



TREATMENT

Treating **localised** prostate cancer



Prostate Cancer
Foundation of Australia

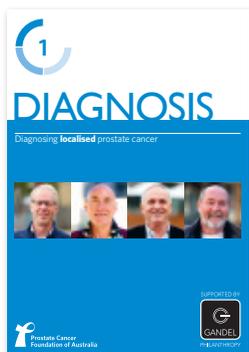
SUPPORTED BY



PHILANTHROPY

This booklet is part of a series of four booklets for men with localised prostate cancer produced by Prostate Cancer Foundation of Australia (PCFA).

Other booklets in this set include:



Diagnosis

The diagnosis explained.



Side effects

The side effects for treatment of localised prostate cancer with tips on how to cope.



Wellbeing

How to deal with the practicalities of living with localised prostate cancer.

SUPPORTED BY



PHILANTHROPY

Acknowledgements

PCFA greatly acknowledges the input, advice and guidance of the men with prostate cancer, their partners and health professionals who helped in the development of this booklet by offering their time to review its content.

We would like to thank A/Professor Nick Brook (Urologist, Royal Adelaide Hospital), Marcus Cremonese (Medical Illustrator), Chris Del Mar (General Practitioner), Lisa Ferri (Prostate Cancer Specialist Nurse), David Heath (Prostate Cancer Specialist Nurse), Ian Henderson (Prostate Cancer Specialist Nurse), Gavin Jowitt (Photographer), Trish Husband (Prostate Cancer Specialist Nurse), Terry Koltasz (Convenor and W.A. Chapter Chairman, National Support Groups Committee (NSGC) Member and Geraldton Prostate Cancer Support Group Member), Bruce Kynaston (Queensland Chapter Council Chairman and NSGC Member), David Sandoe OAM (PCFA National Chairman), Pam Sandoe OAM (Partner and carer).

This booklet was produced by PCFA with generous funding from Gandel Philanthropy.

Contributors to the development of this series of booklets: Dr Anthony Lowe, Julie Sykes, Dr Tim Wong, Sarah Lowe and Helen Signy.

Note to reader

Because what is known about prostate cancer and its treatment is constantly changing and being updated, your treating health professionals will give you information that is specific to your unique needs and situation.

This booklet is written so it can be read as a stand-alone booklet or as part of the set. If you would like further information, please contact PCFA (telephone: 02 9438 7000 or freecall 1800 22 00 99, email: enquiries@pcfa.org.au, website: www.pcfa.org.au) or the place where you obtained this booklet.

Disclaimer

PCFA develops materials based on the best available evidence and takes advice from recognised experts in the field in developing such resources; however, it cannot guarantee and assumes no legal responsibility for the currency or completeness of the information.

Periodic updates

It is planned that PCFA will review this booklet after a period of, but not exceeding, four years.

ISBN: 978-0-9923335-1-5



Contents

1. Introduction	4
2. What are my options?	5
3. Management options	6
- Watchful waiting	
- Active surveillance	
4. Treatment options	8
- Surgery	
- Radiotherapy	
- Hormone therapy	
5. How will I know if my treatment has worked?	14
6. What happens if the disease progresses?	15
7. Should I use complementary and alternative medicine?	16
8. Is there anything to consider after starting treatment?	17
9. What to consider when making treatment decisions	20
10. Where to go to get support and assistance	22

1. Introduction

Prostate cancer occurs when abnormal cells develop in the prostate. These cells have the potential to continue to multiply, and possibly spread beyond the prostate. They may never spread beyond the prostate or they may remain there for many years. This is known as 'localised' or 'early' prostate cancer.

There is a lot to take in after you have been diagnosed with localised prostate cancer. You and your healthcare team must decide on the best treatment for your unique situation. Each form of treatment has pros and cons which you must consider.

This book will help you understand the different treatment options available to you and give you tips on how to decide the best course of action for you.



2. What are my options?

There are various treatment options for prostate cancer. The best treatment option for you depends on a number of things including your age and the stage of your prostate cancer. After consulting with your healthcare team, it might be possible that you don't need to start treatment immediately after your diagnosis. You might be offered a management option before treatment options.

“Patient preference is an important factor in treatment decisions, as the values people place on quality versus quantity of life, their acceptance of risk and fear of complications will influence the acceptability of the various treatment options”

(National Health & Medical Research Council, 2003, p.xii).

3. *Management options*

Management options involve keeping check of the cancer. If there are any changes, your doctor can talk with you about starting active treatment. There are generally two management options for localised prostate cancer.

No treatment (watchful waiting)

Some men, for example people with other health issues who are not expected to live more than 10 years, will be regularly monitored and symptoms will be treated if they arise. If the cancer progresses they are treated with hormone therapy rather than a treatment with a curative intent such as surgery or radiotherapy.

Active surveillance

Some men with low-risk prostate cancer can be regularly monitored with the Prostate Specific Antigen (PSA) test, digital rectal examination (DRE) and biopsy. If their disease appears more aggressive, they are offered treatment with a curative intent, usually by surgery, external beam radiation therapy (EBRT) or brachytherapy (a type of internal radiotherapy used in prostate cancer – see below).

PROS

- Fewer side effects than active treatments
- You can still monitor your cancer closely
- You may never need further treatment – if the monitoring suggests stability.

CONS

- You may need regular digital rectal exams and biopsies
- You might worry you're not doing anything.

N.B. Sometimes the term 'watchful waiting' is interchangeably used instead of 'active surveillance', so it is important for you to be clear with the doctor as to what he or she means when active surveillance is suggested.

4. Treatment options

When the cancer does need to be actively treated, you will most likely be offered surgery or radiotherapy.

Surgery

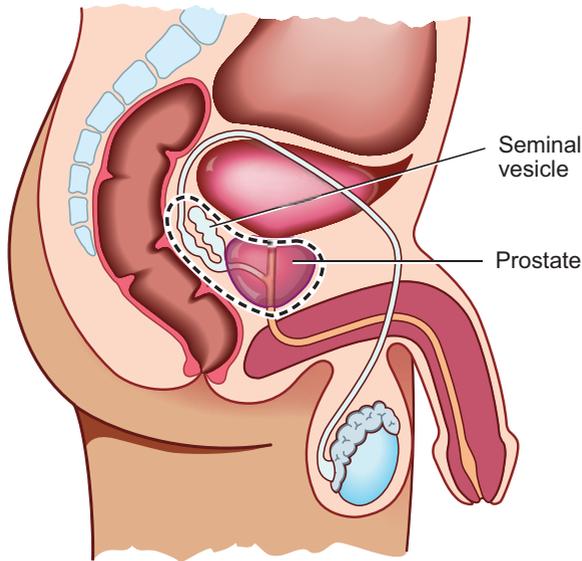
To treat the cancer, the prostate is removed through surgery. This is called a radical prostatectomy and can successfully stop the cancer in many cases if it has not yet spread beyond the prostate gland. It involves the removal of the entire prostate gland as well as some of the tissues surrounding it. Surgery is generally offered to healthy men whose cancer has not spread to other parts of the body.

A radical prostatectomy can be done in different ways:

- **Open radical prostatectomy** - A cut is made below the navel to the pubic bone, to get to the prostate gland.
- **Laparoscopic radical prostatectomy** - Also known as 'keyhole surgery'. A number of small cuts are made to allow insertion of a camera and instruments. Early recovery after the operation is usually faster than for open surgery.
- **Robotic assisted radical prostatectomy** - Similar to laparoscopic surgery, but performed with more advanced instruments controlled using a robotic console, which makes the keyhole surgery easier to carry out. This is currently offered only in a few hospitals, and mostly in private rather public hospitals.

N.B. Laparoscopic and robotic assisted surgery have similar recovery periods and the same side effects, so the choice of surgery is largely dependent on what your surgeon feels most comfortable with. Neither technique is proven to be better than the other.

Radical prostatectomy (the dotted line shows organs that are removed)



PROS

- All the cancer might be removed
- Treatment is completed in one day
- Rapid fall in PSA and easy follow-up of PSA
- Lower rates of bowel problems compared with radiotherapy.

CONS

- Risk of long-term impotence (problem having an erection)
- No ejaculation at orgasm
- Infertility
- Possibility of incontinence of urine and/or faeces after surgery, which may (rarely) continue long-term.

POSSIBLE SIDE EFFECTS

- Temporary or permanent incontinence
- Temporary or permanent erectile difficulties
- Change in penis size
- Infertility.

Further questions to ask:

The following questions could be useful for you to ask your doctor about the form of radical prostatectomy that is recommended to you:

- Why are you recommending this particular option instead of radiotherapy?
- What are the advantages and disadvantages of this form of surgery for my situation?

Radiotherapy

This form of treatment for localised prostate cancer has a curative intent. There are two main types of radiotherapy – external beam radiotherapy (EBRT) and brachytherapy. External beam radiation (EBRT) uses high energy x-ray beams directed at the prostate from outside the body. Generally people have this treatment in a hospital outpatient department five days per week for 6-8 weeks. EBRT may cause side effects such as burning, fatigue, skin discomfort around the area where the rays penetrated the skin, and erectile problems and/or some urinary or bowel symptoms. Radiotherapy may lead to infertility, so discuss alternatives such as sperm banking if you might want to father children in the future.

POSSIBLE SIDE EFFECTS

- Bowel and urinary problems
- Fatigue
- Skin changes
- Sexual difficulties
- Infertility.

Brachytherapy is when radioactive material is inserted directly into the prostate. It is given at either at a low dose rate (LDR) or high dose rate (HDR).

- **LDR** – given by implanting permanent radioactive seeds directly into the prostate. The seeds give off concentrated amounts of radiation to the prostate with the aim of killing the cancer cells. LDR brachytherapy is used to treat localised prostate cancer with a curative intent. Placement requires an operating room procedure that may take a few hours but you will only have to stay in hospital overnight.
- **HDR** – also given by inserting radioactive material directly into the prostate. Unlike LDR seeds, the placement of the material is temporary and for shorter periods. The procedure takes place in hospital and will require a longer stay than LDR.

Possible side effects after the brachytherapy procedure include soreness, frequent and difficult urination, and bowel discomfort. Because the seeds are radioactive you may be advised to take certain precautions like avoiding sexual intercourse for a while and taking care when babies or young children sit on your lap. Brachytherapy may not be available in your local public hospital.

In high risk cases, both surgery and radiotherapy may be used in combination to totally eradicate all the cancer cells.

POSSIBLE SIDE EFFECTS

- Bowel and urinary problems
- Sexual difficulties
- Fatigue
- Fertility issues.

PROS

- Less chance of urinary incontinence than with surgery
- Radiation can kill cancer cells that may have spread beyond the prostate (locally advanced prostate cancer).

CONS

- You will have to make regular visits to hospital over several weeks (for EBRT)
- Some side effects may get worse with time
- Greater risk of bowel problems than with surgery
- Risk of infertility.

Questions to ask:

The following questions could be useful for you to ask your doctor about the form of radiotherapy that is recommended to you:

- Why are you recommending this form of radiotherapy and not surgery?
- What are the advantages and disadvantages of this form of radiotherapy for my situation?

Radiotherapy can be also given after surgery if:

- there is a risk that your cancer might have spread after surgery – this is called adjuvant radiotherapy
- your PSA level started to rise – this is called ‘salvage’ radiotherapy.

Hormone therapy or androgen deprivation therapy

Prostate cancer is driven by hormones. By reducing hormones, particularly testosterone, it is possible to slow the growth of the cancer. Research shows that using hormone therapy (also known as androgen deprivation therapy or ADT) before and during radiotherapy can reduce the chance of the cancer spreading. For men with higher risk cancer, hormone therapy is also given after radiotherapy to improve treatment outcome and overall survival. Hormone therapy is given in pill form or injections, sometimes both at the same time.

POSSIBLE SIDE EFFECTS

- Loss of libido and erectile difficulties
- Hot flushes
- Tiredness (fatigue)
- Weight gain
- Thinning of the bones (osteoporosis).
- Risk of heart disease
- Diabetes
- Depression or mood swings
- Poor memory, concentration and physical unsteadiness
- Breast enlargement and breast tenderness.

5. *How will I know if my treatment has worked?*

The PSA level is a good indicator of how effective the treatment has been. In general, the PSA level should fall to an undetectable level after surgery if all the cancer has been removed. If you had brachytherapy or EBRT, you might even experience a PSA 'bounce' or 'spike', when PSA levels go up slightly for a short time during the first year of treatment. The level will drop again and the PSA bounce doesn't mean the cancer has come back.

You should tell your doctor or members of your healthcare team if any symptoms are getting worse, or if you have developed any new symptoms.

6. What happens if the disease progresses?

In many cases, surgery or radiotherapy is successful in controlling prostate cancer. However, in some instances, even after getting treatment, prostate cancer can reappear or spread to other parts of the body. This is referred to as advanced prostate cancer. There are a number of treatment options for advanced prostate cancer*.

**A series of booklets on advanced prostate cancer is available. Please ask for them at the health centre, clinic, surgery or support group where you found this booklet or contact PCFA directly by using details at the end of this booklet.*



7. *Should I use complementary and alternative medicine?*

Complementary and alternative medicine is a broad term that covers many forms of non-traditional treatment, and has been used by some people with prostate cancer. Complementary medicine and alternative medicine are not the same. Complementary medicine is usually used alongside conventional medicines. Alternative medicine is used instead of conventional medicine and is generally unproven and not recommended.

Some men with prostate cancer might use complementary medicine alongside conventional prostate cancer treatments to help them cope with the physical and emotional symptoms of cancer or the side effects of treatments. Make sure you use safe and proven therapies and not therapies that are unproven, possibly harmful and promoted as alternatives or substitutes for conventional medicine. Complementary medicines that can improve your quality of life include vitamins, minerals and special diets, meditation, yoga, acupuncture and massage. It is important to speak with your healthcare team if you are thinking of using complementary medicine to make sure they are safe and won't interfere with any of your other treatments.

8. Is there anything to consider after starting treatment?

Side effects

Even though treatment for prostate cancer can improve your health, it can also cause problems that could reduce your quality of life. Each treatment has side effects, and some of these can make you feel unwell or interfere with your life on a practical level. It will help if you know what to expect before you start each treatment. For more information, please see another booklet in this series: *Side Effects*.



Work

You might need to take time off work to travel to treatment centres or to recover from treatment. You might not be able to do physically demanding work for some time after some treatments. Some side effects from treatment can affect your work performance, which means you might need to take frequent or longer breaks.

If you are a permanent employee, your employer should have a clear leave entitlement policy. It might be useful for you to check what leave entitlements you have and to use them to manage time needed for treatment or recovery. If you are self-employed or casual, you will need to arrange work demands so they fit with time needed for treatment or recovery. Organising your work life will help you to manage the changes caused by treatment. This can often be difficult to do and, in some cases, you may qualify for government financial assistance.

Finances

In Australia, the Government subsidises the cost of listed prescription medication through the Pharmaceutical Benefits Scheme (<http://www.pbs.gov.au/info/about-the-pbs>). Not everything relating to your cancer treatment is covered by the scheme so check with your doctor or a member of your healthcare team when they prescribe a medication or refer you to a service. If you have private health insurance, check with your provider as to what your policy will cover so that you are prepared for any possible financial outlays.

It might be a good idea to ask to be referred to a social worker or welfare worker attached to a hospital or a health service. They will be able to advise you about the types of government financial benefits you can get.

There might be other life changes and issues that are causing concerns for you. Please see another booklet in this series: *Wellbeing*.

9. What to consider when making treatment decisions

Your healthcare team is there to help with making treatment decisions.

To help you decide, make sure you get answers to the following questions:

- What are all the treatment options available for someone in my situation?
- What do the treatments do and what will happen to the cancer?
- What are the treatment procedures?
- What are the benefits and how likely are they?
- What are the possible side effects? (please see another booklet in this series: *Side Effects*)
- What are the practical requirements of the treatment (e.g. travel to a treatment centre, taking time off work, changes in responsibilities, costs)
- How will the treatment affect my quality of life?
- How will the treatments be monitored?
- What are the costs involved with the treatments?
- How might the treatments affect other health conditions I might have?

These are not the only questions to ask, but they might help you think of others. You need as much information as possible to help you make sense of all the choices open to you and decide on the best course of action. Be prepared not to get all the answers you want in one visit with your doctor or a member of your healthcare team – it might take several discussions before you get all the information you need. It is important for you to:

- **Take your time** – Although a prostate cancer diagnosis might make you feel you need to start treatment straight away, in most situations treatment is not immediately urgent. It is more important to take the time to know and understand what the treatment involves.
- **Take a trusted person with you** – This will provide you with emotional support and a second point of view.
- **Write answers down** – This will ensure you don't forget.
- **Keep asking questions** – Whenever you need more information, ask your doctor or a member of your healthcare team, even after you have made a decision about the type of treatment.
- **Remember, the decision can be changed** – Sometimes the treatment can cause side effects and other problems for you. When that happens, you can talk with your doctor or a member of your healthcare team about varying the treatment.
- **Get a second opinion** – Getting an opinion from another doctor is common. It will not offend your doctor. Your doctor might even recommend it.

After getting all the information about treatment options and assessing their personal views, needs and situation, some people choose not to have any treatment. This is a valid choice. It is important to not let your decision be swayed by people who are uninformed and carefully consider information you have read on the internet as it may not be up to date or may not have a credible source.

10. Where to go to get support and assistance

Prostate Cancer Foundation of Australia (PCFA)

-  02 9438 7000 or 1800 220 099 (freecall)
-  enquiries@pcfa.org.au
-  www.pcfa.org.au
(PCFA state offices are listed on the website)

Cancer Australia

-  02 9357 9400 or 1800 624 973 (freecall)
-  www.canceraustralia.gov.au

Cancer Council Australia

-  www.cancer.org.au

Cancer Connections

-  13 11 20
-  www.cancerconnections.com.au

Andrology Australia

-  1300 303 878
-  info@andrologyaustralia.org
-  www.andrologyaustralia.org

Continence Foundation of Australia

-  03 9347 2522
-  info@continence.org.au
-  www.continence.org.au

Impotence Australia

-  02 9280 0084 or 1800 800 614 (freecall)
-  admin@impotenceaustralia.com.au
-  www.impotenceaustralia.com.au

Cancer Councils

Cancer Council ACT

 (02) 6257 9999

 reception@actcancer.org

 www.actcancer.org

Cancer Council NSW

 (02) 9334 1900

 feedback@nswcc.org.au

 www.cancercouncil.com.au

Cancer Council Northern Territory

 (08) 8927 4888

 admin@cancernt.org.au

 www.cancercouncilnt.com.au

Cancer Council Queensland

 (07) 3258 2200

 info@cancerqld.org.au

 www.cancerqld.org.au

Cancer Council South Australia

 (08) 8291 4111

 tcc@cancersa.org.au

 www.cancersa.org.au

Cancer Council Tasmania

 (03) 6233 2030

 infotas@cancertas.org.au

 www.cancertas.org.au

Cancer Council Victoria

 (03) 9635 5000

 enquiries@cancervic.org.au

 www.cancervic.org.au

Cancer Council Western Australia

 (08) 9212 4333

 inquiries@cancerwa.asn.au

 www.cancerwa.asn.au

Further reading

Chambers, S. (2013). *Facing the tiger – a guide for men with prostate cancer and the people who love them*. Toowong: Australian Academic Press

Madjar, I. (2008), What women and their men need to know about prostate cancer.

Cancer Council Australia (2010), *Localised Prostate Cancer – a guide for men and their families*.

Other booklets in this *localised prostate cancer* series on:

- **Diagnosis** – Your diagnosis explained
- **Side effects** – The side effects of treatment for localised prostate cancer with tips on how to cope
- **Wellbeing** – How to deal with the practicalities of living with localised prostate cancer.

Sources

- American Cancer Society. (2012). Prostate cancer <http://www.cancer.org/acs/groups/cid/documents/webcontent/003134-pdf.pdf>
- Australian Cancer Network Management of Metastatic Prostate Cancer Working Party. (2010). *Clinical practice guidelines for the management of locally advanced and metastatic prostate cancer*. Sydney: Cancer Council Australia and Australian Cancer Network.
- Australian Institute of Health and Welfare. (2012). *Cancer in Australia: an overview, 2012*. Cancer series no. 74. Cat. no. CAN 70. Canberra: AIHW.
- Bolla, M., Van Tienhoven, G., Warde, P., Dubois, J., Mirimanoff, R., Storme, G., . . . Billiet, I. (2010). *External irradiation with or without long-term androgen suppression for prostate cancer with high metastatic risk: 10-year results of an EORTC randomised study*. *Lancet Oncology*, 11(11), 1066 - 1073.
- Bolla, M., & Laramas, M. (2012). *Combined hormone therapy and radiation therapy for locally advanced prostate cancer*. *Critical Reviews in Oncology/Hematology*, 84(Supplement 1), e30-e34.
- Cancer Council Australia (2010). *Localised prostate cancer – a guide for men and their families*.

- Cassileth, B., Gubili, J., & Yeung, K. (2009). *Integrative medicine: complementary therapies and supplements*. *Nature Reviews Urology*, 6(4), 228-233.
- Chapman, S., Barratt, A., & Stockler, M. (2010). *Let sleeping dogs lie? What men should know before getting tested for prostate cancer*. Sydney: Sydney University Press.
- Denham, J., Steigler, A., Lamb, D., Joseph, D., Turner, S., Matthews, J., . . . Spry, N. (2011). *Short-term neoadjuvant androgen deprivation and radiotherapy for locally advanced prostate cancer: 10-year data from the TROG 96.01 randomised trial*. *Lancet Oncology*, 12(5), 451 - 459.
- Duchesne, G. (2011). *Localised prostate cancer - Current treatment options*. *Australian Family Physician*, 40(10), 768-771.
- Gillatt, D., Klotz, L., Lawton, C., Miller, K., & Payne, H. (2007). *Localised and locally advanced prostate cancer: Who to treat and how?* *European Urology Supplements*, 6(3), 334-343.
- Gray, P. J., & Shipley, W. U. (2012). *The importance of combined radiation and endocrine therapy in locally advanced prostate cancer*. *Asian Journal of Andrology*, 14(2), 245-246.
- Hotston, M., Thurairaja, R., & Persad, R. (2007). *Is there an optimal treatment regime for prostate cancer in young men?* *European Genito-Urinary Disease*. Issue 1, 28-31.
- Kirby, R. S., Partin, A. W., Parsons, J. K., & Feneley, M. R. (Eds.). (2008). *Treatment Methods for Early and Advanced Prostate Cancer*. London: Informa Healthcare.
- Meade, B. J. (2010). *So you have prostate cancer too!* Melbourne: Michelle Anderson Publishing.
- National Health & Medical Research Council. (2003). *Clinical Practice Guidelines: Evidence-based information and recommendations for the management of localised prostate cancer*. Canberra.
- Satoh, T., Ishiyama, H., Matsumoto, K., Tsumura, H., Kitano, M., Hayakawa, K., ... Baba, S. (2009). *Prostate-specific antigen 'bounce' after permanent 125I-implant brachytherapy in Japanese men: a multi-institutional pooled analysis*. *BJU International*, 103(8), 1064-1068.
- Soulié, M. (2008). *What is the Role of Surgery for Locally Advanced Disease?* *European Urology Supplements*, 7(5), 400-405.
- Yaxley, J., Yaxley, J., Gardiner, R., & Yaxley, W. (2013). *Prostate cancer - Active surveillance as a management option*. *Australian Family Physician*, 42(1/2), 74-76.



RESEARCH AWARENESS SUPPORT

PCFA is a broad-based community organisation and the peak national body for prostate cancer in Australia. We are dedicated to reducing the impact of prostate cancer on Australian men, their partners, families and the wider community.

We do this by:

- Promoting and funding world leading, innovative research into prostate cancer
- Implementing awareness campaigns and education programs for the Australian community, health professionals and Government
- Supporting men and their families affected by prostate cancer through evidence-based information and resources, support groups and Prostate Cancer Specialist Nurses.

Copyright© Prostate Cancer Foundation of Australia 2013

This work is copyright. Apart from any use as permitted under the Copyright Act 1968 no part might be reproduced by any process without prior written permission from Prostate Cancer Foundation of Australia. Requests and enquiries concerning reproduction and rights should be addressed to the Chief Executive Officer, Prostate Cancer Foundation of Australia, GPO Box 1332, Lane Cove, NSW 1595 Australia. Website: www.pcfa.org.au Email: enquiries@pcfa.org.au

PROSTATE CANCER FOUNDATION OF AUSTRALIA
LEVEL 3, 39-41 CHANDOS ST, ST LEONARDS NSW 2065
WWW.PCFA.ORG.AU

SUPPORTED BY



PHILANTHROPY