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If You Have Prostate Cancer

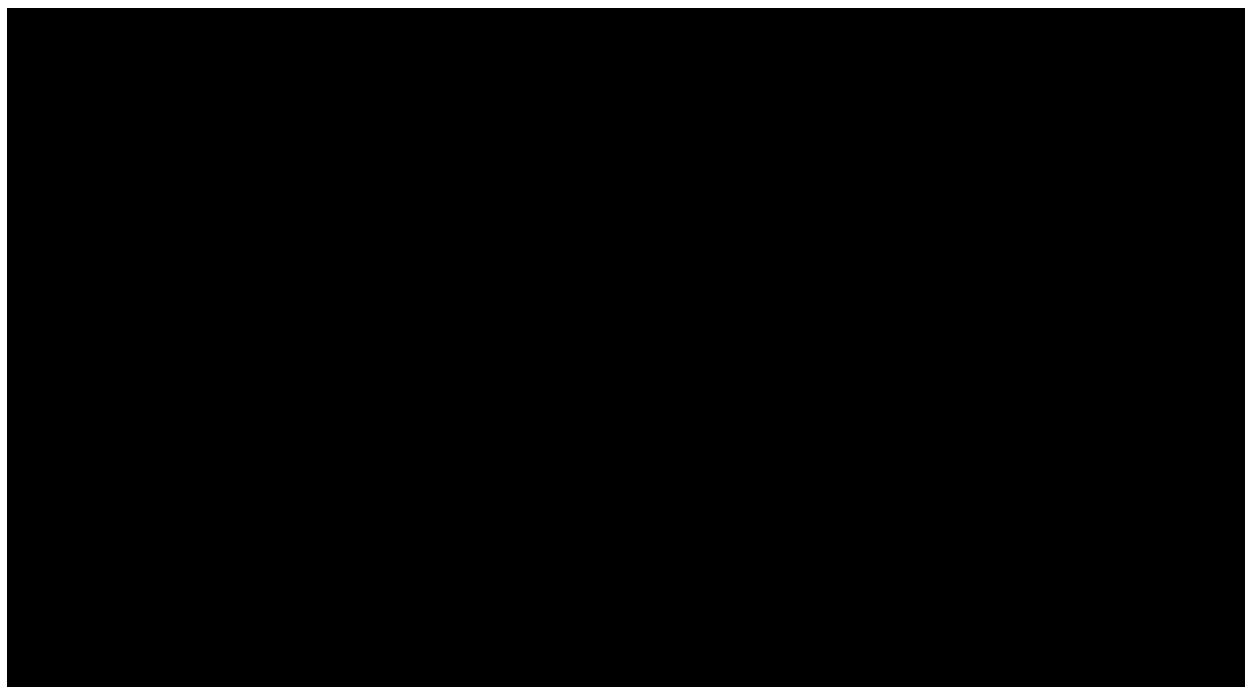
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What is prostate cancer?

Cancer can start any place in the body. Prostate cancer starts in the prostate gland, when cells in the prostate grow out of control.

Prostate cancer cells can sometimes spread to other parts of the body, such as the bones or other organs, and grow there. This spread is called **metastasis**.

Even if prostate cancer spreads to the bones (or any other place), the cancer cells there are still prostate cancer cells.



Ask your doctor to use this picture to show you where your cancer is.

The prostate

The prostate is just below the bladder (the hollow organ where urine is stored) and in front of the rectum (the last part of the intestines). The tube (called the urethra) that carries pee (urine) goes through the prostate. The prostate makes some of the fluid that is part of semen.

There are a few [types of prostate cancer](#)¹. Most prostate cancers are a type called **adenocarcinoma**. This cancer starts from gland cells. Other types are rare. Your doctor can tell you more about the type you have.

Questions to ask about your diagnosis

- Why do you think I have prostate cancer?
- Is there a chance I don't have cancer?
- Would you please write down the kind of cancer you think I might have?
- What will happen next?

How does the doctor know I have prostate cancer?

Prostate cancer tends to grow slowly over many years. In most men, early prostate cancer doesn't cause any problems. Signs of prostate cancer most often show up later, as the cancer grows.

Some signs of **early prostate cancer** might include trouble peeing or blood in your pee (urine).

More advanced prostate cancer might cause trouble getting an erection, weight loss, feeling tired, or pain in the back, hips, ribs, or other bones.

If signs are pointing to prostate cancer, tests will be done. Most men will not need all of them, but here are some of the [tests you may need](#)²:

PSA blood test: The prostate gland makes PSA, a protein found in the blood. Prostate cancer can make PSA levels go up. You might have blood tests to see what your PSA level is and how it changes over time.

Prostate biopsy: For a prostate biopsy, a long, hollow needle is used to take out small pieces of the prostate where the cancer might be. The prostate pieces are then checked for cancer cells. Ask the doctor what kind of biopsy you need and how it will be done.

Transrectal ultrasound (TRUS): For this test, a small wand is put into your rectum. It gives off sound waves and picks up the echoes as they bounce off the prostate gland. The echoes are made into a picture on a computer screen. This test is often used to help know which parts of the prostate to biopsy.

MRI: This test uses radio waves and strong magnets to make detailed pictures of the body. MRI scans can be used to look at the prostate (sometimes to help with a biopsy) and can show if the cancer has spread outside the prostate to nearby organs.

Lymph node biopsy: Lymph nodes are small bean-shaped parts of the immune system. You might have a lymph node biopsy if the doctor thinks the cancer might have spread from the prostate to nearby lymph nodes.

CT scan: Sometimes this is called a "CAT scan." It uses x-rays to make detailed pictures of the body. A CT scan can show whether the cancer has spread outside the prostate.

Bone scan: This is a test to see if the cancer has spread to your bones. A small amount of a low-level radioactive substance is put into your blood. A special camera finds the radioactivity and makes a picture of your bones. The picture shows areas in your body where the cancer might have spread.

PET scan: This test may be done to see if the cancer has spread. A small amount of a low-level radioactive substance is put into your blood. It attaches to cancer cells anywhere in the body. A special camera can then show any areas of radioactivity. Sometimes this test is done at the same time as an MRI (PET-MRI) or CT scan (PET-CT).

Questions to ask about testing

- What tests will I need?
- Who will do these tests?
- Where will they be done?
- Who can explain them to me?
- How and when will I get the results?
- Who will explain the results to me?
- What do I need to do next?

How serious is my cancer?

If you have prostate cancer, the doctor will want to find out how far it has spread. This is called the [stage](#)³ of the cancer. The stage of your cancer will help the doctor know what types of treatment might be best for you.

The stage is based on how the cancer grows or spreads through the prostate, and if it has spread to other parts of your body. It also includes your blood PSA level and the grade of the cancer. The prostate cancer cells are given a **grade**, based on how they look under a microscope. Those that look very different from normal cells and are likely to grow faster are given a higher grade.

The cancer might be given a **Gleason score** (ranging from 6 to 10) or a **Grade Group** (ranging from 1 to 5). Ask your doctor to explain the grade of your cancer. The grade also can help decide which treatments might be best for you.

Your cancer can be stage 1, 2, 3, or 4. The lower the number, the less the cancer has spread. A higher number, like stage 4, means a more serious cancer that has spread outside the prostate.

If your cancer hasn't spread to other parts of the body, it might also be given a **risk group**. The risk group is based on the extent of the cancer in the prostate, your PSA level, and the results of the prostate biopsy. The risk group can help tell if other tests

should be done, and what the best treatment options might be.

Be sure to ask what your cancer's stage, grade, and risk group mean for you.

Questions to ask about staging

- Do you know the stage and risk group of the cancer?
- If not, how and when will you find out?
- Would you explain to me what the stage and risk group mean in my case?
- What will happen next?

What kind of treatment will I need?

There are many [ways to treat prostate cancer](#)⁴. The main kinds of treatment are:

- Active surveillance or observation (watchful waiting)
- Surgery
- Radiation
- Ablative treatments
- Hormone therapy
- Chemotherapy (chemo)
- Other medicines, such as immune therapy or targeted drugs

There are also treatments for prostate cancer that has spread to the bones. Sometimes more than one kind of treatment is used.

The treatment that's best for you will depend on:

- The stage and grade (and possibly the risk group) of the cancer
- Your age and overall health
- Your feelings (and your doctor's) about the need to treat the cancer
- The chance that treatment will cure the cancer or help in some way
- Your feelings about the side effects that might come with treatment

Active surveillance or observation (watchful waiting)

Because prostate cancer often grows very slowly, some men, especially those with

early-stage, low-risk cancers, may never need treatment. You and your doctor may decide to keep track of the cancer without treating it right away.

- In **active surveillance**, the cancer is watched closely with PSA (and possibly other) tests and then treated if the cancer appears to be growing or if symptoms start.
- Men who are older and have other health problems might choose an approach called **observation** (or **watchful waiting**). This approach includes less frequent testing.

Surgery for prostate cancer

A main treatment choice for early prostate cancer is to remove the prostate (called a **radical prostatectomy**). This can be done in different ways. Talk to your doctor about the kind of surgery planned and what you can expect.

Side effects of surgery

Any type of surgery can have risks and side effects. Common side effects of prostate surgery can include erection problems and problems holding urine. Be sure to ask the doctor what you can expect. If you have problems, let your doctors know so they can help you.

Radiation treatment

Radiation uses high-energy rays (like x-rays) to kill cancer cells. There are different ways to use radiation to treat prostate cancer. It can be aimed at the prostate gland from a machine outside the body. Or in some cases, small radioactive pellets, or seeds, each about the size of a grain of rice, can be put right into your prostate.

Radiation can also be used to treat prostate cancer that has spread to other parts of the body.

Talk to your doctor about the kind of radiation treatment planned and what you can expect.

Side effects of radiation treatments

Side effects depend on the type of radiation that's used and the area it treats. The most

common side effects of radiation to the prostate are diarrhea, leaking stool, or blood in the stool; having to pee (pass urine) a lot, leaking urine, burning when you pee, or blood in your urine; erection problems; feeling very tired (fatigue); and fluid build-up in your legs.

Most side effects get better after radiation ends. Some might last longer. Talk to your doctor about what you can expect.

Ablative treatments

These treatments use extreme heat or cold to try to destroy (ablate) the parts of the prostate that contain cancer. Examples include **cryotherapy** and **high-intensity focused ultrasound (HIFU)**. These might be options for some early-stage cancers, but they're still fairly new, and not all doctors agree on when they should be used.

Ask your doctor what you can expect this treatment to do if you are thinking about getting it.

Hormone treatment

This treatment reduces your levels of male hormones, called androgens, or stops them from working. This often makes prostate cancers shrink or grow more slowly. If you're going to get hormone treatment, ask your doctor what you can expect it to do.

Side effects of hormone treatment

Changing your hormone levels can cause side effects like less desire for sex, trouble getting an erection, hot flashes, bone thinning, and weight gain. Talk to your doctor about what you can expect from your hormone treatment.

Chemo

Chemo is the use of drugs to fight cancer. The drugs may be given into a vein or taken as pills. These drugs go into the blood and spread through the body. Chemo is given in cycles or rounds. Each round of treatment is followed by a break.

Chemo may be used if the cancer has spread outside the prostate gland. It's not used for early prostate cancer.

Side effects of chemo

Chemo can make you feel very tired, sick to your stomach, and cause your hair to fall out. But these problems usually go away after chemo treatment ends.

There are ways to treat most chemo side effects. If you have side effects, talk to your doctor so they can help.

Treating cancer that has spread to bone

If prostate cancer spreads to other parts of the body, it almost always goes to the bones first. These areas of cancer spread can cause pain and weak bones that might break. Medicines that can help strengthen the bones and lower the chance of fracture are bisphosphonates and denosumab. Sometimes, radiation, drugs called radiopharmaceuticals, or pain medicines are given for pain control.

Side effects of bone treatments

Side effects depend on which treatment is being used. Ask your doctor what you can expect.

A serious side effect of bisphosphonates and denosumab is damage to the jaw, also called **osteonecrosis of the jaw** (ONJ). Most people will need to get approval from their dentist before starting one of these drugs.

Clinical trials

Clinical trials are research studies that test new drugs or other treatments in people. They often compare standard treatments with others that may be better.

Clinical trials are one way to get the newest cancer treatment. They are the best way for doctors to find better ways to treat prostate cancer. If your doctor can find one that might be right for you, it's up to you whether to take part. And if you do sign up for a clinical trial, you can always stop at any time.

If you would like to learn more about clinical trials, start by asking your doctor if your clinic or hospital conducts them. See [Clinical Trials⁵](#) to learn more.

What about other treatments I hear about?

When you have prostate cancer, you might hear about other ways to treat the cancer or treat your symptoms that are not standard medical treatments. These treatments may be vitamins, herbs, special diets, and other things.

Some of these are known to help, but many have not been tested. Some have been shown not to help. A few have even been found to be harmful. Talk to your doctor about anything you're thinking about using, whether it's a vitamin, a diet, or anything else.

Questions to ask about treatment

- What are my treatment choices?
- Does my cancer need to be treated right away, or can I choose active surveillance or observation?
- What treatment do you think is best for me? Why?
- What's the goal of this treatment? Do you think it could cure the cancer?
- Will treatment include surgery? If so, who will do the surgery?
- What will the surgery be like?
- Will I need other types of treatment?
- What's the goal of these treatments?
- What should I do to be ready for treatment?
- Is there anything I can do to help the treatment work better?
- What side effects could I have from these treatments?
- What can I do about side effects that I might have?
- Is there a clinical trial that might be right for me?
- What about special vitamins or diets that friends tell me about? How will I know if they are safe?
- What's the next step?

What will happen after treatment?

You'll be glad when treatment is over. But it can be hard not to worry about cancer coming back. When cancer comes back it is called a [recurrence](#)⁶. Even when cancer never comes back, people still worry about it. For years after treatment ends, you will see your cancer doctor. At first, your visits may be every few months. Then, the longer you're cancer-free, the less often the visits are needed.

Be sure to go to all follow-up visits. Your doctors will ask about your symptoms, examine you, and might order blood tests and maybe other tests to see if the cancer has come back.

Having cancer and dealing with treatment can be hard, but it can also be a time to look at your life in new ways. You might be thinking about how to improve your health. Call

us at **1-800-227-2345** or talk to your doctor to find out what you can do to feel better.

You can't change the fact that you have cancer. What you can change is how you live the rest of your life, making [healthy choices](#)⁷ and feeling as good as you can.

[For connecting and sharing during a cancer journey](#)

Anyone with cancer, their caregivers, families, and friends, can benefit from help and support. The American Cancer Society offers the Cancer Survivors Network (CSN), a safe place to connect with others who share similar interests and experiences. We also partner with CaringBridge, a free online tool that helps people dealing with illnesses like real life, make

Prostatectomy (PRAHS-tuh-**TEK**-tuh-mee): Surgery to take out the prostate gland.

PSA: A type of protein made by the prostate gland. Prostate cancer can cause the amount of PSA in the blood to go up.

Rectal exam: An exam in which the doctor puts a gloved finger into the rectum to feel for any bumps on the prostate that might be cancer. Also called a digital rectal exam, or DRE.

Urologist (yur-OL-uh-jist): A doctor who treats problems of the urinary tract and genital area in men, including prostate cancer.

How Can I Learn More?

We have a lot more information for you. You can find it online at www.cancer.org⁸. Or, you can call our toll-free number at 1-800-227-2345 to talk to one of our cancer information specialists.

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