

cancer which is localised to the prostate or to the immediate area around the prostate.

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

Physical removal of the prostate (prostatectomy) is not the only option. There are two specialists to discuss your treatment options with - a radiation oncologist and a urologist. Your GP can give you referrals to both of these and help you make a decision that is right for you. Often this comes down to personal preference once you have all the information.

Management options

Active surveillance

This aims to monitor your prostate cancer for changes that may require further treatment. It is suitable for earlier (small size and low grade) cancers and involves regular tests. Some of the tests you may have include a prostate specific antigen (PSA) blood test, digital rectal examination (DRE), biopsy or imaging scans.

Surgery

This aims to remove the entire prostate and some of the surrounding tissues. It can be done using surgical techniques including:

- open prostatectomy
- laparoscopic (keyhole) prostatectomy
- robot-assisted laparoscopic 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 'definitive' treatment instead of surgery, and it can also be used if the cancer comes back after surgery. External beam radiation therapy (EBRT) is the most common type of radiation therapy. Internal RT (brachytherapy) is also an option for some men.

for you

Hormone therapy

This treatment temporarily stops your body from making testosterone and aims to reduce the tumour size or slow down the tumour growth. It may be given short-term in conjunction with radiation therapy. Not everyone will receive hormone therapy.

Management options for localised **prostate cancer**



Side effects of treatment for prostate cancer

Your specialists (radiation oncologist and urologist) will be able to discuss the side effects of the different management options with you. This may help you to decide which treatment is right for you. All types of treatment can cause side effects relating to the bladder, bowel and sexual function. It is important that you ask your doctor about the risk of side effects with the treatment options you are being offered.

The diagnosis and treatment of prostate cancer can be a major life stress. It's important that your care is tailored to meet your specific needs.

Other questions to ask your doctors

(GP, radiation oncologist & urologist)

- What management options would be suitable for me, and are there any characteristics of my prostate cancer which may affect my treatment choices?
- Can you tell me the benefits and risks of the treatment 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 and are any permanent?
- What is the chance I may need to have more than one of the options listed above?
- How soon do I need to make a choice about which option I prefer?
- Where and how do I get a second opinion?
- Where can I have treatment, and how much is it likely to cost?
- Are there any clinical trials I might be suitable for, and how can I find out about these?
- What tests and follow up care will I have?
- Who should I speak to about the psychological and emotional impact of diagnosis and treatment if I am feeling upset or challenged?

There are several options.
Ask which treatment is suitable for you.

You are strongly encouraged to get opinions about the management of your prostate cancer from your GP, a radiation oncologist and a urologist before you make any treatment decision. It is important that you take time to get all the up-to-date and accurate information from the relevant experts so you can make the choice that's right for you.

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