

Management options for localised prostate cancer

There are a number of management options available for men whose prostate cancer is contained within the prostate gland (localised) or has only spread just outside of the prostate (locally advanced).

You may be anxious to start treatment as soon as possible, but it's important to take the time to fully understand all your treatment options, and the benefits, risks, and costs of each.

Your GP will refer you to a urologist (surgeon) to discuss the treatment options available to you, including surgery. The urologist will provide a referral to a radiation oncologist who can discuss radiation therapy with you. Seeing both a urologist and a radiation oncologist makes sure you are provided with all the treatment options that are right for you. Once you have all the information, the treatment you have often comes down to personal preference.

Management options



Active surveillance

Some localised prostate cancers never need treatment. These generally grow very slowly and may not cause any harm.

Active surveillance may be suitable for these cancers. This involves having regular tests to check on the cancer progression. Further treatment may be recommended if there is an indication that cancer has progressed. Some of the tests you may have include a prostate specific antigen (PSA) blood test, digital rectal examination (DRE), a prostate biopsy or imaging scans such as an MRI.



Surgery

Radical Prostatectomy is surgery to remove the entire prostate and some of the surrounding tissues. It can be done using various surgical techniques including:

- open prostatectomy
- laparoscopic (keyhole) prostatectomy
- robot-assisted radical prostatectomy.



Radiation therapy (RT)

This treatment destroys cancer cells inside and just around the prostate using precise, high-energy x-rays.

It can be given as a standalone treatment instead of surgery and can also be used if the cancer comes back after surgery. There are two types of RT: external beam radiation therapy (EBRT) and internal radiation therapy (brachytherapy).

- EBRT is targeted at the prostate from outside the body and is the most common type of RT.
- Brachytherapy is a type of RT in which a radioactive source is placed directly into the prostate gland. Brachytherapy is an option for some patients.



Hormone therapy

Male hormones, such as testosterone, can maintain prostate cancer cell growth.

Hormone therapy can be used to reduce the production of these hormones or block their effects. This is known as androgen deprivation therapy or ADT. You may be offered ADT before, during and/or after RT to increase its effectiveness and reduce the chance of the cancer spreading. It may be used short-term, or some men may have it for longer periods.

Side effects of treatment for prostate cancer

Being diagnosed with prostate cancer can have a big impact on your life, so it's important that your care is tailored to meet your needs.

Side effects of prostate cancer treatments can have both a physical impact on your bladder, bowel and sexual function and a psychological impact on how you are feeling. It is important to find out as much as you can about what side effects to expect before you start treatment, so that you can be better prepared and understand how to manage them.

Questions to ask your doctors (GP, radiation oncologist & urologist)

- ✓ What management options would be suitable for me?
- ✓ Is there anything about my prostate cancer that may affect my treatment choices?
- ✓ Will I need to have more than one treatment type?
- ✓ Can you tell me the benefits and risks of the treatment(s) you have recommended?
- ✓ What are the side effects of the treatment, how likely are they to happen, and how can they be treated?
- ✓ How long do side effects last for? Are any side effects permanent?
- ✓ Who should I speak to about the psychological and emotional impact of diagnosis and treatment if I am feeling upset, concerned, or struggling to cope?
- ✓ After treatment, what tests and follow-up care will I have? What will this involve and how long will I need follow-up for?
- ✓ How likely is it my cancer will return after this treatment? What treatment choices may be offered to me if my cancer does come back?

Other questions to consider asking your medical team

- ✓ Are there any clinical trials I might be suitable for, and how can I find out about these?
- ✓ How many men with cancers like mine have you treated?
- ✓ What would happen if I don't start treatment straight away?
- ✓ Can you refer me to someone to get a second opinion on all my options?
- ✓ Where can I have treatment? Please include public and private centres.
- ✓ Can you provide me with a written estimate of treatment costs?

Important

It's important to seek different opinions about your treatment options from a GP, a radiation oncologist, a urologist, and a prostate cancer specialist nurse. They can provide evidence-based advice and answer any questions you may have.

Endorsed by:



Prostate Cancer
Foundation of Australia

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