

Treatments for Advanced Prostate Cancer

Hormone treatment: Nearly all men with advanced prostate cancer will receive an injection every month to 3 months to reduce their testosterone levels and shrink the cancer. This is a very powerful way to control prostate cancer but does come with some significant side effects such as menopausal flushing/sweating, bone density loss, lack of energy and erectile dysfunction/loss of libido. There are other very effective treatments for these side effects which your medical team will discuss with you. Depending on the characteristics of your cancer your medical team may discuss using hormone treatment intermittently where treatment is suspended until the PSA level reaches a particular value before starting again. This helps to maximise your quality of life and maximise the amount of time the cancer remains sensitive to hormone treatment.

Radiotherapy: Traditionally used for deposits of prostate cancer in bones which have become painful, radiotherapy can now be used to treat the prostate gland itself despite the cancer having already spread to other parts of the body (metastases). For certain men with a small number of metastases treating the prostate gland significantly increases their life expectancy but does require a 4 week course of radiotherapy 5 days per week.

Chemotherapy: Two traditional chemotherapy treatments are available for patients with prostate cancer, docetaxel and cabazitaxel. Recent evidence has shown that giving chemotherapy along with hormone treatment when a patient is diagnosed with advanced prostate cancer can significantly increase their life expectancy, however chemotherapy has some significant side effects and may not be suitable for all men. Your medical team will discuss this with you if it is an option along with the risks and benefits.

Advanced hormone treatments: Two advanced hormone treatments are currently available, Abiraterone and Enzalutamide. Both are used in combination with hormone treatment (as above) and traditionally reserved for when the prostate cancer is progressing despite hormone injections. Both are very effective with few serious side effects which has led to recent trials demonstrating their effectiveness if given as soon as a patient is diagnosed rather than waiting. Your medical team will discuss the option of these treatments with you as well as when to introduce them into your pathway in order to maximise their effectiveness.

Radium-223: This treatment is very similar to calcium and when injected it is absorbed quickly into the bones with more absorbed at any prostate cancer sites. Radium-223 uses a special kind of radiation which only travels a short distance (up to 10 cells) which means the radiotherapy stays in the bones where it is needed and does not travel beyond the skin. Radium-223 has very few side effects but cannot usually be used until both chemotherapy and an advanced hormone treatment has been given. Your medical team will discuss the right time to use this treatment in your pathway and discuss the risks/benefits.

Clinical Trials: Recently there have been a significant number of clinical trials set up to look at novel anti-cancer agents from new hormone therapies to cancer vaccines and immunotherapies. Your doctor may recommend entry into a clinical trial or if a suitable one isn't available in your centre a nearby centre may be running one. It is important that you gain as much information as you can about entering a trial and understand any uncertainties about the potential treatments before deciding to participate.

Contact our nurses: **0116 2588328**
Details of support groups
contact: **0116 2584490** or **0116 2888188**
E-Mail **info@prostaaid.co.uk** **www.prostaaid.co.uk**

written by Chris Kent,
Oncologist in the UHL prostate cancer team

PROSTaid Reg Charity No 1116935,
Charitable company No 5953090



IT'S A MAN
THING!



Prostate cancer
treatment options

PROST
aid®

Helping to Fight prostate cancer in
Leicestershire Rutland and Northamptonshire

What will my treatment options be?

Receiving a diagnosis of prostate cancer can be very stressful but it is important to remember that you have a whole team of experts at your disposal who all want you to get the right treatment for you. Depending on the exact characteristics of your cancer certain treatments may be more or less successful and these will be discussed at length with you and any family members so you can make an informed choice. It is important that you get a balanced view of what is available by talking to your doctors but also your specialist nurse and engaging with any local support groups before coming to a decision which is right for you.

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

Treatment options can seem confusing and making a decision can seem daunting at first, it is important to take enough time to make an informed decision and not to rush into making that decision either because of pressure you place on yourself or an expectation you feel from others. Your doctors and specialist nurses are very experienced at guiding men through their decision making process so take time to ask any questions you might have and don't be afraid to ask for clarification in the future if anything isn't clear.

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

Broadly speaking there are three states of prostate cancer. Localised, locally advanced and advanced all of which have different treatment options. Your local team will discuss with you your prognosis and what the options are.

Treatments if you have localised prostate cancer?

Active Surveillance: This involves monitoring a patient's PSA level and only intervening if the PSA rises rapidly or to a high level. If this occurs then treatments such as surgery and radiotherapy will be discussed with you. The advantage of Active Surveillance is that it avoids any potential side effects of surgery or radiotherapy until the risk of the cancer outweighs the risk of side effects from treatment.

Robotic Assisted Radical Prostatectomy: Usually suitable for a man aged 50-70 and if the cancer is contained within the prostate or only slightly into the surrounding tissues. Most prostate surgery is performed robotically at UHL which speeds recovery time and reduces surgical risks.

External Beam Radiotherapy: Usually suitable for a man aged 60+, radiotherapy uses precisely targeted ionising radiation to destroy cancer tissue. A course of radiotherapy for localised prostate cancer traditionally lasts for 4 weeks of daily treatment 5 days per week. It can be used as a salvage treatment after surgery if there is evidence not all the cancer has been removed. External beam radiotherapy is commonly combined with hormonal therapy before and during the radiotherapy.

Brachytherapy: This involves either implanting radioactive seeds directly into the prostate or using a temporary template to deliver a single very high dose of radiation to the prostate. Brachytherapy can be used as a treatment by itself or combined with a course of external beam radiotherapy to boost the effectiveness of the course of treatment. Brachytherapy is less suitable for men with urinary tract symptoms such as going frequently, urgently or having a poor flow of urine.

Treatments for Locally Advanced Prostate Cancer?

External Beam Radiotherapy: Usually the treatment of choice for locally advanced prostate cancer, a course of radiotherapy lasts from 4 to 7.5 weeks of daily treatment 5 days per week. It is usually combined with hormone treatment which your doctor may suggest continuing with for up to 3 years. Depending on the characteristics of your prostate cancer your doctor may discuss treating your pelvic lymph nodes as well as your prostate due to the risk of microscopic spread of the cancer to these tissues. It is important you understand what your individual risk is and the potential benefits so do take time to discuss these with your medical team.

Robotic Assisted Radical Prostatectomy: Some patients with locally advanced prostate cancer will have surgery as an option and for younger patients it may be the preferred option. Your surgeon will discuss the risks and benefits of an operation with you as well as the potential option of either immediate (adjuvant) radiotherapy or delayed (salvage) radiotherapy if there is any evidence that not all the prostate cancer was removed during the operation.

OK, but what if my cancer is advanced??

Patients with advanced or metastatic prostate cancer used to have limited options available for treatment however the past 10 years have seen a number of significant advances which for the majority of men control their cancer for years.