

PROSTATE CANCER TREATMENT OPTIONS

You are not alone in deciding what treatment option is right for you. This brochure provides you with a simple overview of different treatment options. Your doctor and healthcare providers can provide you with more information. Use this guide as you talk to your family, friends and support group about your diagnosis and treatment options.

The Prostate Cancer Centre also provides bi-weekly education sessions led by healthcare professionals that provide in-depth information on both treatment options and potential side effects.



QUESTIONS? WONDERING WHAT THE NEXT STEPS MAY BE?

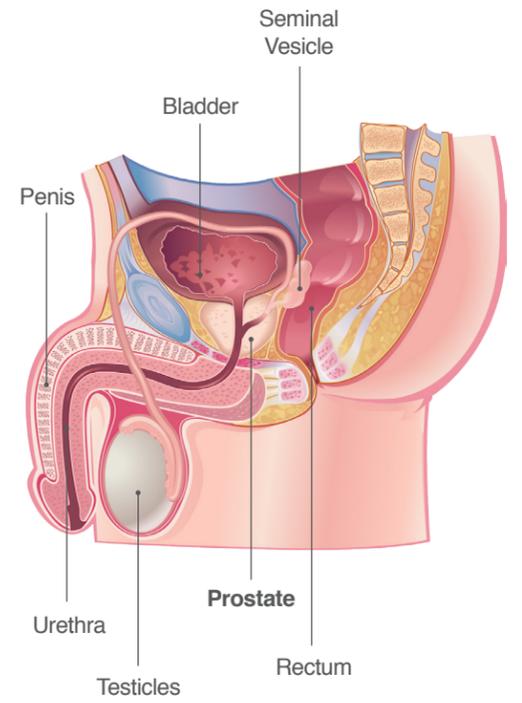
The Prostate Cancer Centre is staffed by medical professionals and volunteers who have experienced, or been affected by, prostate cancer.

For additional information on our resources and programs, please visit our website at www.prostatecancercentre.ca.

WHAT THE PROSTATE GLAND DOES AND THE EFFECTS OF TREATMENT

The prostate is a small gland is about the size and shape of a walnut. It is located under the bladder, in front of the rectum, and surrounds part of the urethra (the tube that empties urine from the bladder). If the prostate grows too large, the flow of urine can be slowed or stopped. The prostate makes, stores, and secretes fluid that forms part of the semen in which sperm are transported.

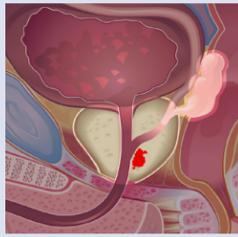
Side effects (depending on the type of treatment) are erectile dysfunction (impotence) and incontinence (urine leaking). These side effects can be temporary or permanent and may or may not respond to treatment.



STAGES OF PROSTATE CANCER

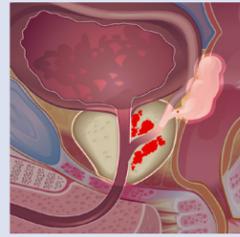
(*T is for tumour)

Stage T1*



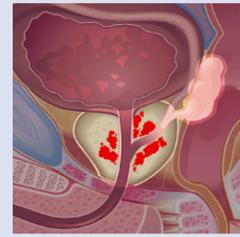
The tumour is very small; can't be felt on DRE.

Stage T2



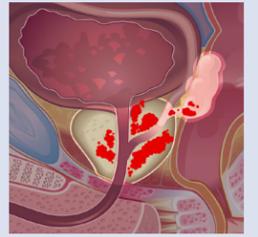
Tumour growth in one (T2a) or both lobes (T2b) of the prostate can be felt on examination.

Stage T3



Tumour spreads locally outside the prostate capsule (T3a) or involves seminal vesicles (T3b).

Stage T4



Tumour has spread into surrounding tissue (bladder and rectum).



TREATMENT OPTIONS

We are a non-profit organization focused on the early detection of prostate cancer. We support excellence in the areas of access, care, education, advocacy and research. If you are interested in learning more about our organization, sponsorship opportunities or clinic dates, please visit our website at prostatecancercentre.ca.

OUR MISSION

Saving lives - one man at a time.

GET IN TOUCH

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 Info: info@prostatecancercentre.ca
 Fax: 403-943-8877
 Hours: 7:00 am - 3:00 pm, Monday to Friday
www.prostatecancercentre.ca
 Map is available online.



"All of these positive experiences with the Prostate Cancer Centre instilled in me a desire to give back and to, perhaps, help other men by sharing my experience with them and raise their awareness about prostate cancer." - Volunteer

DID YOU KNOW?

- One in seven men in Alberta will be diagnosed with prostate cancer in their lifetime.
- Approximately eight men die of prostate cancer every week in Alberta.
- About 2,500 men will be diagnosed with prostate cancer annually in Alberta.
- There may be no early warning signs of prostate cancer.
- By supporting awareness and education initiatives that focus on early detection and treatment of prostate cancer and prostate related disease, we can rewrite these statistics.

SIDE EFFECTS	WHAT TO EXPECT	WHAT'S DONE	WHAT IT IS	
<p>None, in the short term; but some men experience anxiety or depression. As time progresses, there is a risk of difficulty passing urine. Talk to your doctor, or your local support group. They will be able to help.</p>	<p>Your doctor will monitor the status of your health every few months. If your PSA begins to rise, the feel of the prostate changes, or the biopsy results change your doctor will advise you of your treatment options.</p>	<p>The patient is examined at regular intervals to see if the cancer is growing. Repeated DRE (Digital Rectal Exam) and a PSA (Prostate Specific Antigen) blood test are the main tools. How often these tests are done depend on your age and the test results. A repeat biopsy is often done under active surveillance. Your doctor or nurse may also inform you about certain preventative measures you may take. This may include exercise, modifying your diet and other lifestyle changes.</p>	<p>Because many prostate cancers are slow to progress, this approach is an option for certain patients. It is best suited to low grade cancer. In these patients, it is uncommon for the cancer to cause death.</p>	<p>Active Surveillance</p>
<p>Some men will have some temporary urinary incontinence (leaking of urine), after the catheter is removed. This usually settles within a few months. In the long term, 15 to 25% of men experience mild degrees of incontinence called stress incontinence. Difficulty or the inability to get or maintain an erection is another risk of surgery. The results depend on the age of the patient and the extent of the cancer. Talk to your urologist about these side effects.</p>	<p>Hospital stay is usually three days. It is not a risky surgery. It is not a painful operation. You will have a catheter in place for 10 to 14 days to drain urine until the operative site heals. It takes about 6 weeks to reach full recovery, and normal activity. PSA levels should become undetectable.</p>	<p>Open surgery is done through an incision in the lower abdomen. The surgeon may check the lymph nodes at the same time to see if the cancer has spread.</p> <p>Robotic surgery is done with the instruments placed in the abdomen through small puncture holes, rather than an incision. The radical prostatectomy takes from 1 to 3 hours under general anesthesia, depending on which procedure is used.</p>	<p>This is an operation to remove the entire prostate with the aim of curing the cancer. Surgery is suitable for patients whose disease is believed to be confined within the prostate gland, and are fit for surgery.</p>	<p>Radical Prostatectomy: Open or Robotic</p>
<p>Short-term side effects usually begin 2-3 weeks into treatment. Discomfort, pressure, or frequency associated with urination and/or bowel movements may result in more bathroom visits. Burning and soreness around the anus is usually treated with simple moisturizing cream. Rarely does fatigue interfere with normal work. Patients with pre-existing bladder problems, hemorrhoids, hypertension and/or diabetes may have worse side effects. Long-term effects include reduction in erectile function, occasional rectal and / or bladder bleeding, urgency or continence issues, but rarely damage to the bladder or rectum that need surgery.</p>	<p>The main procedure is called "Simulation" which involves a CT scan so the doctor and physicist can see exactly the size and shape of the prostate for treatment planning. For this CT scan, you can expect to be placed in exactly the position (on your back or on your stomach) in which you will have your treatment. Sometimes 3 or 4 non-radioactive gold seeds may be placed in the prostate before simulation. These gold markers help guide the radiation beams to the prostate during treatment. You will be given specific instructions on hydration and bowel habits for the simulation and treatments. Each daily treatment takes 15-20 minutes. Most men continue to work during the treatment period.</p>	<p>High-energy x-rays are produced by a special machine called a linear accelerator. Beams of x-rays are focused on the prostate from a number of different angles on a daily basis Mon-Fri for approximately 8 weeks. As each person and prostate is shaped differently, an individual treatment plan is devised for each patient to achieve therapeutic radiation intensity while protecting normal tissues in the area surrounding the prostate. It is an outpatient treatment.</p>	<p>Therapeutic radiation is delivered to the prostate to eradicate cancer cells with the aim of curing the cancer. EBRT is suitable for patients whose disease is confined within the prostate gland but can also be used if the disease has penetrated through the capsule or outer lining of the prostate. Radiation therapy may also be used in conjunction with hormonal treatment.</p>	<p>External Beam Radiation Therapy (EBRT)</p>
<p>A small amount of blood is usually seen in the urine for the first couple of days with bruising around the scrotum. Urinary frequency and slowing of the urinary stream are common. Burning with urination is uncommon and occurs in 5% of men. These urinary symptoms are worse in the first month and then improve over the next 3 months. Occasionally they can persist for longer. A small number of men, 1% may experience inability to pass urine and a catheter has to be used. Rectal symptoms are very uncommon. Some patients may experience erectile dysfunction over the next 3 years that requires medication.</p>	<p>Inside the operating room an ultrasound is used to capture prostate images which are then converted by a computer into a 3D Model. This model is then used by the physician and physicists to determine the placement of seeds required to treat the cancer. The physician then places a needle using computer guidance. Once the needle is in position the computer delivers the radioactive seeds through this needle into the prostate. The whole procedure takes 1-2 hours and you can expect to go home 2-3 hours after the procedure is completed. You will have a catheter in the bladder which will be removed the following day.</p>	<p>Small titanium encased seeds, smaller than a grain of rice are inserted into the prostate, as a minor surgical procedure under a general or spinal anesthetic. Each seed contains an amount of radioactive Iodine-125 that when added together deliver a very high dose of radiation to the prostate with very little dose of radiation to other tissues. The procedure known as an "implant" is performed with an ultrasound in the rectum. Needles are inserted through the skin between the anus and scrotum and are guided by the ultrasound to their precise position. The seeds are left in the prostate when the needle is removed.</p>	<p>The use of radiation to kill cancer cells with the aim of curing the cancer. Brachytherapy is the insertion of radioactive seeds directly into the prostate. This treatment is best for cancer that is confined to the prostate, is low or intermediate grade and the PSA is <15.</p>	<p>Brachytherapy</p>
<p>It takes about 2-3 weeks for the prostate, penis and scrotal swelling to settle and to pass urine through the penis again. Post-operative urinary incontinence (leakage) occurs in less than 10%, and if it occurs, is usually minimal. All men experience loss of erections (impotence) in the short term. Approximately 30% recover potency over 1 year.</p>	<p>The procedure is done using ultrasound to "see" the freezing process. The urethra (water passage) is protected by keeping it warm. A suprapubic catheter is placed in the bladder and the tube comes out through the abdomen to drain urine postoperatively. It is a relatively painless procedure. Overnight stay in hospital is usual.</p>	<p>Small needles are placed in the prostate through the skin, between the scrotum and the anus. An ultrasound probe in the rectum is used to monitor positioning. It is a minor surgical procedure, done under spinal anaesthetic. The tip of these needles freezes to -170C, thus forming an ice ball that surrounds the entire prostate.</p>	<p>Extremely low temperatures are used to kill cancer cells (similar to frostbite). It is used when the disease is confined to the prostate, but can also be used if the cancer has penetrated through the capsule, or outer lining of the prostate.</p>	<p>Cryoablation Surgery</p>
<p>The most common side effect is hot flashes - a feeling of warmth throughout the body that lasts a few seconds. This can occur many times a day. Other side effects may include a decline in sexual desire (libido), inability to obtain an erection (impotence), some tiredness, and rarely swelling of the breasts. Longer term use may also lead to loss of body hair, softening of the skin and some loss of bone and body mass.</p>	<p>With hormone therapy you should expect an injection every 1 - 4 months for as long as your doctor feels the treatment is needed. Sometimes tablets are continued for this time as well.</p>	<p>The reduction of testosterone can be achieved in one of two ways: medical therapy (injections called LHRH agonists and/or tablets called anti-androgens) or orchiectomy (surgical removal of the testicles). If used in combination with radiation, the injections are used, and started months before the radiation treatments. This is called neo-adjuvant therapy. If used after surgery or radiation treatment it is called adjuvant therapy.</p>	<p>The male hormone, testosterone, acts like a fertilizer for prostate cancer cells. Androgen deprivation therapy is targeted at reducing or stopping the production of testosterone. Although usually indicated for more advanced prostate cancer.</p>	<p>Androgen Deprivation Therapy (ADT)</p>