

Prostate Cancer

■ What is prostate cancer?

Prostate cancer is a disease in which normal cells in a man's prostate gland change and grow out of control, forming a tumor. Some prostate cancers grow very slowly and may not cause symptoms for years. Prostate cancer is the most common type of cancer diagnosed in men in the United States.

■ What is the function of the prostate?

The prostate is a walnut-sized gland located behind the base of the penis, in front of the rectum, and below the bladder. It surrounds the urethra, the tube-like channel that carries urine and semen through the penis. The prostate makes seminal fluid, the liquid in semen that protects, supports, and helps transport sperm.

■ What do stage and grade mean?

The stage is a way of describing where the cancer is located, if or where it has spread, and whether it is affecting other parts of the body. There are 4 stages for prostate cancer: stages I through IV (1 through 4). After the biopsy and/or surgery is done, a pathologist looks at the cancer cells under a microscope and gives the prostate cancer a Gleason score. Doctors may also assign a risk group to help guide treatment. Find more descriptions of these stages at www.cancer.net/prostate.

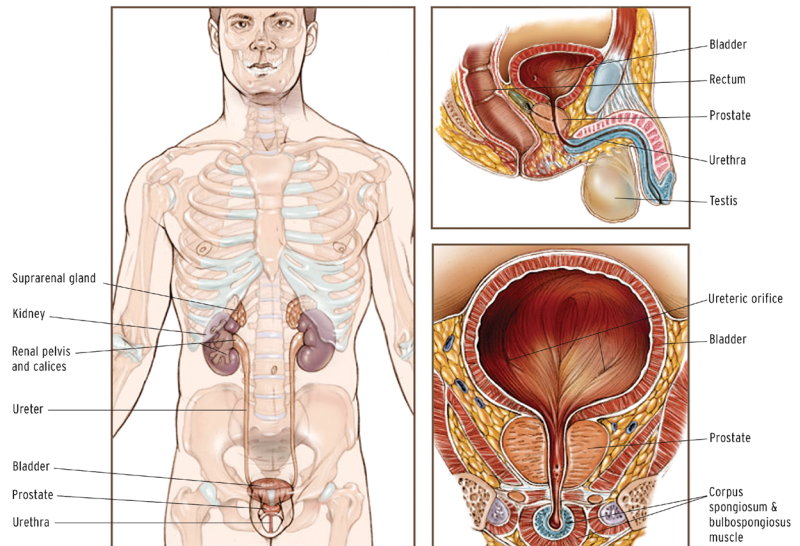
■ How is prostate cancer treated?

The treatment of prostate cancer depends on the size, location, and the risk group of the tumor, whether the cancer has spread, and the man's overall health. If prostate cancer is found at an early stage, is in a low risk category, and is growing slowly, the doctor may recommend active surveillance. This means the cancer is closely monitored and active treatment begins only when the cancer shows signs of worsening. For localized prostate cancer, other treatment options include surgery or radiation therapy. For men with a larger tumor or cancer that is more likely to return, treatment options include hormone therapy, also called androgen deprivation therapy (ADT), in addition to radiation therapy. Prostate cancer that no longer responds to ADT is called castration-resistant prostate cancer. Advanced, metastatic, and castration-resistant prostate cancer may be treated with chemotherapy, immunotherapy, radiation therapy, or other newer treatment options, such as new drugs that target androgen. When making treatment decisions, men may also consider a clinical trial. Clinical trials are an option to consider for treatment and care for all stages of cancer. Talk with your doctor about all treatment options.

The side effects of prostate cancer treatment, including incontinence, bone pain and weakness, and sexual problems, can often be prevented or managed with the help of your health care team. This is called palliative care or supportive care and is an important part of the overall treatment plan.

■ How can I cope with prostate cancer?

Absorbing the news of a cancer diagnosis and communicating with your health care team are key parts of the coping process. Seeking support, organizing your health information, making sure all of your questions are answered, and participating in the decision-making process are other steps. Talk with your health care team about any concerns. Understanding your emotions and those of people close to you can be helpful in managing the diagnosis, treatment, and healing process.



Questions to ask your health care team

Regular communication is important in making informed decisions about your health care. It can be helpful to bring someone along to your appointments to take notes. Consider asking your health care team the following questions:

- ▶ What type of prostate cancer do I have? How aggressive is it?
- ▶ Can you explain my pathology report and laboratory results to me?
- ▶ What is the stage, Gleason score, and risk group of the prostate cancer? What does this mean?
- ▶ Would you explain my treatment options?
- ▶ What clinical trials are available for me? Where are they located, and how do I find out more about them?
- ▶ What treatment plan do you recommend? Why?
- ▶ What is the goal of each treatment? Is it to eliminate the cancer, help me feel better, or both?
- ▶ Who will be part of my treatment team, and what does each member do?
- ▶ How will this treatment affect my daily life? Will I be able to work, exercise, and perform my usual activities?
- ▶ Will this treatment affect my sex life? If so, how and for how long?
- ▶ Will this treatment affect my ability to have children?
- ▶ What other long-term side effects may be associated with my cancer treatment?
- ▶ If I'm worried about managing the costs of cancer care, who can help me?
- ▶ Where can I find emotional support for me and my family?
- ▶ If I have a question or problem, who should I call?

Find more questions to ask the health care team at www.cancer.net/prostate. For a digital list of questions, download Cancer.Net's free mobile app at www.cancer.net/app.

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Health Care Professionals: To order more printed copies, please call 888-273-3508 or visit www.cancer.net/estore.

Words to Know

Active surveillance: Closely monitoring the cancer and only starting treatment if it shows signs of worsening.

Androgen deprivation therapy (ADT): Treatment that lowers the levels of male sex hormones, with the goal of slowing or stopping the growth of prostate cancer.

Biopsy: Removal of a tissue sample that is then examined under a microscope to check for cancer cells.

Chemotherapy: The use of drugs to destroy cancer cells.

Gleason score: An important factor for prognosis; describes how much the tumor looks like healthy tissue.

Incontinence: Inability to control urine flow.

Lymph node: A tiny, bean-shaped organ that fights infection.

Metastasis: The spread of cancer from where it began to another part of the body.

Prognosis: Chance of recovery.

Prostate-specific antigen (PSA): A protein released by prostate tissue into the blood that may be found at higher-than-normal levels in men with prostate cancer or another prostate condition.

Radiation therapy: The use of high-energy x-rays to destroy cancer cells.

Urologic oncologist: A doctor who specializes in treating cancers of the urinary tract.

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