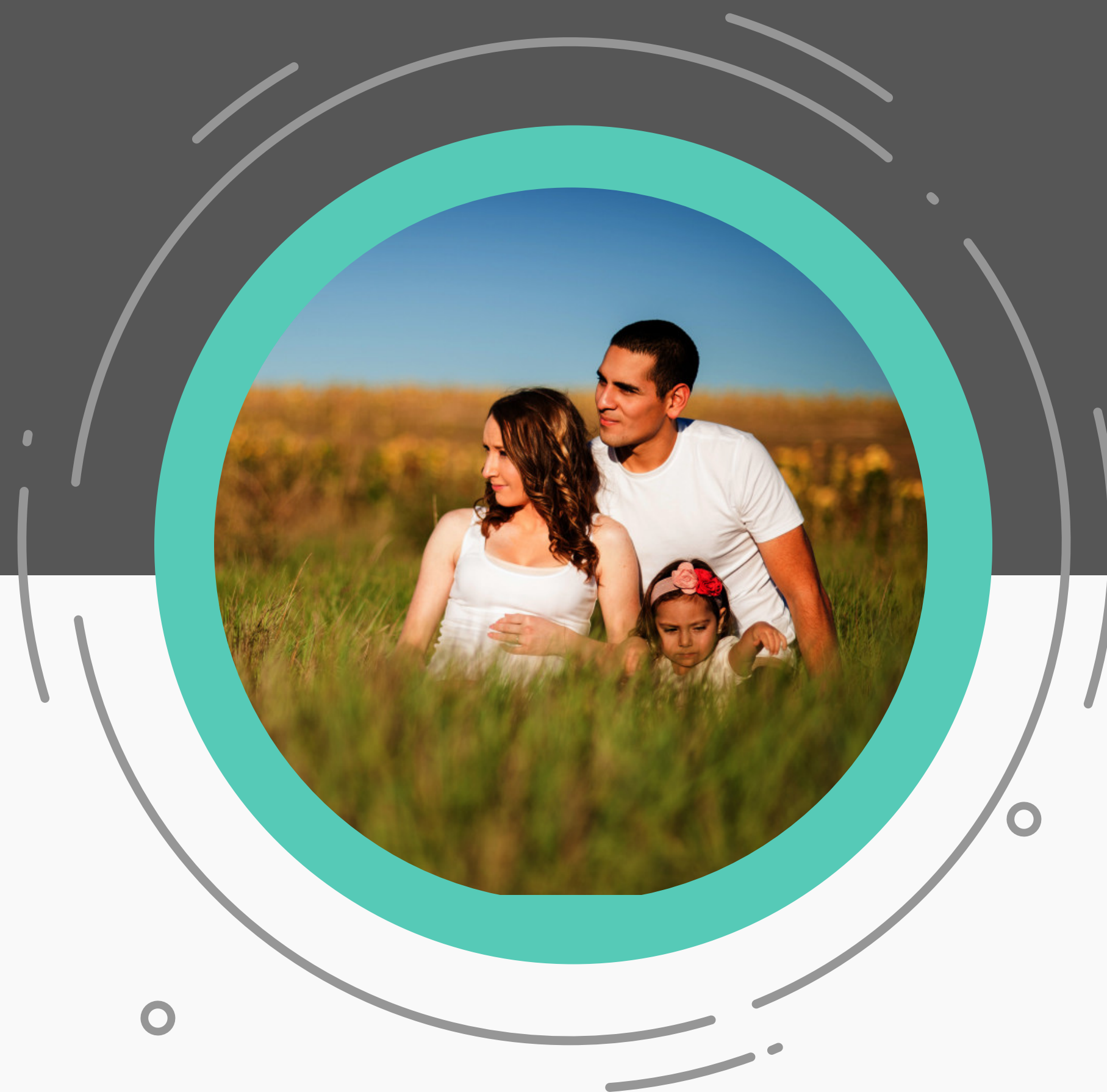




The Prostate Clinic

# Choosing Your Treatment

An introduction to the options available to you



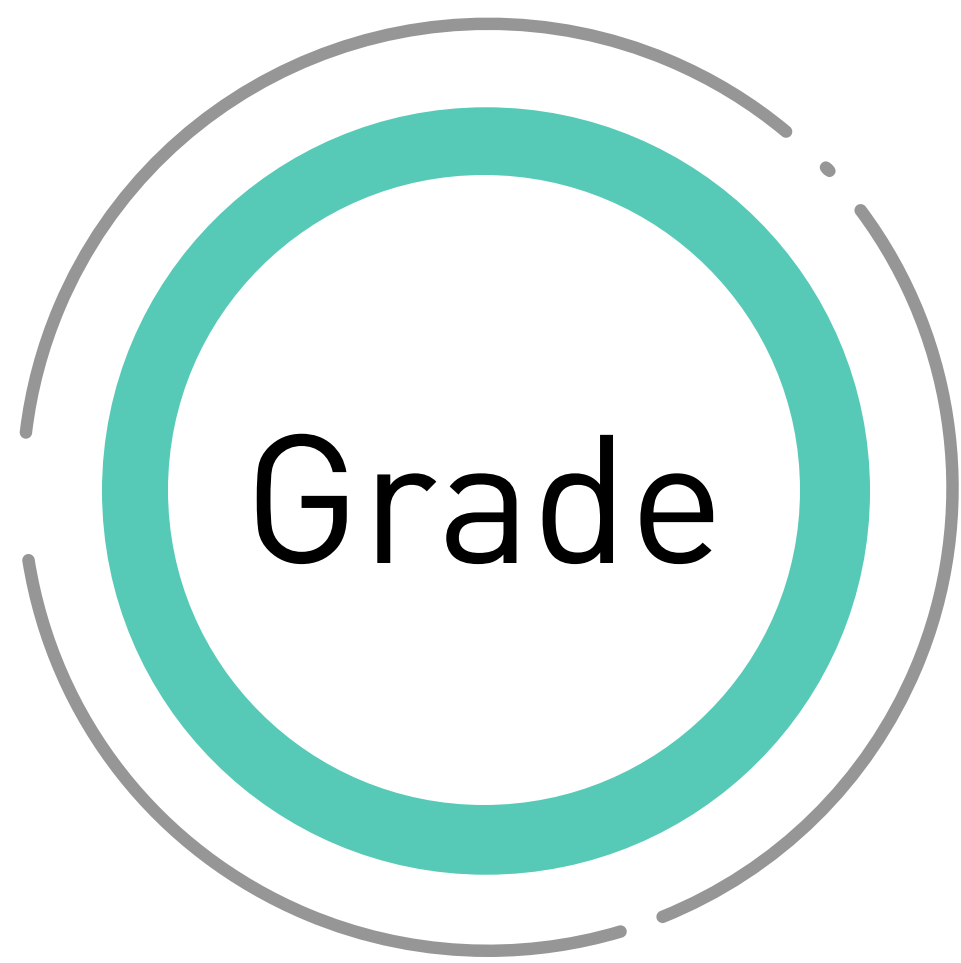
Dr Tom Shannon

Choosing a treatment is the most difficult part of the prostate cancer journey for many patients. It is important to understand the process you must go through, to help you make the best decision. The guide below will help to lead you through this by informing you of the various options available. At The Prostate Clinic, our team will help you go through this process. We have an experienced prostate cancer specialist nurse, Lisa Ferri, on site to guide you and answer your questions.

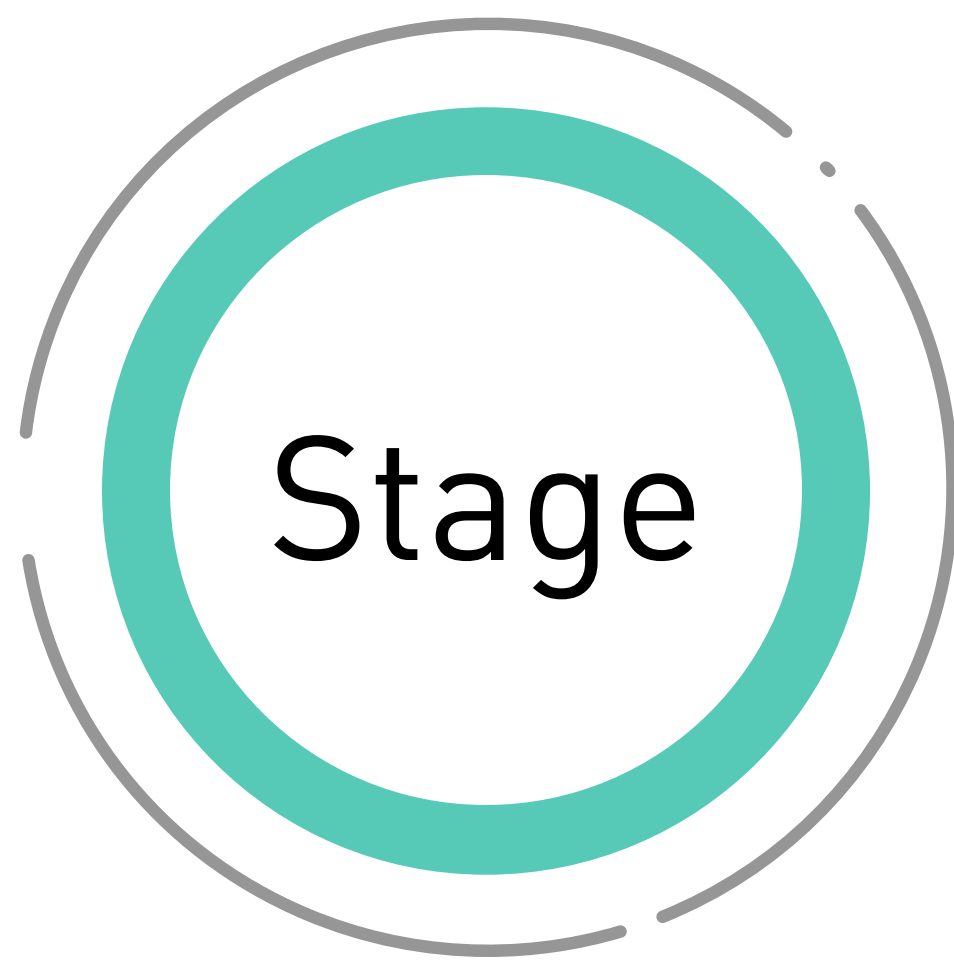


# Understand your disease

Often the first thing that needs to be considered is the type of disease you have. There are 4 key elements to consider.



How aggressive is the disease?



How advanced is the disease? Where is it? Is it resectable?



Is my cancer low, moderate or high risk?



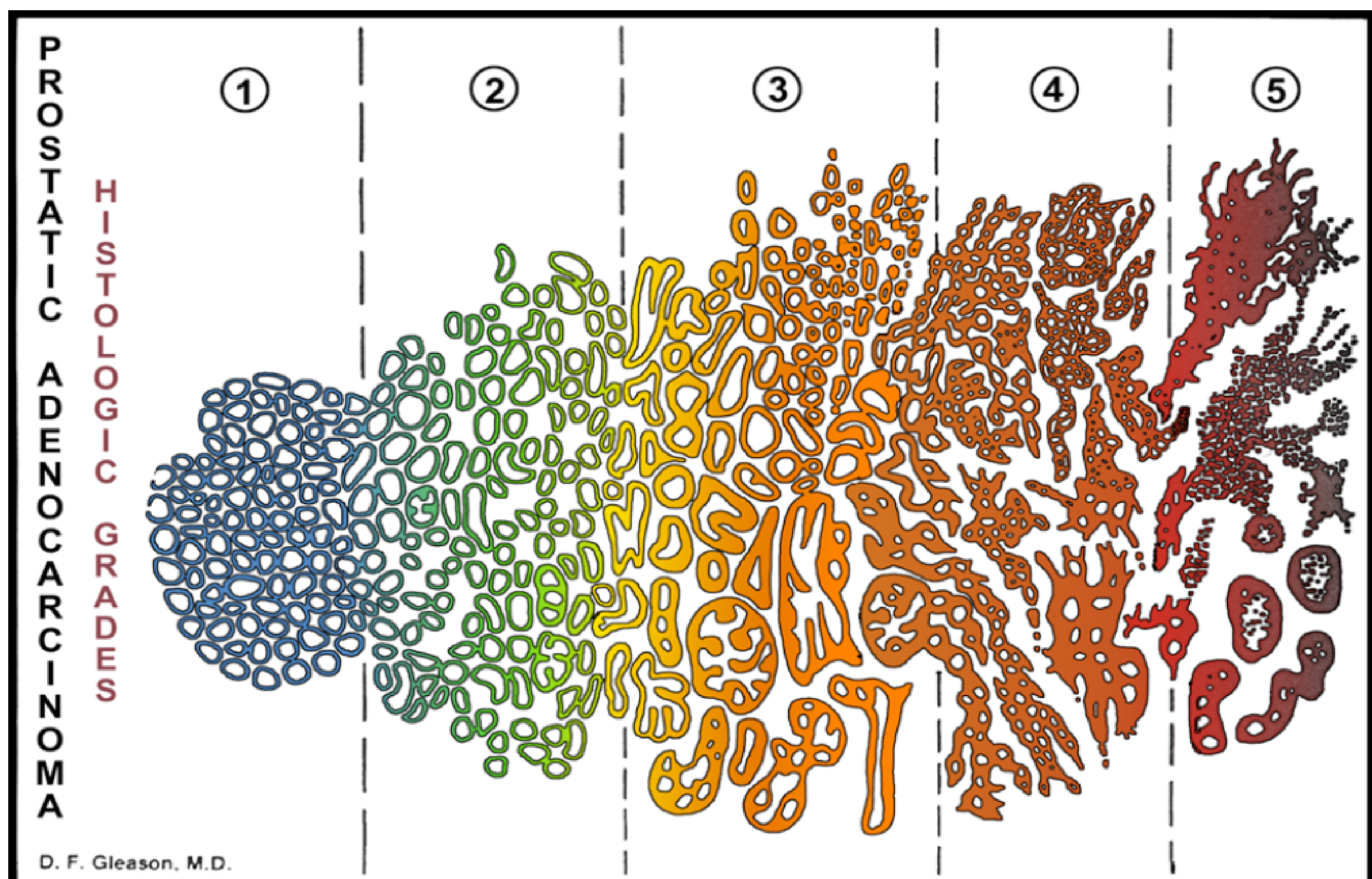
What is the natural history? What will happen if I do nothing?



You should have a copy of your pathology report or an explanation of your disease grade and stage from your doctor. At The Prostate Clinic, we can help you to understand this report and talk you through the options available to you.



## Gleason Grading System





# Understand the treatments

When it comes to treatments, there are several options available to you.

## Active Surveillance

This can be a good course of action when it is unclear that a cancer will cause you harm. No immediate treatment is given, however regular check ups including PSA, biopsy and possible MRI are integral. The aim is for you to die of something else, never troubled by prostate cancer. We are trying to avoid the side effects of treatment, when treatment is not needed. This treatment course is best for smaller, slow growing cancers in older men. There is a risk of disease progression during observation, as our follow up tests are imperfect. In some cases progression may be beyond cure. This risk is an important consideration when choosing this treatment course.

## Radiotherapy

This involves using ionising radiation to treat the whole prostate. The aim is to kill the majority of the cancer and neutralise remaining disease so that it cannot behave like a cancer. We have long term data that shows radiotherapy is a highly effective treatment. The best radiotherapy gives the highest dose to the cancer (effectiveness), and the least to the surrounding tissues (side effects). Modern radiation treatments give higher doses where they are needed and lower doses beyond than ever before. Radiation can be given beyond the prostate boundaries and can be given after surgery. The downside of radiotherapy is that it does not kill all the cancer, with recurrence of the disease common over the long term. This is more likely for aggressive cancer. As it is not possible to do surgery after radiotherapy, this limits its use in younger patients, especially if the cancer is high grade. Side effects of radiation relate to damage to tissue, with bladder and bowel urgency, bleeding, irritation and pain the most common long term side effects. Short term side effects are common, but usually mild to moderate in severity. Most radiotherapy courses run for 2 months and commence after 6 months of medication to block testosterone. Taking away testosterone causes the loss of libido, erection problems, altered sleep, poor concentration, loss of muscle, weight gain and many other minor side effects. The long term cancer results for radiotherapy are worse than for surgery. Seed brachytherapy is often done without hormone medication, and is as effective as surgery in the right patient.



Multiple radioactive seeds placed in the prostate gland

# Surgery

If the cancer is contained to the prostate, then removal of the prostate will cure the disease. It is now possible to cure cancer with surgery even if the cancer extends beyond the prostate or to the lymph nodes. Surgery is usually done via a keyhole approach, with a 1-2 night hospital stay and a one week catheter time. The Robot is usually used with this procedure. Cure rates are the highest for any treatment and second line therapies are available if there is incomplete resection or spread to lymph nodes. Follow up is simple, as the PSA should become undetectable. Significant operative complications are very rare, however all patients can expect a period of incontinence and erectile dysfunction. Incontinence is usually short lived, however some patients take several months to achieve. Surgery is sometimes done to restore continence. Erection problems are also common. In men with good erections before surgery, who undergo nerve sparing, most men regain erections, although this can take more than 12 months. In men with poor erections or more advanced disease, erectile recovery is uncommon. For more information visit the Robotic Surgery page.



Surgeon seated at console operating small instruments held by robotic arms

# Focal Therapy

Focal therapy involves treating just the cancer and leaving the prostate in place. It can be done by heating (HIFU), freezing (Cryo) or electrical current (nanoknife). Focal therapy can have a low rate of side effects, although heat and cold damage to erections, continence, bladder and bowel function have been reported. Focal treatment is limited by the fact that most cancers are multifocal and incomplete treatment is common. Whether focal therapy can achieve cancer control with minimal side effects is unknown at this time. Most patients considered for focal therapy have low risk cancer that may be suitable for active surveillance. Focal therapy is considered experimental.



# Treatment Summary

Depending on your disease, one treatment option may be better for you than another. However, being educated on the risks and recovery of each treatment option is essential in making your final decision. To discuss your treatment options and begin developing your personal treatment plan, please contact us to make an appointment.

	Treatment Period	1 Yr Later	10yrs Later
Active Surveillance	Indefinite period of observation.	MRI, PSA and repeat biopsies.	No side effects from treatment, but increased risk of bone metastases and death.
Surgery	1-2 days. Back to work in 1-3 weeks.	Most patients recover previous sexual and urinary function. Others treated.	Highest chance of living beyond 10 yrs
Radiotherapy	8 months combined medical and radiotherapy treatment. Daily radiotherapy for 2 months.	Less than 40% of men recover testosterone. Sexual, urinary and bowel problems can worsen late.	Increased risk of late failure. Lower survival rate than surgery. Small risk of a radiation induced cancer.
Focal Therapy	Short, day surgery. Rapid recovery.	20% incomplete treatment rate at 1 yr	No long term data exists

## About Us

The Prostate Clinic is Perth's first multidisciplinary centre dedicated to the prevention and management of prostate disease and men's health based at Hollywood Private Hospital, Nedlands. Prostate disease is a common condition, affecting 1 in 2 men in their lifetimes, making it a problem that we all need to think about. Prostate cancer affects 1 in 5 men during their lifetime and is the second most common cause of cancer death in Australian men. However, prostate cancer is highly curable if found early and at The Prostate Clinic we are devoted to reducing the impact of this disease through awareness, early detection and expert care. With over 15 years' experience and thousands of prostate cancer patients treated, The Prostate Clinic brings together a team of doctors, nurses, physiotherapists, dieticians, exercise physiologists and psychologists to deliver optimal patient care.

## Contact Us

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