

What will my treatment options be?

Dependent on the hospital doctor that you see these options can vary. This can be confusing sometimes it's rather like buying a car; you want a Toyota and the person you are talking with wants to sell you a BMW as that's what he specialises in! So important to ensure you get the treatment you want and the information you want and to find local people you can talk to who have been successfully treated in that way you want. We are happy to let you have any information you might need.

Yes, but it can be difficult to work out my treatment options?

Of course because you are more than often shell shocked and worried to find you have prostate cancer; but most are treatable and beatable. So now you will need help and information and speak to people who have been on that treatment journey who are there and willing to help you. We are always here to offer help and support if you need us!

Does my treatment depend on what type of prostate cancer I have?

Yes, broadly speaking there are two types of treatment one for a localised cancer where the cancer is within the prostate gland and one where it has spread outside the prostate gland, advanced prostate cancer.

Treatments if you have *localised* prostate cancer

- **Watchful Waiting or Active Surveillance** If a patient has an elevated PSA, but no evidence of Prostate Cancer from biopsy and test he is likely to be put on Watchful Waiting with a regular PSA test every six months to watch and to see the progress of his prostate cancer.
- **Radical Prostatectomy** If a patient is a younger man i.e. in his 50-60's or younger and the cancer is contained within the prostate gland this is a recommended form of treatment. This is often today performed by a Robot, Robotic surgery or Laparoscopic or Keyhole surgery in order to make the procedure less invasive and with a faster recovery from the surgery.
- **Brachytherapy** If the cancer is low volume prostate cancer contained within the prostate cancer; the use of this form of radiotherapy using either radioactive seeds or the newer HDR (High Dose Brachytherapy) without seeds is an excellent way to treat the prostate cancer. Likely to cause no problems with urination and less problems with impotence. It has one of the highest established cure rates of any treatment, and requires no medication after treatment.

Alternative treatment options:

- **HIFU High intensity focused Ultrasound** Again if the cancer is low volume prostate cancer contained within the prostate gland this form of treatment using a probe in the rectum and high intensity focused ultrasound can be an effective way of treating prostate cancer. The advantage is that it can be used a number of times. It is widely used in Europe and was developed in France.

- **Cryosurgery** This treatment using Ice balls formed by inert gases on the tips of needles to form together larger ice balls and destroy the affected tissues can be used as a primary treatment, but is more likely to be used as a "salvage" treatment when Radiotherapy has failed and the cancer returns is often successful.

OK, but what if my cancer is advanced?

Don't panic! Advanced prostate cancer has limited treatment options and surgery is not available. The standard treatment is a three monthly or monthly injection of a drug to slow the cancer and prolong your life. See us for information & support.

Treatments for *Advanced* Prostate Cancer

- **Hormone Treatment:** Many men where the cancer has spread outside the prostate gland into the bones will be given Hormone treatment. This treatment reduces the supply of the male hormone testosterone or which the cancer feeds. This is given either as a one monthly or three monthly injections. This usually dramatically reduces the PSA level and can keep the level low from 1 year to even 6 years. Often in conjunction with this treatment radiotherapy is given usually over a 7-week session of 5 days per week. Bone health is important, see our leaflet enquire about drugs to help with this. See the other side of this leaflet for a breakdown of advanced prostate cancer treatments

- **Intermittent Therapy Treatment:** When you're PSA level has reduced to a very low level and is stable, your hospital doctor might try intermittent therapy. This means taking you off hormone treatment completely until your PSA level rises again. This can be anything from 6 months to a year. Then hormone treatment will be started again and the process will be repeated as necessary. This is to extend the time before the patient becomes immune to hormone treatment.
- **Palliative Radiotherapy:** Dependent on the opinion of the oncologist, palliative radiotherapy will be given where this is regarded as the appropriate form of treatment for prostate cancer. Improvements are continually being made.
- **Chemotherapy:** When Hormone therapy fails it is then up to the Oncologists to come up with a Chemotherapy treatment for the patient. At this point it might be worth the patient enquiring about the availability of clinical trials. To find out more Link is: <http://www.cancerresearchuk.org/cancer-help/trials/>
- **Abiraterone (Zytiga):** This drug, invented in the 1990's, available for the some has just become available in the UK on the NHS for patients who have undergone at least three sessions of Chemotherapy that have failed. It works by destroying the patient's ability to manufacture Testosterone on which the cancer needs to feed. It is perhaps the biggest advance in advanced prostate cancer treatment in the last 25 years. For those patients for whom it works and this is around 43 % its effect is quite remarkable.

- **Enzalutamide (Xtandi):** The most recent hormone therapy to be licensed in the UK . It blocks a number of steps in the process by which male hormones, including testosterone, cause prostate cancer cells to grow. It is taken as a once daily dose of tablets
- **Radium 223(Xofigo)** is very similar to calcium. Like calcium it is taken up by active bone cells. This makes it a good way of targeting bone cancer cells. Cancer cells are more active than normal bone cells and so are more likely to pick up the radium 223.

Radium 223 treatment uses a type of radiation called alpha particles. Your doctor injects the radium 223 into your bloodstream and it circulates to your bones. The cancer cells in the bone take it up. The radiation only travels a short distance, between 2 and 10 cells deep. This is much less than a millimetre. So it means that the cancer cells receive a high dose of radiation and some of them die. Healthy cells receive only a low dose or no radiation. So this treatment causes few side effects.

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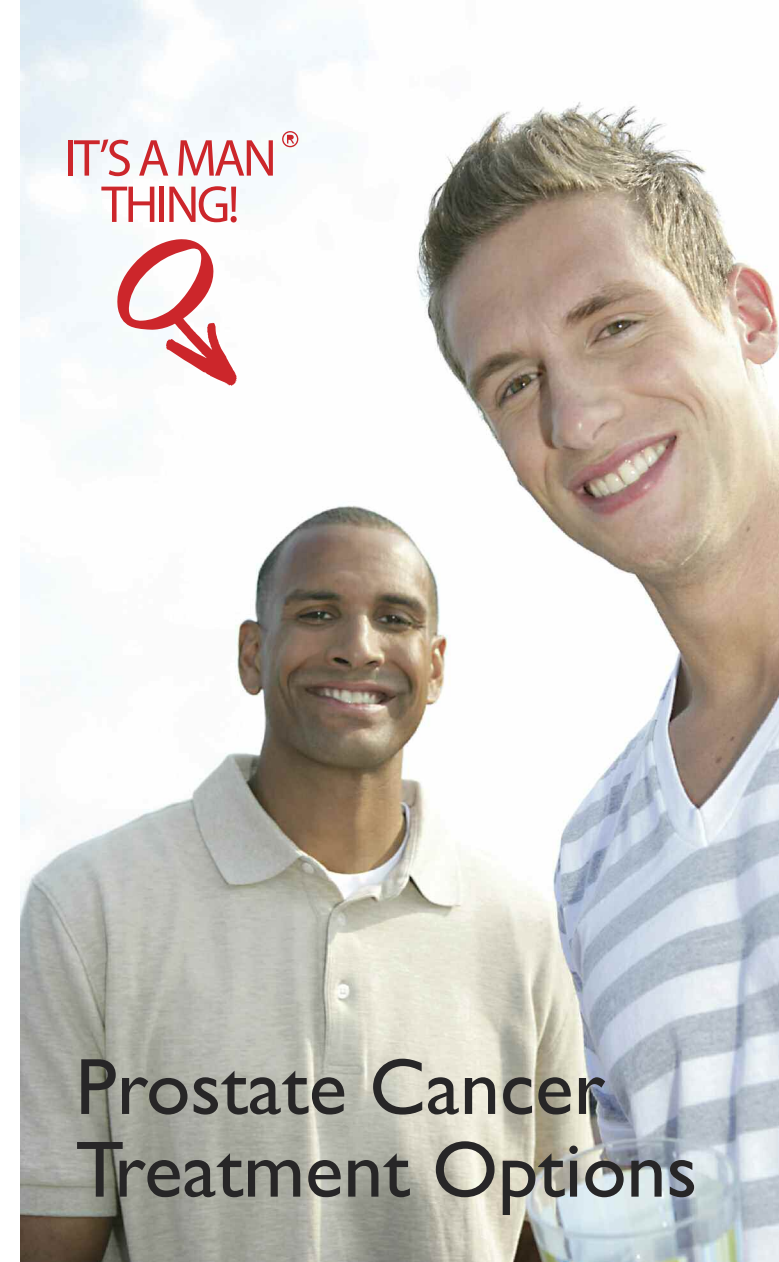
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