

A Woman's Guide to Prostate Cancer Treatment

SUPPORTING THE MAN IN YOUR LIFE



Providing prostate cancer support and resources for women and families



WOMEN
AGAINST
PROSTATE
CANCER

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SUPPORTING THE MAN IN YOUR LIFE

If a man you love has recently been diagnosed with prostate cancer you are probably feeling a little overwhelmed and not sure where to turn for support and information.

You may be asking yourself questions like: “Can I really trust the information that I find online?”, “A family friend had a radical prostatectomy to treat his prostate cancer, but is that the right option for my husband?” or “Should we get a second opinion?”

Although clinical data can look the same in many patients, prostate cancer can differ greatly from one individual to another. That is why it's important to arm yourself and your loved one with as much information as possible to ensure that a well-informed treatment path is chosen in partnership with a health care provider(s).

After reading this booklet, you should feel educated and empowered to provide the support your loved one may need in making a treatment decision for his prostate cancer.

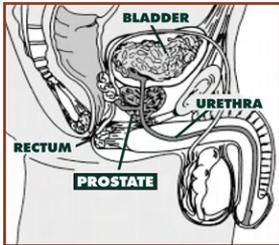
A man you love has been
diagnosed with prostate cancer.

Now what?



WHAT IS PROSTATE CANCER?

The prostate is a walnut-sized gland found only in men that contributes to the fluid that carries sperm. It is located just below the bladder (as seen in the diagram below).



Prostate cancer develops when a group of cells grow abnormally out of control in the prostate. Generally, prostate cancer is slow growing, but sometimes it can be aggressive and spread quickly. If detected early, chances of successful treatment are high.

WHO IS AT RISK?

All men are at risk of being diagnosed with prostate cancer. However, it is important to know the specific factors that may increase a man's risk, including:

Age: Age is the main risk factor for prostate cancer. A man's chance of getting the disease rises quickly after age 50.

Family History: Those with a father, brother, or other male relative who have had prostate cancer are at increased risk.

Race: African American males are at highest risk of developing prostate cancer; they are up to twice as likely to develop and die from the disease as other men.



THINGS TO CONSIDER

Before we explore the potential treatment options, there are a number of important factors to take into account when making a decision, including: age, overall health, possible side effects, stage of cancer, location of cancer, and growth rate.

AGE & GENERAL HEALTH

The age and general health of a prostate cancer patient can play a large role in the choice of treatment path. A man who is young and healthy may choose to treat the cancer more aggressively and expect a relatively quick recovery time after treatment. On the other hand, a man who is older or facing multiple health problems may choose to treat the prostate cancer less aggressively because the cancer may be less likely to cause problems in his lifetime. Ultimately however, it is up to the patient

to decide the treatment they feel most comfortable pursuing.

PSA LEVEL

PSA, or prostate specific antigen, is a protein made by the prostate and detected by a simple blood test. An elevated PSA level may indicate a prostate related problem, such as enlarged prostate, prostatitis, or prostate cancer. If an elevated PSA is detected or prostate cancer is suspected, a health care provider will likely administer follow up testing, which may include a biopsy.

A biopsy is a procedure in which a small sample of prostate cancer tissue is removed with a needle. Usually 10-12 samples are taken to examine various regions of the prostate gland. The samples are then examined by a pathologist to determine

if prostate cancer is present. If prostate cancer is found, the PSA level will be considered along with the stage and grade (we will explain these later in this section) of the cancer when choosing a treatment.

PROGNOSTIC TESTING

In addition to clinical information (e.g. stage and Gleason score) new prognostic tests, such as Prostate Px+, examine cellular and molecular features of cancer and can provide additional insights to help make the most informed decision possible. At diagnosis, these tests can help predict serious disease progression and accurately classify a patient's risk using a scoring system that ranges from 1 to 100.

GLEASON SCORE

As pathologists analyze cancerous prostate tissue removed during biopsy, they will examine the cells and assign them a grade (1-5) according to how the cancerous cells compare to normal prostate cells.

Grades 1 and 2 are assigned when cancerous tissue looks similar to normal prostate cells.

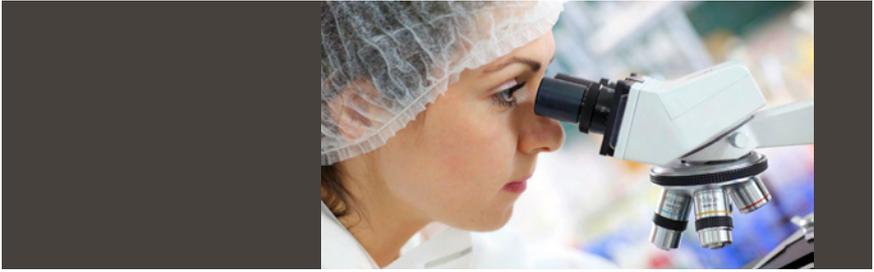
Grade 3 is assigned when cancerous cells look condensed but still contain the luminal space that is characteristic of normal prostate tissues.

Grades 4 and 5 are assigned when the cancerous cells look nothing like normal prostate cells and are scattered throughout the prostate.

Pathologists will then identify the two most commonly occurring grades and add the two, to come up with the Gleason Score. The Gleason Score helps to determine how fast the cancer cells are likely to grow. The lower the Gleason Score the less aggressive the cancer is expected to be. The following chart explains further:

| Score | Aggressiveness |
|-----------|--|
| 6 or less | A score of 6 or less is considered less aggressive |
| 7 | A score of 7 is moderately aggressive |
| 8 or 9 | A score of 8 or 9 is highly aggressive |

Keep in mind prostate cancer is not always predictable and the Gleason score is simply an estimate of the aggressiveness and growth rate of the cancer.



STAGE OF CANCER

The stage of the prostate cancer provides important information about the size of the tumor and how far the cancer has spread. It plays a vital role in determining the optimal treatment.

Prostate cancer generally falls into one of four different stages as described below:

| Stage | | What it Means |
|---|---------------------|---|
| Early Stage [Cancer confined to prostate] | Stage 1 T1 tumor | The prostate cancer is found only in the prostate. It is often microscopic in size and cannot be felt by a health care provider during a digital rectal exam (DRE). |
| | Stage 2 T2 tumor | The tumor is still contained to the prostate, but may be felt by the health care provider during DRE. |
| Late Stage [Cancer outside the prostate] | Stage 3 T3 tumor | The prostate cancer has spread outside of the prostate, but remains confined in the pelvic area. At this stage the cancer has often spread to nearby tissue, like the seminal vesicles. |
| | Stage 4 T4 tumor | The cancer has spread (metastasized) outside the prostate and pelvic area. The cancer may have begun to spread to the lymph nodes, liver, bones, or other areas. |

MAKING THE DECISION AS A TEAM

While prostate cancer treatment is best made on a case by case basis, the decision does not have to be made alone. Newly diagnosed prostate cancer patients have a number of important decisions to make regarding their treatment path so they may turn to loved ones for help and support.

Family and friends can be one of the best support systems; help the man in your life by researching treatment options, finding respected health care professionals, or simply lending an ear to listen.

It may also be helpful to get a second or even third opinion regarding treatment. A urologist, a medical oncologist and a radiation oncologist may all suggest different therapies, so it is important to get the perspective of doctors with different specialties. Often, patients seek out support from other health care professionals like nurses, patient navigators, nutritionists, and others to help them with their decision-making process.

After a prostate cancer diagnosis, it may also be helpful for patients to connect with other men who are facing or have faced many of the same decisions and challenges. Organizations such as Us TOO and the American Cancer Society provide support groups for men with prostate cancer. Women Against Prostate Cancer also has a growing base of support groups for the loved ones of prostate cancer patients who may need encouragement.

Being armed with as many tools and as much information as possible will enable you and your loved one along with his health care providers to explore all of the best treatment options as a team.



TREATMENT OPTIONS

Now that we've outlined some of the factors that you will want to consider before making a decision, let's explore some of the specific treatment options.

It is important to keep in mind that the treatment that may be right for one patient, may not work best for another patient. This guide is designed for you to have an informed discussion with your loved one and his health care provider. And in some cases, a combination of treatments may work best.

Please remember: even after treatment is complete, it is important for the patient to continue regular visits to his health care provider for PSA and DRE testing as a way to monitor the potential of cancer recurrence.

ACTIVE SURVEILLANCE

Active surveillance is an approach in which the patient and health care provider actively observe and monitor the prostate cancer rather than choose an immediate treatment such as a prostatectomy or radiation. This is also known as “watchful waiting.”

Active surveillance requires diligence on the part of the patient to attend regular follow-up visits with his health care provider. The provider will conduct regular PSA blood and DRE tests to monitor any change in the cancer. The patient may also receive a follow-up biopsy 12 – 18 months after diagnosis and periodically thereafter.

If the cancer shows signs of progression, or if a patient changes his mind, he and his health care

provider can then determine whether to pursue another treatment option such as a prostatectomy or radiation therapy.

Active surveillance is not right for every patient and is usually reserved for patients with less aggressive cancers. When considering this option, as with any treatment option, a patient must carefully consider the stage of the cancer, their Gleason Score, their age and overall health.

PROSTATECTOMY (Surgical Removal of the Prostate)

A prostatectomy is the surgical removal of the prostate. There are two basic surgical options for prostatectomy, open or laparoscopic. A prostatectomy can be highly effective for cancer that is confined to the prostate.

An open prostatectomy is the removal of the prostate gland through an incision in the lower abdomen or from between the legs near the scrotum. The surgeon may also remove nearby tissue if the cancer has spread.

A laparoscopic prostatectomy is a form of prostate removal performed through 5 to 6 tiny in-

cisions in the abdomen through which surgical instruments are placed. This may be performed by the surgeon alone or with the assistance of a robotic device (this form of surgery is also called Robot-Assisted Radical Prostatectomy). Compared to open surgery, laparoscopic techniques have a shorter recovery period as well as less bleeding and scarring.

Whether open or laparoscopic surgery is chosen, it is important to find an experienced and skilled surgeon who can use a nerve-sparing technique. This is the careful removal of cancerous tissue while preserving the nerve bundles that control both sexual function and the muscle that controls continence. Depending on the location of the tumors, nerve-sparing may not be possible and often surgeons will not know this until the time of the procedure. And in some cases, side effects from surgery may not manifest themselves until months after treatment. Always ask the surgeon what his/her personal success rate is; simply quoting statistics found in the literature is not sufficient.

EXTERNAL BEAM RADIATION THERAPY (EBRT)

EBRT uses external high energy x-rays that are precisely directed at the prostate gland. The high levels of radiation kill cancerous cells or inhibit them from growing and dividing, while minimizing damage to healthy cells. Patients are treated on an outpatient basis and receive radiation treatments five days a week for seven to nine weeks. Each treatment lasts about 15 minutes.

Intensity Modulated Radiation Therapy is another form of external x-ray radiation that allows doctors to change the intensity of the radiation to better target the prostate. It helps reduce radiation exposure to the rectum and bladder.

Possible side effects of external beam radiation include: erectile dysfunction, incontinence, painful or frequent urination, and loose bowels.

PROTON THERAPY

Proton Therapy uses a beam of protons rather than x-rays to attack the cancerous cells. Protons are able to more precisely target the cancer cells allowing for less radiation exposure to surrounding tissue.

As with other methods of radiation therapy there are side effects to consider, including erectile dysfunction, incontinence, painful or frequent urination, and loose bowels.

BRACHYTHERAPY (Seed Implants)

Brachytherapy is a form of radiation treatment that takes place inside the prostate. It may also be referred to as internal radiation or “seed” implantation.

In this outpatient procedure, a doctor places small radioactive “seeds” (about the size of a grain of rice) into the prostate with surgical needles. The seeds are positioned to attack the cancer most efficiently. Brachytherapy allows use of a



high dose of radiation that only travels a few millimeters to kill nearby cancer cells, thereby reducing the chances of damaging healthy tissue.

The seeds are permanently implanted. Over several months radiation is given off, until eventually the radioactive material degrades and only the harmless seeds remain. This treatment option may be used alone or in combination with EBRT.

While most men have no major long term problems, the side effects of brachytherapy may include erectile dysfunction, incontinence, painful or frequent urination and loose bowels. As with any treatment, all possible side effects should be discussed thoroughly with your health care provider.



HORMONE THERAPY

Starting in puberty and continuing into adulthood, testosterone causes the growth of the prostate gland. However, testosterone cannot differentiate between healthy tissue and cancerous tissue and it may contribute to the growth of prostate cancer. Hormone therapy involves the reduction of the amount of testosterone in the system in an attempt to minimize the growth of the cancer.

Hormone therapy is an option that is often used when advanced prostate cancer can't be treated through surgery or other means. It may also be used in men with early-stage prostate cancer to shrink tumors before radiation is administered.

Side effects of hormone therapy may include hot flashes, reduced sex drive, weight gain, breast enlargement, erectile dysfunction, and in some cases, cardiovascular problems.

CHEMOTHERAPY

Chemotherapy is the use of powerful chemical agents to kill growing cancer cells. It is often used in cases of advanced

or recurrent prostate cancer that has not responded to hormone treatment. Chemotherapy may be administered intravenously or by mouth.

Chemotherapy can cause a number of side effects that can vary depending on the type of drugs used, including loss of appetite, nausea, vomiting, weight loss, hair loss, diarrhea, infertility, increased risk of infection and fatigue. Most side effects usually fade when treatments are completed.

CRYOTHERAPY

Cryotherapy is a method of freezing and killing prostate cancer cells. A surgeon inserts a needle between the anus and scrotum and a freezing agent, such as liquid nitrogen or argon gas, is introduced into the prostate. It then freezes and destroys cancerous and surrounding tissue.

Cryotherapy may be used as a second line treatment for localized cancer if radiation is not successful. And as with radiation, cryotherapy is sometimes combined with hormone therapy in an attempt to reduce the tumor size. Because

cryotherapy is relatively new, more research is still needed to determine the long-term effectiveness and side effects of this type of therapy.

Potential side effects include injury to the urethra and bladder, erectile dysfunction, and incontinence.

HIGH INTENSITY FOCUSED ULTRASOUND (HIFU)

To put it simply, HIFU is the opposite of cryotherapy; it is a method of killing prostate cells by heating them up. After anesthesia is administered, a probe is inserted into the rectum and high-intensity ultrasound waves are emitted destroying the cancer cells in the prostate. Ask your health care provider to learn more about the availability of this treatment option.

HIFU may be used as an alternative to surgery or radiation or it may be used as a second line treatment if radiation is not successful. Possible side effects mirror those seen in cryotherapy, including injury to the urethra and bladder, erectile dysfunction, and incontinence.

IMMUNOTHERAPY

Immunotherapy to treat prostate cancer is a new and emerging field. This method involves the introduction of a patient's immune cells to a protein that causes the body to react with an immune response to fight the disease. The FDA has approved one therapeutic vaccine, Provenge (sipuleucel-T) and others are currently being tested in men with advanced prostate cancer.

CLINICAL TRIALS

Researchers are always looking for better ways to treat prostate cancer and they use clinical trials as a method to test new treatment possibilities. While each clinical trial has specific guidelines on who can participate, it is worth discussing participation in a trial with your health care provider. And who knows, if participation is right for your loved one, it could save his life.

REMEMBER

Prostate cancer treatment is not “one size fits all”; what is best for one patient may not be right for another.

Use this guide to equip yourself and your loved one with some of the basic information and resources that can support him as he chooses the treatment path that is best for him.



QUESTIONS FOR THE HEALTH CARE PROVIDER

Could you please describe my cancer; including what it's called, where it's located, what stage it is in and other details that may help in choosing a treatment path.

Are there any additional tests available that can help me choose the best treatment?

What are all of my treatment options?

How soon should treatment start? How long will it last?

What are the side effects associated with these treatment options?

What treatment option would you recommend for me and why?

How much will the treatment cost? Is it covered by insurance?

How should I alter my daily routine (including going to work, food choices and exercising)?

After treatment, what follow up visits or testing are necessary?

How will I know if my cancer returns?

If my cancer does return, how will it be treated?

Write down additional questions here:

Additional Resources

CancerCare: Caregiver Support Services
www.cancercares.org

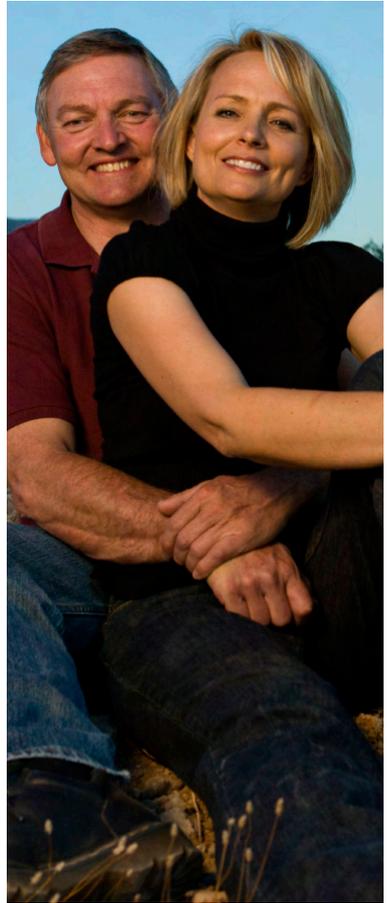
Men's Health Network
www.menshealthnetwork.org

National Alliance on Caregiving
www.caregiving.org

National Cancer Institute
www.cancer.gov

Patient Advocate Foundation
www.patientadvocate.org

Us TOO International
www.ustoo.org



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