




Time to Choose

*Weighing the treatment options
for early-stage prostate cancer*



My name is Robert and I'm a prostate cancer survivor. I finished treatment earlier this year and I'd like to offer you some tips, based on my experience.

I was shocked and shaken when the doctor told me I had early-stage prostate cancer. Then I learned that cancer of the prostate is *slow growing*. That took some pressure off me. It was a relief to know I had time to fully explore my options. Since it was hard to remember everything the doctor told me, I decided to do some research on my own. I searched the Internet, read some brochures, and sought another doctor's opinion. Before long, I felt pretty sure I understood the different types of prostate cancer treatment. Of course, understanding the medical information was one thing. Making a decision that was right for *me*, was another.

As you face this decision yourself, you'll need to consider how your life might be affected during and after treatment and how you will deal with the pros and cons of the choice you make.

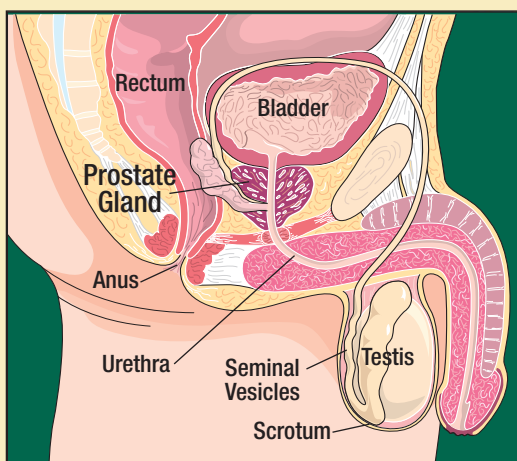
What follows are some of the things I had to consider and you'll want to think about, too.

Treatment

Men diagnosed with early-stage prostate cancer have the widest range of treatment options. Each option offers advantages, possible side effects, and lifestyle considerations. Weighing all the information can be difficult, but with careful thought and the knowledge that you don't need to rush into anything, there is light at the end of the tunnel.

Surgery

Surgery is used mainly in the early stages of prostate cancer, when the cancer is localized — confined strictly to the prostate — and it



can be removed fully. A radical prostatectomy removes the entire prostate gland, seminal vesicles, and other nearby tissues. The surgery is done either through an incision in the abdomen (a retropubic prostatectomy), or a surgical cut in the perineum, the area between the scrotum and anus (a perineal prostatectomy).

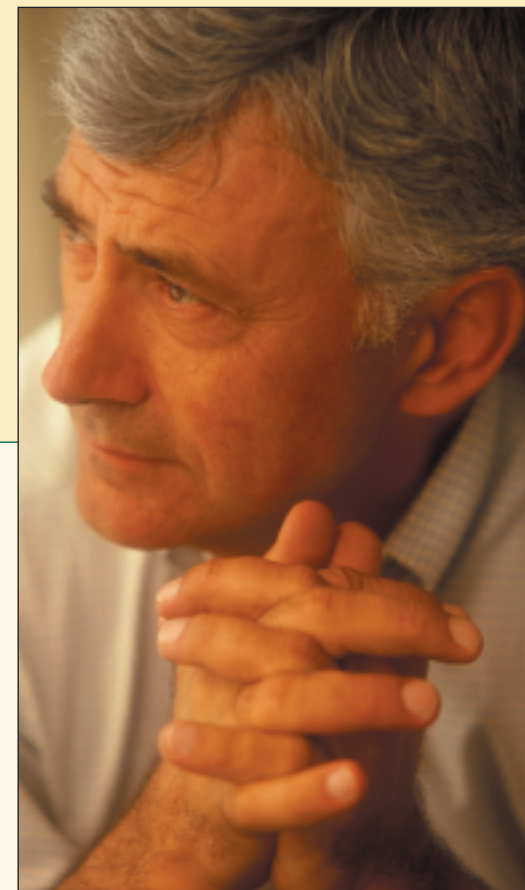
The blood vessels and nerves that help produce an erection are located next to the prostate. Often, these nerves need to be cut in order to remove the prostate completely. This may lead to an inability to have an erection, or impotence (also called erectile dysfunction or ED). Your doctor may be able to perform a nerve-sparing version of surgery, which may improve your chances

of having erections later on. Your doctor can describe the different ways a prostatectomy can be done, along with the benefits, risks, and possible side effects.

WHAT TO
CONSIDER

Like most prostate cancer treatments, surgery presents concerns about impotence (the inability to have or maintain an erection) and incontinence or the inability to control urine flow. The risk of complications always exists with any kind of surgery, and you will probably feel pain or soreness for some time afterward. Of all the options, surgery requires the longest recovery time.

How do you think a prolonged recovery might affect *your* life? How might it affect your family and your ability to get around or to take care of yourself? Do you have a family member or someone else who can help care for you during your recovery? You'll need to think about these issues and make the necessary plans before your surgery. Write down all of your questions and concerns about surgery and what to expect afterward. Be sure to discuss these things with your surgeon ahead of time to avoid surprises.



External Radiation

Radiation therapy uses small doses of high-energy x-rays to target and kill tumors and cancer cells. It can also help to prevent prostate cancer from spreading. There are different ways that **external radiation** can be done, but all involve daily treatments over a period of time. Talk to your doctor about the options available at your cancer center, along with the risks and benefits.

WHAT TO
CONSIDER

In addition to possible physical side effects, such as impotence or incontinence, another important factor to think about is the time commitment required for external radiation therapy. Treatments are usually given once a day, five days a week, for six to seven weeks. As you consider this option, think about how you will get to and from your

appointments, how far you live from the closest treatment center, and how easy or hard it may be to keep up with a daily treatment schedule.



Seed Implants

Brachytherapy (BRAKE-ih-THER-a-pee), also known as **seed implants**, is an *internal* form of radiation. This means that small radioactive “seeds” are placed directly into the prostate. These seeds are inserted during a single surgical procedure and offer the convenience of treating the tumor as you go about your daily life. The seeds remain safely in your prostate for the rest of your life, but do not continue to emit radiation after the treatment time is completed.



WHAT TO
CONSIDER

Some men like the convenience of this treatment option. Others don't like the fact that brachytherapy is fairly new. Some men experience increased problems urinating after the insertion procedure, such as burning and the urgent need to “go.” And for some men, safety is a big concern. During the first two to three weeks after the seeds are implanted into your prostate, the radiation coming from the seeds may be harmful to small children and pregnant women who are in close contact with you. Are there family members or friends that will be difficult to avoid during this time? Consider this as you make your choice.



Hormone Therapy

Hormone therapy is used mostly to slow or stop the progress of advanced prostate cancer. This treatment works by blocking the production of testosterone and

other male hormones the body makes. These hormones can help feed the cancer and make the tumor grow. Occasionally hormone therapy is used for early-stage, [localized prostate cancer](#) prior to radiation therapy or surgery to shrink a large prostate gland.



Side effects of hormone therapy may include, but are not limited to, low interest in sex, hot flashes, changes in mood, and an increased or decreased appetite. The latest research shows that although hormone therapy can be helpful for advanced cancers, it offers little or no real benefit for patients with early-stage prostate cancer.

Watchful Waiting

Since prostate cancer tends to grow slowly, some men (particularly men who are older) may decide to watch things carefully and wait until the disease gets worse before taking any action. In some cases, the cancer may grow so slowly that it may not cause any problems or symptoms during a man's remaining lifetime. If you choose this option, you must be willing to see your doctor often to track the disease. Your doctor will perform tests regularly — such as a [PSA blood test](#) and a [digital rectal exam](#) — to monitor your condition and let you know if it's time to start a treatment program.



This approach can be hard if you tend to worry a lot. Some patients can't stop thinking about the cancer if they feel as though they aren't treating it. If you make this choice, you must stick to regularly scheduled doctor's visits. Just as important, you must be able to deal with waiting and wondering about your test results between visits. In addition, this decision can sometimes cause conflict among family members. Others may oppose a wait-and-see approach and feel you should "do something" right away. Remember, patients who choose this option can select treatment at any time.

Side Effects of Treatment

The two side effects with the greatest lasting impact on most men are urinary incontinence and impotence. When I learned about these side effects, which can occur with surgery, external radiation, and seed implants, I asked myself how I would handle it if these things happened to me.

Urinary Incontinence

Urinary incontinence is the involuntary (accidental) loss or leakage of urine. Both surgery and radiation put men at risk for this. Some men may have to wear protective underwear, such as pads. Sometimes urinary incontinence can be a residual side effect. That means it may not start until months after you complete your treatment.

Kegel exercises are simple and can help improve control over urination. They involve tightening and releasing your **pelvic floor muscles**. The pelvic floor muscles are found at the base of the penis and in the area surrounding the anus. These muscles control ejaculation and are used to start or stop the flow of urine and bowel movements. Kegel exercises strengthen these muscles. They can be done in any position, anytime, anywhere — sitting, standing, or lying down — since no one can see you doing them. As with other muscles, the more you work your

pelvic floor muscles the stronger they become. Ask your doctor about Kegel exercises and how to make sure you are doing them correctly.

Impotence (Erectile Dysfunction)

Impotence refers to the inability to have or maintain an erection. There is a high risk of impotence following radical prostatectomy (surgery). Even among men who have undergone nerve-sparing surgery, impotence is a real possibility. The risk of impotence with external radiation and seed implants is slightly lower, but there is still a possibility that it may occur in time.

Treatments for impotence include penile implants, vacuum pumps, penile injections, and the brand-name medication Viagra (sildenafil citrate). Your doctor can explain the details of these choices and help you select the best solution.

Life After Prostate Cancer

Of course, I couldn't help but think about my chances of survival. I worried about whether or not I would go on to live a normal life. I also wondered whether I could get prostate cancer again.

It was a comfort to learn that no matter what treatment decision I made, the 5-year survival rate for early-stage prostate cancer is close to 100 percent. In fact, the 5-year survival rate for all stages of prostate cancer, even when the disease is advanced, is also very high — 97 percent! And while my chances of getting prostate cancer again may increase after five years, the survival rate at ten years is still 79 percent.¹

Support

Dealing with prostate cancer means more than just medical procedures and treatments. It often brings up a lot of personal issues and emotions. Make sure you share these feelings with your friends, your loved ones, or someone else you can talk to. Speak with your doctor about any concerns, fears, and questions you may have. Never hesitate to ask questions or to seek more information from reliable sources, such as those listed on page 15. And remember, if you have just been diagnosed with early-stage prostate cancer, time is on your side.

¹American Cancer Society, Cancer Facts and Figures 2003.



To Help Make Your Decision Easier...

If you still feel unsure about which treatment to choose, you may find the following exercise helpful. Using the worksheet on page 13, follow the directions below.

STEP 1. In the spaces provided, list all the things that concern you about prostate cancer treatment. It doesn't matter whether your list is long or short.

STEP 2. Continuing on the worksheet, go down the column under each treatment option. Next to each concern, rate how you feel about this treatment on the following scale: 1 = not so good 2 = about average 3 = good

For example, if you feel surgery will provide a cure, place a "3" in that box. If you feel you will lose your ability to have erections after surgery, place a "1" in that box, and so on. If you are not sure about something, place a question mark "?" in the box along side your rating as a reminder to get more information.

Your completed worksheet might look something like the example below. Here, seed implants have the highest score of 20. Chances are, the treatment with the highest score on *your* worksheet will address your concerns best and be the right choice for you. Ask your doctor about your question marks before you make a decision. Finally, if you are still undecided, take the worksheet to your doctor and discuss it fully.

Step 1 My concerns about treatment	Step 2 How I rate this treatment in terms of each concern 1 = not so good 2 = about average 3 = good		
	Surgery	External Radiation	Seed Implants
Being cured	3	3	2
Being able to have erections afterward	1	2	2
Controlling urination afterward	2	2	2
Pain	1	2 ?	3
Having general anesthesia	1	3	1 ?
Recovery time	1	2	3
Being able to be with my grandson	2	2	1
Inconvenience	2	1	3
Getting to my treatment	2	1	3
My total score	15	18	20

Personal Worksheet

Step 1

Step 2

My concerns about treatment	How I rate this treatment in terms of each concern 1 = not so good 2 = about average 3 = good		
	Surgery	External Radiation	Seed Implants
My total score			



Helpful Resources

You'll find some of the best support available through the following resources.

Your doctor. Of course, your doctor is the first and best place to start. Ask for the information you need to feel comfortable and informed about your treatment decision. Your doctor also can direct you to the sources of information he or she trusts.

Cancer Information Service (CIS).

Provided by the National Cancer Institute, this service is run by trained staff who will answer your questions about the disease and the latest treatments. Call 800-4CANCER or 800-422-6237.

Books, magazines, brochures. If your hospital has a library, take full advantage of it! Written materials can give you up-to-date information on the latest technologies, as well as tried-and-true answers to many of your questions.

The Internet. You'll find a wealth of useful information on the Internet. Visit the following qualified websites:

National Cancer Institute

<http://www.cancer.gov>

American Cancer Society

<http://www.cancer.org>

**Mount Sinai School of Medicine
Urology department**

<http://www.mssm.edu/urology>

**Barbara and Maurice A.
Deane Prostate Health
and Research Center**

<http://www.mssm.edu/prostate>

Support groups. Some men find great comfort and share information more easily in a group setting. Contact these organizations for information:

Us Too! International, Inc.

Prostate Cancer Education and Support

Telephone: 630-795-1002

PCa Support Hotline: 800-80-US TOO!
(800-808-7866)

<http://www.ustoo.org>

ACS Man to Man Support Group

American Cancer Society (ACS)

Telephone: 800-ACS-2345

Or call your local chapter of
the ACS for information.

<http://www.cancer.org>

Family and friends. Once you start talking about the disease, you'll probably find other men who have gone through the exact same thing. It helps to be reminded that you're not alone and that no question is a silly one when it comes to your well-being.

Glossary

anus The opening of the rectum to the outside of the body.

bladder The organ that stores urine.

digital rectal exam (DRE)

An examination in which a doctor inserts a lubricated, gloved finger into the rectum to feel for problems with the prostate.

ejaculation The release of semen through the penis during orgasm.

erectile dysfunction

See impotence.

external radiation Radiation therapy that uses a machine to aim high-energy x-rays at the cancer.

impotence (Also called erectile dysfunction). The inability to have an erection suitable for sexual intercourse.



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Kegel exercises A series of exercises designed to strengthen the muscles of the pelvic floor.

localized prostate cancer

Cancer confined within the prostate.

nerve-sparing surgery

Removal of the prostate gland in a way that helps save the nerves that control erection.

pelvic floor muscles

The muscles that support the urethra, bladder, uterus (in women) and rectum.

perineal prostatectomy

Removal of the entire prostate through an incision between the scrotum and anus.

perineum The area between the scrotum and anus.

PSA Prostate Specific Antigen. A protein produced by prostate cells. PSA measurements help doctors find and follow prostate cancer.

PSA blood test

The measurement of the PSA protein in the blood produced by prostate cells. This measurement increases if prostate cancer has spread.

radical prostatectomy

Removal of the prostate gland and surrounding tissues intended to eliminate cancer.

retropubic prostatectomy

Removal of the entire prostate through an incision in the abdomen.

scrotum The external pouch of skin that contains the testicles.

seminal vesicles Glands at the base of the bladder that add fluid to the semen.

testosterone A hormone that helps develop and maintain male physical sex characteristics.

urethra The tube extending from the bladder to the tip of the penis that carries urine and semen out of the body.