

# Localised prostate cancer

*Your treatment options. Your second opinion.*



## **What is Localised prostate cancer**

Men can develop cancer in the prostate, a walnut-sized gland located just below the bladder. Cancer contained within your prostate gland is called localised prostate cancer. If it spreads beyond the prostate, it's known as advanced prostate cancer.

Prostate cancer is the most common cancer in men, after skin cancer. But because it's predominantly a localised, slower-growing, non-fatal cancer, more likely in older men, many men won't die from it or may never need treatment. Some men, however, do have more aggressive cancers or are diagnosed at a younger age, and may need treatment.

## **Treatment for localised prostate cancer**

You have three main options for treating localised prostate cancer:

- > Watchful waiting or Active surveillance
- > Radiotherapy
- > Surgery

## **Challenges of deciding about treatment**

You may find it difficult to make a decision about treatment. One reason may be that it's still not known exactly what treatment is best for localised prostate cancer. Often decisions involve gathering and weighing up information and your thoughts on the following:

- > The risk of death: it may be low, medium or high
- > Your life expectancy based on your age and overall health
- > The advantages and disadvantages of each treatment
- > Your personal preferences for treatment

## **Watchful waiting or Active surveillance**

These two options are defined as not receiving treatment for now, but having check-ups. The advantage of not receiving treatment for now is avoiding the side effects of radiotherapy or surgery, which may not be necessary if your cancer doesn't become life threatening.

Watchful waiting avoids treatment for as long as possible and if it's needed, only treats symptoms that develop such as bone pain. If you're older and have low-risk prostate cancer and major health problems, this may be appropriate.

Active surveillance aims to provide curative treatment such as radiotherapy or surgery if it's needed at a later time. It involves continually monitoring your prostate cancer with tests, such as the PSA (prostate-specific antigen) blood test, that are conducted at regular intervals. If tests find that your cancer has worsened, treatment may be started.

## **Radiotherapy**

Radiotherapy aims to remove your cancer using x-ray radiation. External beam radiotherapy (EBRT) is radiation given daily for 6-9 weeks from an external source. Brachytherapy involves inserting a radiation source inside the prostate, which is left in place to provide treatment. Side effects may include bladder, bowel, erection and fertility problems. Radiotherapy may be equally as effective as surgery.

## **Surgery**

Surgery for localised prostate cancer is called radical prostatectomy. It involves taking out your whole prostate and nearby tissue with the aim of removing your cancer. However, there is a risk that you may still have cancer, because it's usually not possible to confirm if localised prostate cancer is definitely all contained inside the prostate.

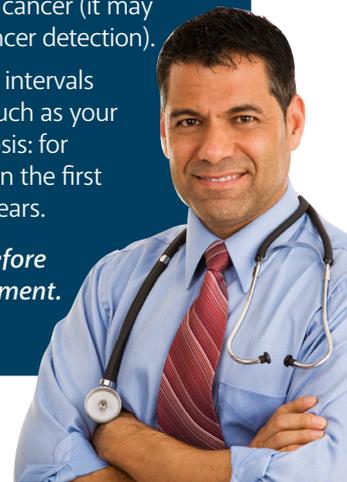
## **Measuring cancer risk during active surveillance**

Detecting changes to your risk of death is essential for men with localised prostate cancer receiving active surveillance. It involves combining information from different tests, including:

- > How far your cancer may have spread - digital rectal examination (DRE) test.
- > How fast your cancer is likely to grow - biopsy (a needle takes out cancer cells to be assessed in a laboratory).
- > Levels of PSA (prostate-specific antigen) - blood test that measures PSA, a protein produced by prostate cells that may be associated with cancer (it may also be used for early prostate cancer detection).

These tests are performed at regular intervals that may vary according to factors such as your age and time elapsed since diagnosis: for example, every 3-4 months for PSA in the first year and every 6 months after five years.

***Always consult a medical expert before doing any tests or a course of treatment.***





Radical prostatectomy may be performed through an incision (cut) in the lower abdomen or, to reduce blood loss and time in hospital, keyhole surgery or a robotically-assisted technique.

Surgery may be suggested for medium or high-risk localised prostate cancer, but also if you have low-risk cancer, particularly if you're concerned your cancer may worsen without being detected or you want to feel less anxious about the cancer.

### ***Surgery and medical research***

When evaluating you for surgery or other options for localised prostate cancer, your treating medical specialist will take into account many complex factors, including the latest medical research.

Studies have found that for men with low-risk prostate cancer, radical prostatectomy may be no more effective than active surveillance at preventing death and possibly other outcomes such as the cancer getting worse and spread of cancer to other parts of the body.

The research also shows that for men with medium-risk prostate cancer, whose personal preference is not to have surgery (or radiotherapy), active surveillance may be considered as an alternative option. However for men with high-risk cancer and a long life expectancy, surgery (or radiotherapy) may be more suitable.

### ***Surgery and risks***

The complications of radical prostatectomy may include blood loss, heart attack, and, due to damage to nerves and the urethra (tube connecting the bladder and penis), erection problems, infertility and urinary incontinence (leaking).

Understanding these risks is important, particularly given the possibility that for low-risk cancer surgery may be no more

effective compared to active surveillance for preventing death and possibly other outcomes such as worsening and spread of cancer.

### ***Surgery and localised prostate cancer – the main points***

- > If you have low-risk localised prostate cancer and you're considering surgery, take into account the medical studies showing that surgery may be no more effective for preventing death and possibly other outcomes such as cancer getting worse and spread of cancer when compared to active surveillance.
- > If you have medium-risk localised prostate cancer, either active surveillance or surgery (or radiotherapy) may be options however for men with high-risk cancer and a long life expectancy, surgery may be more suitable.
- > Any decision about treatment may involve you and your doctor weighing up all the relevant information about your prostate cancer and your personal preferences.

### ***Would you like a second opinion?***

Deciding on a treatment path for a medical condition can be a difficult, complex and stressful question.

Would you like the benefit of an expert second opinion to help you to decide on your treatment options?

***If you want to know more about GPS<sup>2</sup> or have a general enquiry, please contact us on 1800 477 246 or email via [contact@gps2.com.au](mailto:contact@gps2.com.au)***

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