risk of infertility. The organization offers fertility preservation financial assistance options for patients. Call toll-free 1-888-994-HOPE (1-888-994-4673) or visit online at www.fertilehope.org.

Prostate Cancer Foundation

The Prostate Cancer Foundation is a nonprofit organization that provides funding for research projects to improve methods of diagnosing and treating prostate cancer. It also offers printed resources for prostate cancer survivors and their families. The mission of the Prostate Cancer Foundation is to find better treatments and a cure for prostate cancer. Call toll-free 1-800-757-CURE (1-800-757-2873) or visit online at www.prostatecancerfoundation.org.

Us TOO International

Us TOO International Prostate Cancer Education and Support Network is a non-profit education and support group organization with more than 325 chapters throughout the world. It provides men and their families with fellowship, peer counseling, and timely, personalized, unbiased, and reliable information about prostate cancer, enabling informed choices about detection, treatment options, and quality of life after treatment. Call toll-free 1-800-80-USTOO (1-800-808-7866) or visit online at www.ustoo.org.

The Wellness Community

The Wellness Community gives free psychological and emotional support to cancer patients and their families. It offers support groups facilitated by licensed therapists, stress reduction and cancer education workshops, nutrition guidance, exercise sessions, and social events. Call toll-free 1-888-793-WELL (1-888-793-9355) or visit online at www.thewellnesscommunity.org.

Words to Know

3-D conformal radiation therapy: A procedure that uses a computer to create a three-dimensional picture of the tumor. This allows doctors to give the highest possible dose of radiation to the tumor, while sparing the normal tissue as much as possible. Also called 3-dimensional radiation therapy.

Biofeedback: A method of learning to voluntarily control certain body functions such as heartbeat, blood pressure, and muscle tension with the help of a special machine. This method can help control pain.

Biopsy (BY-op-see): The removal of cells or tissues for examination by a pathologist. He or she may study the tissue under a microscope or perform other tests on the cells or tissue.

Brachytherapy (BRA-kee-THAYR-uh-pee): A procedure in which radioactive material sealed in needles, seeds, wires, or catheters is placed directly into or near a tumor. Also called seed implants, internal radiation, implant radiation, or interstitial radiation therapy.

Cryosurgery (KRY-o-SER-juh-ree): A procedure performed with an instrument that freezes and destroys abnormal tissues. Also called cryotherapy.

CT scan: Computed tomography scan. A series of detailed pictures of areas inside the body taken from different angles; the pictures are created by a computer linked to an x-ray machine. Also called computerized tomography and computerized axial tomography (CAT) scan.

Digital rectal examination (DRE): An examination in which a doctor inserts a lubricated, gloved finger into the rectum to feel for abnormalities.

Erectile dysfunction (ED): An inability to have an erection of the penis adequate for sexual intercourse. Also called impotence.

External beam radiation: Radiation therapy that uses a machine to aim high-energy rays at the cancer. Also called external radiation.

Fecal incontinence: See incontinence.

Gleason score (GLEE-sun): A system of grading prostate cancer tissue based on how it looks under a microscope. Gleason scores range from 2 to 10 and indicate how likely it is that a tumor will spread. A low Gleason score means that the cancer tissue is similar to normal prostate tissue and less likely to spread; a high Gleason score means that the cancer tissue is very different from normal prostate tissue and is more likely to spread.

Grade: The grade of a tumor depends on how abnormal the cancer cells look under a microscope and how quickly the tumor is likely to grow and spread. Grading systems are different for each type of cancer.

Hormone therapy: Treatment that adds, blocks, or removes hormones. To slow or stop the growth of certain cancers (such as prostate and breast cancer), synthetic hormones or other drugs may be given to block the body's natural hormones. Sometimes surgery is needed to remove the gland that makes a certain hormone.

Impotence: See erectile dysfunction.

Incontinence (in-KAHN-tih-nens): Inability to control the flow of urine from the bladder (urinary incontinence) or the escape of stool from the rectum (fecal incontinence).

Intensity-modulated radiation therapy (IMRT): A type of three-dimensional radiation therapy that uses computer-generated images to show the size and shape of the tumor. Thin beams of radiation of different intensities are aimed at the tumor from many angles. This type of radiation therapy reduces the damage to healthy tissue near the tumor.

Laparoscopic prostatectomy (LAP-uh-ruh-SKAH-pik prah-stuh-TEK-toh-mee): Surgery to remove all or part of the prostate with the aid of a laparoscope (a thin, lighted tube attached to a camera).

Lymph node (limf): A rounded mass of lymphatic tissue that is surrounded by a capsule of connective tissue. Lymph nodes filter lymph (lymphatic fluid), and store lymphocytes (white blood cells). They are located along lymphatic vessels. Also called a lymph gland.

MRI (Magnetic resonance imaging) (mag-NET-ik REZ-o-nans IM-a-jing): A procedure in which radio waves and a powerful magnet linked to a computer are used to create detailed pictures of areas inside the body. These pictures can show the difference between normal and diseased tissue.

Medicated urethral system for erection (MUSE): A small pellet is inserted into the urethra using an applicator to help with erections.

Nerve-sparing surgery: A type of surgery that attempts to save the nerves near the tissues being removed.

Pathology report: The description of cells and tissues made by a pathologist based on microscopic evidence, and sometimes used to make a diagnosis of a disease.

Perineal prostatectomy (peh-rih-NEE-al pros-ta-TEK-toe-mee): Surgery to remove the prostate through an incision made between the scrotum and the anus.

Prostate (PRAHS-tayt): A gland in the male reproductive system. The prostate surrounds the part of the urethra (the tube that empties the bladder) just below the bladder and produces a fluid that forms part of the semen.

Prostate cancer (PRAHS-tayt KAN-ser): Cancer that forms in tissues of the prostate (a gland in the male reproductive system found below the bladder and in front of the rectum). Prostate cancer usually occurs in older men.

Prostate-specific antigen (PSA): A substance produced by the prostate that may be found in an increased amount in the blood of men who have prostate cancer, benign prostatic hyperplasia, or infection or inflammation of the prostate.

Prostate-specific antigen (PSA) test: A blood test that measures the level of prostate-specific antigen (PSA), a substance produced by the prostate and some other tissues in the body. Increased levels of PSA may be a sign of prostate cancer.

Prostatectomy (PRAHS-ta-TEK-toe-mee): Surgery to remove the entire prostate. Also called radical prostatectomy. The two types are retropubic prostatectomy (surgery through an incision in the wall of the abdomen) and perineal prostatectomy (surgery through an incision between the scrotum and the anus).

Radiation therapy (ray-dee-AY-shun THER-ah-pee): The use of high-energy radiation from x-rays, gamma rays, neutrons, and other sources to kill cancer cells and shrink tumors. Radiation

may come from a machine outside the body (external beam radiation therapy), or it may come from radioactive material placed in the body near cancer cells (internal radiation therapy, implant radiation, or brachytherapy).

Retropubic prostatectomy (re-tro-PYOO-bik pros-ta-TEK-toe-mee): Surgery to remove the prostate through an incision made in the wall of the abdomen.

Seed implants: See brachytherapy.

Seminal vesicle (SEM-in-al VES-ih-kul): A gland that helps produce semen.

Sperm banking: Freezing sperm for use in the future. This procedure can allow men to father children after loss of fertility.

Stage: The extent of a cancer in the body. Staging is usually based on the size of the tumor, whether the lymph nodes contain cancer, and whether the cancer has spread from the original site to other parts of the body.

Testosterone (tes-TOS-ter-own): A hormone that promotes the development and maintenance of male sex characteristics.

Tumor (TOO-mer): An abnormal mass of tissue that results when cells divide more than they should or do not die when they should. Tumors may be benign (not cancerous) or malignant (cancerous). Also called neoplasm.

Watchful waiting: Closely monitoring a patient's condition but withholding treatment until symptoms appear or change. Also called observation.



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