A COMMON CANCER IN MEN

If you’ve been diagnosed with prostate cancer, it’s normal to be concerned about your future. It may help you to know that this disease can often be cured or controlled. Prostate cancer is common, especially in older men. This booklet can tell you more about this cancer, your tests, and your treatment options.

What Is Prostate Cancer?

Cancer is an uncontrolled growth of abnormal cells. **Prostate cancer** begins in the prostate, a small gland below the bladder. As the cancer grows, it can spread beyond the prostate to nearby organs or to other parts of the body. In many cases, prostate cancer grows slowly.

Living with Prostate Cancer

Being told that you have cancer is frightening. But most men diagnosed with prostate cancer don't die from it. Even though a cure can't be guaranteed, treatment can often keep the cancer under control. As you learn more about this disease, you'll better understand what it means for your future. You can also learn ways to live well with prostate cancer.
Thinking About Your Treatment Options

Prostate cancer can be treated in many ways. The usual treatments include surgery, radiation, and medications. In some cases, watchful waiting (monitoring the cancer without treating it) is a choice. The treatment plan your healthcare team will suggest depends on many factors. These include your age, your overall health, how fast the cancer is growing, and whether it has spread. Discuss your options with your healthcare team.

Your Healthcare Team

The team of professionals who will assist in your care may include:

• A urologist, a doctor who treats and performs surgery on the urinary system and the male reproductive system.

• A radiation oncologist, a doctor who uses radiation to treat cancer.

• A medical oncologist, a doctor who treats cancer with medications.

• A nurse practitioner, who may perform exams and manage follow-up care.

• Your primary care physician, who refers you to the appropriate specialists. He or she also monitors your overall health.

Your healthcare team will help you make decisions about your treatment.

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What Is the Prostate?

The prostate is normally about the size and shape of a walnut. It’s located below the bladder. It surrounds the urethra (the tube that carries urine and semen out of the body). The function of the prostate is to produce a fluid. This fluid mixes with fluid from the seminal vesicles and sperm from the testicles to form semen. The testicles also make hormones called androgens (such as testosterone). These hormones help the prostate to function.
The Changing Prostate

With age, the prostate changes. The prostate may become enlarged, a condition called BPH (benign prostatic hyperplasia). BPH can cause problems with urination, but it is not cancer, and it is not dangerous. Unfortunately, cancer of the prostate is also common. Unlike BPH, cancer can grow and spread beyond the prostate, threatening health and life.

Prostate Cancer

Cancer develops as cells in the body change abnormally.

• **Atypical cells (prostatic intraepithelial neoplasia, or PIN).** Some cells don’t appear normal, but they are not cancer. These cells suggest that cancer might be present or could form.

• **Cancer.** Abnormal cells form a tumor (a lump of cells that grow uncontrolled). Cancer may or may not produce symptoms. Some tumors can be felt during a physical exam, others can’t.

• **Cancer spread.** Prostate cancer may spread to nearby organs. In some cases, the cancer spreads further, to bones or organs in distant parts of the body. This is called **metastasis.**
Your Exam and Tests
To find out more about your prostate, members of your healthcare team will ask about your medical history. They will also examine you and perform tests. Your history, exam, and test results help your doctors confirm the diagnosis. Test results also help the team find out more about the cancer.

Your History and Physical Exam
Bring any medications, vitamins, or herbal supplements you take to the exam. The urologist will ask about your medical history and your family’s medical history. You will then have a physical exam, including a digital rectal exam (DRE). For the DRE, the urologist inserts a lubricated gloved finger into the rectum to feel for a tumor. A DRE takes less than a minute.

The PSA Test
Prostate specific antigen (PSA) is a chemical made by prostate tissue. The PSA level (amount of PSA in the blood) is tested to evaluate a man’s risk of prostate cancer. In general, a high or rising PSA level may mean an increased cancer risk. PSA testing is also used to evaluate the success of cancer treatments. For example, a falling PSA level can mean that treatment is working. Keep in mind that PSA levels can vary for many reasons. Discuss your PSA test results with your doctor and ask what they mean for your situation.

Your PSA level is tracked with a blood test.
Taking Tissue Samples

Taking tissue samples from the prostate (a core needle biopsy) can provide more information about prostate cells. The procedure takes about 20 minutes. Before it starts, you may be given an enema to clear the bowels. When the procedure begins:

• You will be given antibiotics to prevent infection.
• You may be given a sedative, local anesthetic, or pain medication.
• A small probe is then inserted into the rectum as you lie on your side. An image of your prostate can then be seen on a video monitor. This is called a transrectal ultrasound (TRUS).

• With this image as a guide, your doctor uses a thin needle to remove tiny tissue samples from several sites in the prostate.

Risks and Complications of Core Needle Biopsy

- Infection
- Blood in urine, stool, or semen

Imaging Tests

Imaging tests that can check whether cancer has spread include:

• Bone scans, which detect whether cancer has spread to bones.
• CT (computed tomography) and MRI (magnetic resonance imaging), which can detect tumors in bones or soft tissues.
Evaluating the Cancer

To form your treatment plan, your healthcare team must learn more about your cancer. What do the cancer cells look like? Has the cancer spread beyond the prostate? Cells removed during biopsy will be viewed under the microscope. Treatment will depend on how the cells look (grade) and where they are located (stage).

Grading the Cancer

A cancer is graded using tissue removed during a biopsy. A pathologist (a doctor who identifies diseases by studying cells and tissues) looks at this tissue under a microscope. He or she then determines the cancer’s grade, from 1 to 5. Low-grade cancers are similar to normal tissue. High-grade cancers differ from normal tissue in the way cells are organized, and in cell size and shape. The higher the grade, the faster the cancer is likely to be growing. The pathologist will give a report to your urologist.

The Gleason Score

Often there is more than one cancer grade within a tumor. The two most common grades found in the tumor are added together to get the Gleason score (or sum), a number between 2 and 10.

Grade 1 or 2

Seen under a microscope, grade 1 or 2 cells are abnormal, but still appear to be organized in rings. This may indicate a slow-growing cancer.

Grade 3

Grade 3 cells vary more in size and shape. Fewer rings are visible. These cancer cells may grow more rapidly or still be slow growing.

Grade 4 or 5

Grade 4 or 5 cells form irregular closely packed rings or don’t form rings at all. They vary even more in size and shape than lower-grade cells. These grades indicate a fast-growing cancer.
Staging the Cancer

Your urologist will assign your cancer a stage based on PSA, DRE, and imaging tests. Lower-stage cancers are confined to the prostate. Higher-stage cancers have spread from the prostate to nearby organs, bone, or other body tissues.

Stage T1: A tumor that is completely inside the prostate. It can’t be felt during DRE.

Stage T2: A tumor that can be felt during DRE, but is still completely inside the prostate.

Stage T3 or T4: Cancer that has spread to the outside of the prostate or to the seminal vesicles.

Stage N+, M+: Cancer that has spread to the lymph nodes (N+), or to the bones or other organs (M+).

Choosing the Best Treatment

Knowing the cancer’s grade and stage helps with forming a treatment plan. Your plan may be based on:

• **Watchful waiting (active surveillance).** Depending on the cancer’s grade and stage, your age, and your overall health, you may not need treatment. Your PSA will be monitored, and you’ll have frequent follow-up exams to watch for changes. You may have biopsies as well.

• **Treating to cure.** Low- or mid-stage cancer can often be cured with surgery or radiation.

• **Treating to control.** High-grade or high-stage cancer often can’t be cured. But, it may be controlled using some combination of surgery, radiation, hormone therapy, or chemotherapy.
Removing the Prostate

Radical (total) prostatectomy is surgery to remove the entire prostate. It may be done if diagnostic tests show that the cancer is confined to the prostate. Your healthcare team will help you prepare for the surgery. They will also help to treat and control any side effects.

How Surgery Is Done

• Surgery may be done using robotic-assisted laparoscopy. A tiny camera and surgical tools are inserted through small incisions in the abdomen. Pictures are sent to a video screen a short distance away, where the surgeon controls the instruments. Surgery may also be done through a large incision in the abdomen (retropubic approach) or behind the scrotum (perineal approach).

• The lymph nodes near the prostate may be removed and checked to see if cancer has spread. (If the cancer has spread, the surgeon may decide not to remove the prostate.)

• The prostate, with a portion of the urethra, and the seminal vesicles will then be removed.

• Nerve-sparing techniques may be used to help preserve erectile function (the ability to achieve and maintain an erection).

Risks and Complications of Prostatectomy

• Erectile dysfunction (difficulty achieving or maintaining an erection)
• Difficulty urinating
• Incontinence (loss of bladder control)
• Pneumonia
• Infected
• Blood clots
• Excessive bleeding
• Rectal Injury

The prostate, the seminal vesicles, and a portion of the urethra are removed.

The urethra is reattached to the bladder. A catheter is inserted to drain urine while you heal. A balloon holds the catheter in place.
Your Surgical Experience

Your surgeon will give you detailed instructions on preparing for surgery. After surgery, you’ll be told how to care for yourself at home as you recover. Be sure to ask any questions you have about the procedure and recovery.

Before Surgery

• Have lab tests done as directed by your surgeon.
• Don’t eat or drink after midnight the night before surgery.
• You may be given a laxative or have an enema one day before surgery.
• You will discuss anesthesia (medications to block pain) with the anesthesiologist.

After Surgery

• Urine will drain through the catheter into a sterile bag. The urine may be bloody or cloudy at first.
• You may return home in 1 to 3 days.
• Medications to control pain will be prescribed.
• The catheter will be left in place when you go home. You’ll be given instructions on how to manage it.
• The catheter and stitches will be removed at a follow-up visit. This is often 1 to 2 weeks after surgery.
• Bladder control often takes a few weeks to several months to return. Improvement can continue for up to a year.

Call Your Doctor If

• You have fever or chills.
• The incision is draining or increasingly painful or red.
• Your leg or ankle begins to swell.
• Urine isn’t draining from the catheter.
• You can’t urinate after the catheter has been removed.
Radiation Therapy

Radiation therapy is used to destroy cancer cells. Cancer cells continue to die for months after the therapy ends. Radiation (x-rays) can be delivered from outside the body, or from material placed inside the prostate. Radiation therapy also damages some normal cells. This damage causes side effects, which can be controlled.

Targeting Cancer Cells from Outside the Body

External-beam radiation is done using a machine that sends beams of radiation from outside your body to the cancer.

• **Before treatment.** Your radiation oncologist designs your treatment plan. This may include hormone therapy to shrink the prostate. The radiation therapy team locates the exact areas that will be treated.

• **During treatment.** A radiation therapist positions you on a table. Radiation is aimed at the tumor from different angles. Each treatment lasts a few minutes. It is done once a day, 5 days a week, for 5 to 7 weeks.

• **After each treatment.** You will most likely be able to follow your normal routine. Discuss with your team how to manage side effects of treatment.

Risks and Complications of External Radiation

- Mild to moderate diarrhea
- Frequent urination, possibly with a burning feeling
- Erectile dysfunction
- Some loss of pubic hair
- Fatigue
- Bloating or gas pains
- Bleeding or scarring of the bladder or rectum
- Urinary retention
- Irritation or inflammation of the rectum with diarrhea, an urgent need to pass stool, or rectal discomfort
Targeting Cancer Cells from Inside the Body

**Interstitial brachytherapy** is radiation treatment done from inside the body. “Seeds” (tiny pieces of radioactive material) are implanted into the prostate. These seeds may be either permanent or temporary.

- **Permanent seeds** release decreasing amounts of radiation over a period of months. You can most likely go home soon after the seeds are implanted.
- **Temporary seeds** release a single high dose of radiation. They are implanted and removed. You may stay in the hospital for a day or more after the first dose. One or more doses may be given during the next day.

**Before, During, and After Treatment**

- **Before treatment.** You may be given hormone therapy to shrink the prostate. Ultrasound or a CT scan is then used to map the size and shape of the prostate.
- **During treatment.** You are given anesthesia to keep you free from pain during the procedure. Needles are then inserted behind the scrotum. These needles are used to implant the seeds. The procedure takes about 1 to 2 hours.
- **After treatment.** Soon after treatment, you can resume normal activities. Your healthcare team will help you to manage any side effects. With permanent seeds, you may need to restrict contact with young children and pregnant women for a period of time. Discuss these precautions with your healthcare team.

**Risks and Complications**

- Erectile dysfunction
- Incontinence
- Frequent urination, possibly with a burning feeling
- Pain in the perineal region
- Bleeding or inflammation of the bladder or rectum
- Urinary obstruction
CONTROLLING SPREAD AND SYMPTOMS

Cancer that has spread beyond the prostate can often be treated. **Hormone therapy** can slow the growth and spread of the cancer. **Chemotherapy** may help relieve symptoms and control the cancer. Cancer pain can be managed with medications.

Hormone Therapy

Testosterone can cause the cancer to grow. Treatments can include:

- **Luteinizing hormone-releasing hormone (LHRH) agonists or antagonists.** These medications reduce the amount of testosterone made by the testicles. They are injected monthly or every 3 to 4 months.

- **Antiandrogens.** These medications block the body's ability to use testosterone. They are given by pill.

- **Orchiectomy.** This surgery removes the testicles, the main source of testosterone.

Risks and Complications of Hormone Therapy

- Hot flashes
- Breast enlargement or tenderness
- Sexual dysfunction
- Osteoporosis (bone loss)
- Diarrhea
- Loss of energy

Chemotherapy

Chemotherapy (chemo) uses medications to destroy cancer cells anywhere in the body. Chemo may be given by pill or injection. It may be used with or instead of other treatments. It may slow the growth of cancer, and may relieve pain and other symptoms. A medical oncologist manages chemo treatments.

Pain Control

Prostate cancer that has spread may cause pain. This pain can be treated. Pain medications can improve your quality of life. Using them can relieve stress, helping you to better withstand the cancer. Discuss the side effects of these medications, and any other concerns you have, with your doctor.
LIVING YOUR LIFE

No matter what type of treatment you choose, life with prostate cancer can be a challenge. Your goal should be to live as normal a life as possible. Your healthcare team can help you to cope with any physical and emotional issues that result from treatment. The support of your family and friends can help, too.

Sexuality

Treatment for prostate cancer may affect your sexuality. It can result in erectile dysfunction or a lowered sex drive. Often, these problems can be treated. Ask your urologist for help. And talk to your partner about ways to nurture your relationship so that it will be satisfying for both of you.

Urinary Problems

Incontinence or other urinary problems can occur due to treatment for prostate cancer. Effective treatments exist for most urinary problems. Talk to your urologist or radiation oncologist about what may help you.

The Future

During and after treatment, your urologist will monitor your prostate health. Your healthcare team will also help you control any ongoing symptoms resulting from treatment. Keep in mind that each man responds differently to prostate cancer treatment. Continue working with your team throughout treatment. Mention any concerns you have, and be sure to get your questions answered. Above all, think about how best to live your life. Prostate cancer may or may not shorten your life. But living life to the fullest is a good goal for anyone.
REACHING OUT FOR SUPPORT

Having prostate cancer can be hard to cope with. But you don’t have to keep your feelings to yourself. Talk with friends and family. Try a prostate cancer support group. Sharing your concerns can help you get the emotional support you need. For more information, contact the resources below.

Resources

• National Cancer Institute
  800-422-6237
  www.cancer.gov/cancertopics/types/prostate

• American Cancer Society
  800-227-2345
  www.cancer.org

• Us TOO International, Inc.
  (Prostate cancer support groups)
  800-808-7866
  www.ustoo.org

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