



## Get the Support You Need

Having prostate cancer can be hard to cope with. But you don't have to keep your feelings to yourself. Talk with family and friends. Try a prostate cancer support group. Sharing your concerns can help you get the emotional support you need. For more information, contact the resources below.

### Resources

#### National Cancer Institute

800-422-6237

[www.cancer.gov/types/prostate](http://www.cancer.gov/types/prostate)

#### American Cancer Society

800-227-2345

[www.cancer.org](http://www.cancer.org)

#### Urology Care Foundation

800-828-7866

[www.urologyhealth.org](http://www.urologyhealth.org)

#### Us TOO International

**(Prostate cancer support groups)**

800-808-7866

[www.ustoo.org](http://www.ustoo.org)

Also available in Spanish



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# LIVING WITH PROSTATE CANCER



## Understanding Your Treatment Options

# A Common Cancer in Men

If you've been diagnosed with prostate cancer, it's normal to be concerned about your future. But this disease can often be controlled and, in some cases, cured. This booklet can help you understand prostate cancer and your treatment options.

## What Is Prostate Cancer?

Cancer is an uncontrolled growth of abnormal cells. Prostate cancer begins in the prostate. This is a small gland below the bladder, next to the rectum. As the cancer grows, it can spread to nearby organs or to other parts of the body. In many cases, prostate cancer grows slowly.

## Living with Prostate Cancer

Prostate cancer is common, especially in older men. Being told that you have cancer is frightening. But many men diagnosed with prostate cancer don't die from it. As you and your family learn more about this disease, you'll better understand what it means for your future. You can learn ways to live well with prostate cancer.

▶▶ Family and friends will be important sources of support.



# Living Your Life

**No matter what type of treatment you choose, aim to live as normal a life as possible. Your healthcare team can help you manage any physical and emotional issues that result from treatment. The support of your family and friends can help, too.**

## Sexuality

Treatment for prostate cancer may affect your sexuality. It can result in erectile dysfunction or a reduced sex drive. Often, these problems can be treated. Ask your urologist for help. And talk to your partner about ways to ensure a satisfying relationship for both of you.

## Urinary Problems

Incontinence or other urinary problems can occur due to treatment for prostate cancer. Effective treatments exist for most of these problems. Talk to your urologist or radiation oncologist about what may help you.

## The Future

Whether you choose watchful waiting or active treatment, your prostate health will be monitored. Your healthcare team will help you control any ongoing symptoms. Continue working with your team to make decisions about the best course of action for you. Be sure to get your questions answered. Above all, think about how best to live your life. Prostate cancer may or may not shorten your life. But living life to the fullest is a good goal for anyone.



# Controlling Spread and Symptoms

**Cancer that has spread beyond the prostate can often be treated. Hormone therapy can slow the growth and spread of the cancer. Chemotherapy may help relieve symptoms and control the cancer. Pain can be managed with medications.**

## Hormone Therapy

Testosterone can cause the cancer to grow. Hormone treatments can:

- Reduce the amount of testosterone made by the testicles. **Luteinizing hormone-releasing hormone (LHRH) agonists** or **antagonists** are injected monthly or every 3 to 6 months.
- Block the body's ability to use testosterone. **Antiandrogens** are given in pill form.

Another option is surgery to remove all or part of the testicles, the main source of testosterone. This surgery is called **orchiectomy**.

## Chemotherapy

Chemotherapy (chemo) uses medications to destroy cancer cells anywhere in the body. It may be used with or instead of other treatments. It may slow the growth of cancer, and may relieve pain and other symptoms. An oncologist manages chemo treatments.



## Risks and Complications

**!** *of hormone therapy include:*

- Hot flashes
- Breast enlargement or tenderness
- Erectile dysfunction
- Osteoporosis (bone loss)
- Increase in cholesterol or blood sugar
- Loss of energy
- Weight gain

## Pain Control

Prostate cancer that has spread may cause pain. This pain can be treated. Pain medications can improve your quality of life and relieve stress. This can help you better withstand the cancer. Discuss the side effects of these medications and any other concerns with your doctor.

## Thinking About Your Treatment Options

The treatment plan that is best for you will depend on many factors. These include your age, overall health, how fast the cancer is growing, and whether it has spread. Prostate cancer treatments include surgery, radiation, and medications. Depending on where you are in life and how you feel, you may choose to monitor the cancer without treating it right away. Discuss all of your options with your healthcare team. Besides your doctor and nurses, this team may include a **urologist** (doctor who treats the urinary system) and an **oncologist** (doctor who treats cancer).

## Choosing the Best Treatment

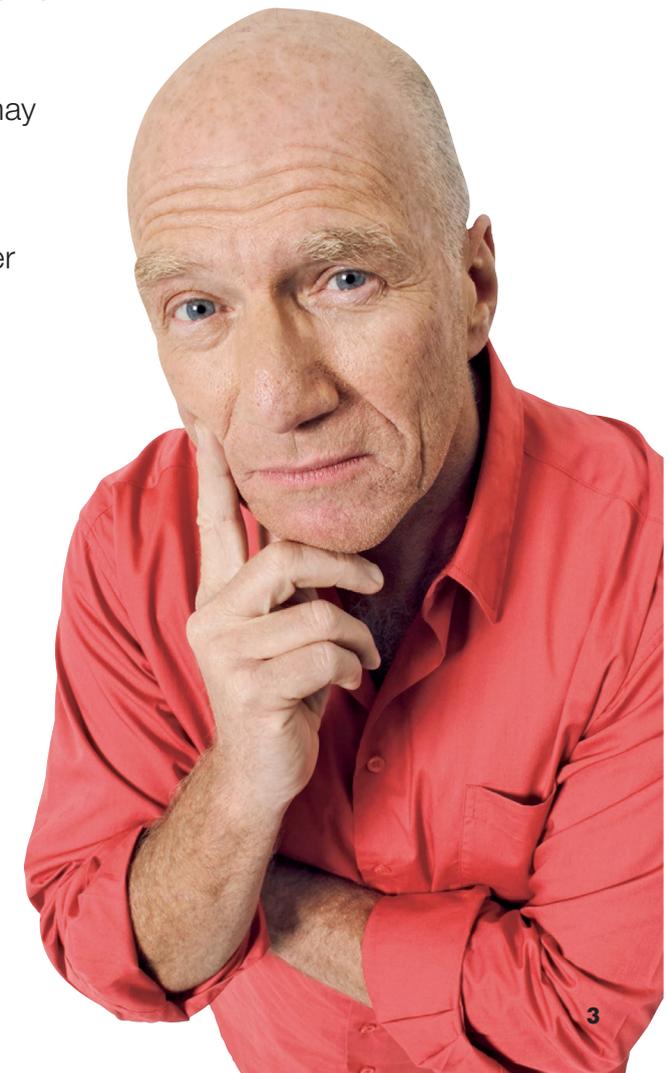
You will be examined and tests will be performed. After the cancer is evaluated, you and your healthcare team will talk about a treatment plan. The plan will be based on one or a combination of treatments.

## Watchful Waiting or Active Surveillance

Depending on a number of factors, you may choose not to have treatment at this time. Instead, you'll have the option of frequent follow-up exams and tests to watch for changes. If the cancer progresses or other conditions change, you may choose to pursue a more active treatment plan.

## Treating to Cure or Control

Low- or mid-stage cancer can often be cured with surgery or radiation. High-stage cancer often can't be cured. But it may be controlled using a combination of surgery, radiation, hormone therapy, or chemotherapy. Your healthcare team will help you understand the best treatment options for your needs.

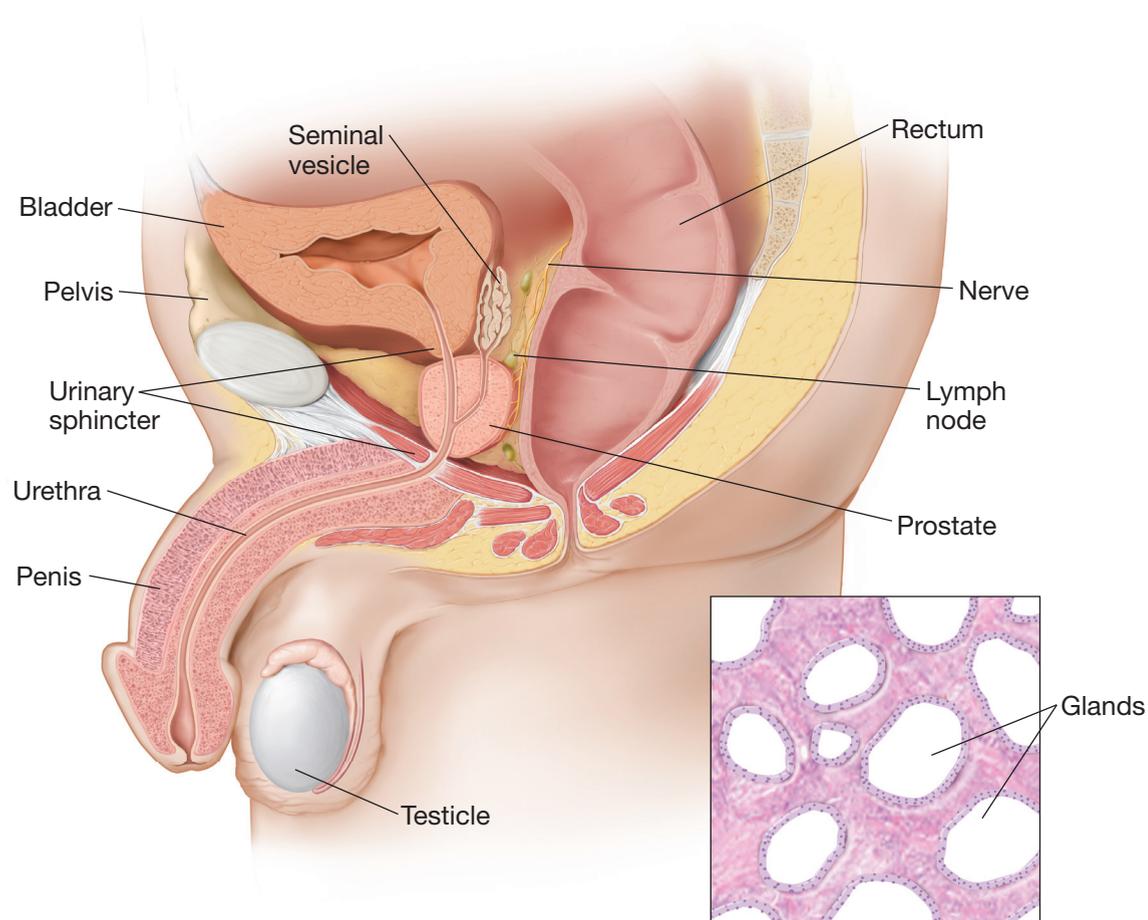


# Understanding Prostate Cancer

The prostate gland is part of the male reproductive system. As a man ages, his prostate changes. Noncancerous (benign) enlargements often form. And cancerous growths (malignant tumors) can also develop inside the prostate.

## What Is the Prostate?

The prostate is normally about the size and shape of a walnut. It's located below the bladder and surrounds the urethra. This is the tube that carries urine and semen out of the body. The prostate makes fluid that mixes with sperm to become semen. The testicles make hormones called **androgens** (such as testosterone). These hormones help promote prostate growth.

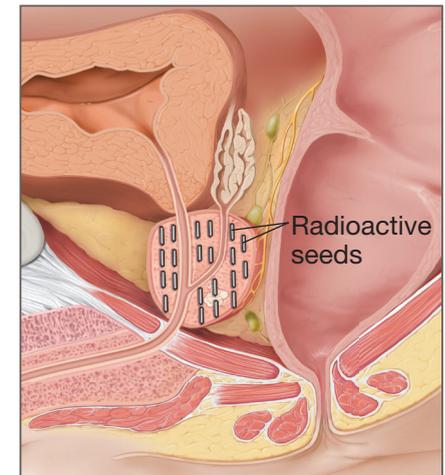


Prostate tissue is made up of many microscopic glands.

## From Inside the Body

With **interstitial brachytherapy**, radiation is delivered from inside the body. "Seeds" (tiny pieces of radioactive material) are implanted into the prostate.

- **Permanent seeds** release decreasing amounts of radiation over a period of months. You can most likely go home soon after the seeds are implanted.
- **Temporary seeds** release a single high dose of radiation. They are implanted and removed. One or more doses may be given. You may stay in the hospital for a day or more.



Radioactive "seeds" are implanted throughout the prostate.

## Before, During, and After Brachytherapy

- **Before treatment:** You may be given hormone therapy to shrink the prostate. Ultrasound or a CT scan is used to map the size and shape of the prostate.
- **During treatment:** You are given anesthesia to keep you free from pain during the procedure. Needles are then inserted behind the scrotum. These needles are used to implant the seeds. The procedure takes about 1 to 2 hours.
- **After treatment:** Soon after treatment, you can resume normal activities. Your healthcare team will help you manage any side effects. With permanent seeds, you may need to restrict contact with young children and pregnant women for a period of time. Discuss these precautions with your healthcare team.

## Risks and Complications

**!** *of interstitial brachytherapy include:*

- **Erectile dysfunction**
- **Loss of bladder control**
- **Frequent urination, possibly with a burning feeling**
- **Urinary obstruction**
- **Pain in the perineal area**
- **Inflammation or bleeding of the bladder or rectum**
- **Scarring of the urethra**

# Radiation Therapy

**Radiation therapy is a form of energy used to destroy cancer cells. Cancer cells continue to die for months after the therapy ends. A targeted delivery of radiation can be sent from outside the body or released from inside the prostate. Radiation therapy will damage some normal cells. This causes side effects, but they can be controlled.**

## From Outside the Body

With **external-beam radiation**, a machine sends targeted beams of radiation (x-rays) from outside your body to the cancer.

- **Before treatment:** A radiation oncologist designs your treatment plan. This may include hormone therapy to shrink the prostate. The radiation therapy team locates the exact areas that will be treated.
- **During treatment:** A radiation therapist positions you on a table. Tiny markers are placed in the prostate with a needle to help target the radiation. Radiation is aimed at the tumor from different angles. Each treatment may take up to 20 minutes. It is done once a day, 5 days a week, for about 8 weeks.
- **After each treatment:** You will most likely be able to follow your normal routine.

▶▶ Ask your doctor how best to manage side effects of radiation therapy.



## Risks and Complications

**!** of external radiation include:

- Mild to moderate diarrhea
- Frequent urination, possibly with a burning feeling
- Erectile dysfunction
- Some loss of pubic hair
- Fatigue
- Bloating or gas pains
- Bleeding or scarring of the bladder or rectum
- Urinary retention
- Irritation or inflammation of the rectum

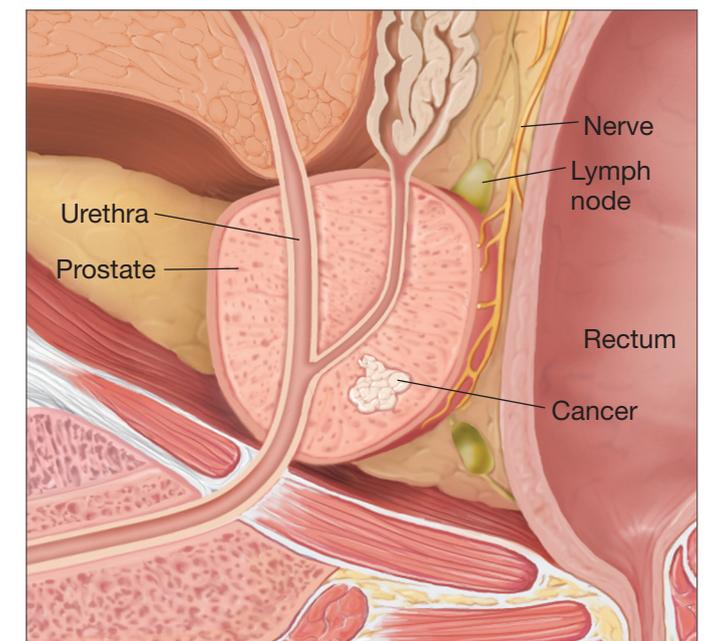
## Changes in the Prostate

With age, the prostate normally changes. It may become enlarged. This condition is called **BPH (benign prostatic hyperplasia)**. BPH itself is not dangerous. But changes to prostate cells can also indicate cancer. Unlike BPH, cancer can grow and spread beyond the prostate, threatening health and life.

## Prostate Cancer

Cancer develops as body cells change in abnormal ways. These changes may mean different things:

- **Atypical cells** (prostatic intraepithelial neoplasia, or PIN). Some cells don't appear normal. They are not cancer. They are associated with an increased risk of developing prostate cancer, however.
- **Cancer.** Abnormal cells form a **tumor** (a lump of cells that grow uncontrolled). Cancer may or may not produce symptoms. Some tumors can be felt during a physical exam. Other tumors can't.
- **Cancer spread.** Prostate cancer may spread to lymph nodes. In some cases, cancer spreads to bones or organs in distant parts of the body. This spread is called **metastasis**.



# Prostate Exam and Tests

To evaluate your prostate, you will be examined and have tests. Your health history and the results of your exam and tests help to confirm a diagnosis. Test results also help the team learn more about the cancer. Your doctors will recommend the tests that will best help evaluate your cancer.

## Your History and Physical Exam

You'll be asked about your medical history and that of your family. Be sure to tell your doctor about all medications, vitamins, and herbal supplements you take. You'll also have a physical exam, including a **digital rectal exam (DRE)**. For the DRE, the doctor inserts a lubricated gloved finger into the rectum to feel for a tumor. A DRE takes less than a minute.



## The PSA Test

**Prostate specific antigen (PSA)** is a chemical made by prostate tissue. The PSA level is the amount of PSA in the blood. It can be checked with a blood test. In general, a high or rising PSA level may mean an increased cancer risk. PSA testing is also used to evaluate the success of cancer treatments. For example, a falling PSA level can mean that treatment is working. Keep in mind that PSA levels can vary for many reasons. Ask your doctor what your PSA test results mean for your situation.

## Your Surgical Experience

Your surgeon will provide detailed instructions on preparing for surgery. Afterward, you'll be told how to care for yourself at home as you recover. Be sure to ask any questions you have about the procedure and recovery.

### Before Surgery

- Have lab tests done as directed by your surgeon.
- Don't eat or drink after the midnight before surgery.
- You may be given a laxative or have an enema one day before surgery.
- You'll discuss anesthesia (medication that puts you in a state like deep sleep) with the anesthesia provider.

### After Surgery

- Urine will drain through a tube (**catheter**) into a sterile bag. The urine may be bloody or cloudy at first.
- You may have a drain at the incision site. It will most likely be removed before you leave the hospital.
- You may return home in 1 to 3 days.
- Medications to control pain will be prescribed.
- The catheter will be left in place when you go home. You'll be taught how to manage it.
- The catheter and stitches will be removed at a follow-up visit, often 1 to 2 weeks after surgery.
- Bladder control may take a few weeks to several months to return. Improvement can continue for up to a year.



►► Soon after surgery, you will be up and walking with assistance.

## When to Call Your Doctor

 Call your doctor right away if you have any of these after surgery:

- Fever of 100.4°F (38°C) or higher
- Drainage or redness at incision site
- Swelling of your leg or ankle
- Urine not draining from the catheter
- Inability to urinate after the catheter is removed

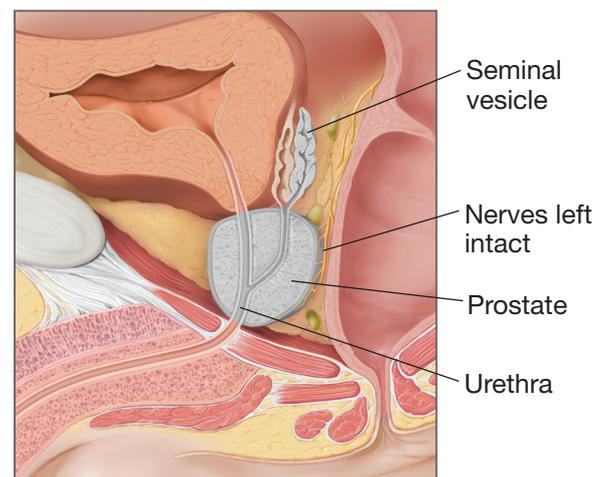
# Removing the Prostate

**Radical (total) prostatectomy is surgery to remove the entire prostate. It may be done if diagnostic tests show that the cancer is confined to the prostate gland. Members of your healthcare team will help you prepare for the surgery. They will also help treat and control any side effects.**

## Reaching the Prostate

Surgery may be done several ways. One method is laparoscopy. A tiny camera and surgical tools are put through very small incisions in the abdomen. The surgeon uses a monitor to view the prostate through the camera. Surgery may also be done through a single incision, either in the abdomen or behind the scrotum. This is called open surgery.

## Prostatectomy



## During Surgery

The prostate, seminal vesicles, lymph nodes, and part of the urethra are removed. The lymph nodes will be checked to see if cancer has spread. Care may be taken to preserve the nerves surrounding the prostate. These nerves affect your ability to achieve and maintain an erection.

## Risks and Complications

**!** of prostatectomy include:

- Erectile dysfunction
- Loss of bladder control
- Infection
- Excessive bleeding
- Difficulty urinating
- Scar tissue formation
- Blood clots
- Rectal injury

## Imaging Tests

Imaging tests that can check whether cancer has spread include:

- **Bone scans.** These detect whether cancer has spread to bones.
- **CT (computed tomography) and MRI (magnetic resonance imaging).** These can detect tumors in lymph nodes or soft tissues.



▶▶ A radiology technician will work with you during imaging tests.

## Prostate Biopsy

If your PSA level is higher than normal, or if your DRE result suggests a tumor, a prostate biopsy will be recommended. Tissue samples from the prostate are taken and analyzed (**core needle biopsy**). This can provide more information about prostate cells. The procedure takes about 20 minutes. Before it starts, you may be given an enema to clear the bowels. When the procedure begins:

- You will be given antibiotics to prevent infection.
- You may be given a sedative, local anesthetic, or pain medication.
- A probe is inserted into the rectum as you lie on your side. An image of your prostate can then be seen on a video monitor. This is called a transrectal ultrasound (TRUS).
- With this image as a guide, your doctor uses a thin needle to remove tiny tissue samples from several sites in the prostate. The samples are called “cores.”

## Risks and Complications

**!** of core needle biopsy include:

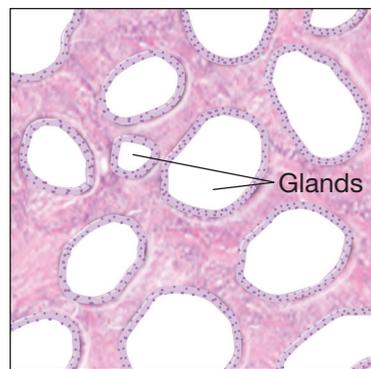
- **Serious infection (sepsis)**
- **Blood in urine, stool, or semen (can last several weeks)**

# Grading and Staging the Cancer

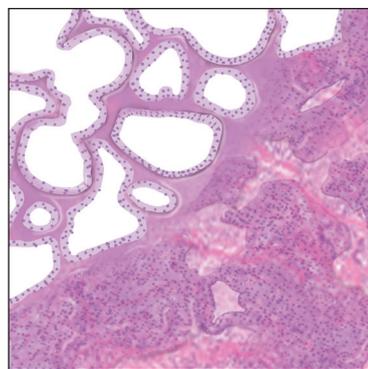
If the biopsy results suggest cancer, your tissue samples will be studied under a microscope for more details. What do the cancer cells look like? Has the cancer spread beyond the prostate? Your decision to wait or start treatment right away may depend on how aggressive the cancer cells look (**grade**) and the amount they have spread (**stage**).

## Grading the Cancer: The Gleason Score

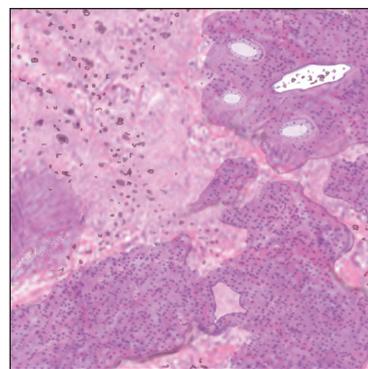
Tissue removed during a biopsy is viewed under a microscope to find the cancer's grade. This is known as a **Gleason value**. The number describes the severity of the cancer. Each biopsy core is given a grade of 1 to 5. One is the least aggressive and 5 is the most aggressive. The two most common Gleason values are added together to give a final score ranging from 2 to 10. The higher the score, the more likely the cancer is to grow.



**Normal prostate tissue:** The microscopic glands are uniform and orderly, with little to no disorganization.



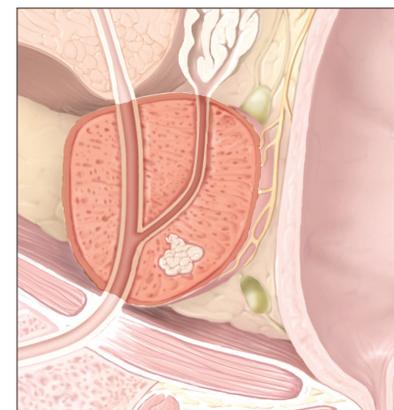
**Gleason value of 3:** Glands vary in size, shape, and organization. This indicates prostate cancer.



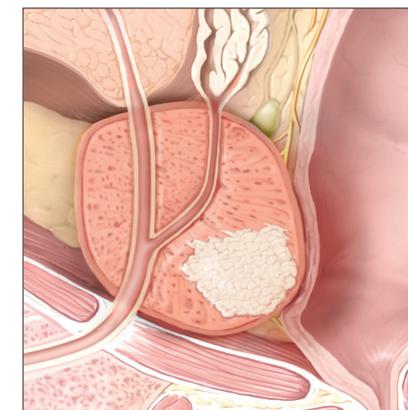
**Gleason value of 4/5:** Glands are disorganized. This indicates aggressive growth of cancer.

## Staging the Cancer

The next step is to determine if cancer has spread to other parts of the body. This is called “staging” the cancer. Lower-stage cancers are confined to the prostate. Higher-stage cancers have spread outside the prostate and possibly to nearby organs, bone, or other body tissues.



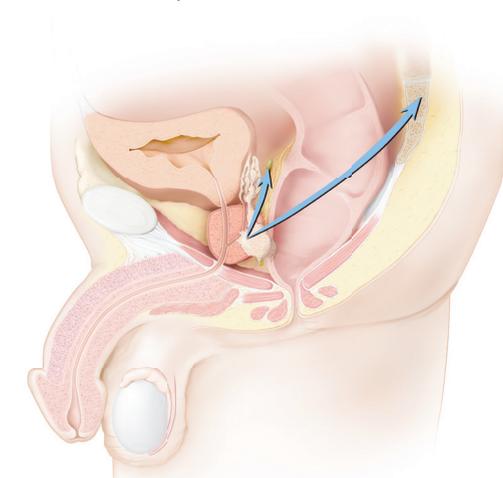
**Stage T1:** A tumor that is fully inside the prostate. It can't be felt during DRE.



**Stage T2:** A tumor that can be felt during DRE, but is still fully inside the prostate.



**Stage T3 or T4:** Cancer that has spread to the outside of the prostate or to the seminal vesicles.



**Stage N+, M+:** Cancer that has spread to the lymph nodes (N+), or to bones or other organs (M+).