ABOUT PROSTATE CANCER CANADA

Prostate Cancer Canada is the leading national foundation dedicated to the elimination of the disease through research, advocacy, education, support and awareness.

Our goals are twofold – to fund research that will uncover better diagnostic and treatment options and to provide comprehensive support services for those living with prostate cancer.

Prostate Cancer Canada hopes that this resource supports prostate cancer patients and their caregivers in managing their cancer journey.

If you have questions related to this document or Prostate Cancer Canada, please contact:

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PROSTATE CANCER CANADA Resources

Prostate Cancer Canada provides up-to-date information, support services and educational resources.
Website: www.prostatecancer.ca

INFORMATION SERVICE
The Prostate Cancer Information Service (PCIS) is a free, confidential helpline with information specialists on the line who will provide support and answer your prostate cancer questions through phone or email.

Phone: 1-855-PCC-INFO (1-855-722-4636)
Email: support@prostatecancer.ca or soutien@prostatecancer.ca

EXPERT ANGLE WEBINAR SERIES
Prostate Cancer Canada offers a number of webinars which are delivered by experts in the field. Please visit our website for recordings of previous webinars and for details of upcoming webinars: www.prostatecancer.ca/Support/Expert-Angle

SUPPORT GROUPS
The Prostate Cancer Canada Support Groups provide a forum for men with prostate cancer to share information and provide practical and emotional support to one another throughout the cancer journey. Many of the groups are also open to family members and friends. Support groups provide an opportunity to be with individuals who know what it is like to have this diagnosis and live with prostate cancer. To find a support group in your area, please visit www.prostatecancer.ca/Support/PCCN

Please note the information presented in this resource is not meant to replace any medical advice provided by your healthcare team. For medical advice please consult with your healthcare provider.

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Treatment

This brochure provides information about different treatments for prostate cancer including what to expect and the risks and side effects of treatment.

> Treating prostate cancer

To determine the best treatment option for you, work with your healthcare team and consider the following factors:

- Your age
- The stage and grade of your cancer (i.e., how far the cancer has spread and how fast it is capable of growing)
- Your general health
- Your values and preferences

Prostate cancer can grow at different speeds. Talk to your doctor and if needed, get a second opinion to learn about all your treatment options.

> Common treatments

The most common treatments for prostate cancer are:

- **Active Surveillance** – Involves close monitoring of small, slow-growing prostate cancer with relatively normal-looking cells (as determined by your biopsy results).
- **Radical Prostatectomy** (Open, Laparoscopic, Robotic) – Surgery that completely removes the prostate gland, as well as the seminal vesicles and part of the urethra within the prostate.
- **Radiation Therapy** (External Beam, Brachytherapy) – Radiation therapy uses high-energy radiation to shrink tumours and kill cancer cells.
- **Hormone Therapy** – Hormone therapy works by depriving cancer cells of the male hormones (androgens) they need to grow.
- **Chemotherapy** – Drugs that treat cancer. These drugs affect both cancer cells and healthy cells. Healthy cells tend to regenerate whereas cancer cells struggle to do so.

See more detailed information about the most common treatments on the back of this brochure. For more information about drugs to treat prostate cancer visit our website: www.prostatecancer.ca and search ‘Prostate Cancer Drugs’.

> Clinical trials

One way to access new treatments before they become widely available is to participate in a clinical trial. A clinical trial is a research study that uses volunteers (called participants) to test new ways to prevent, detect, treat or manage prostate cancer or other illnesses. Some clinical trials help determine whether or not a new treatment, drug or device is effective and safe.

Participating in a clinical trial is a valuable contribution to research as clinical trials answer important questions and can lead to improved health outcomes. Participating can be a good way for participants to access free treatments and get monitored closely by healthcare professionals.

If you are interested in learning more about clinical trials please visit www.prostatecancer.ca, search ‘clinical trials’ and talk to your healthcare team.

For further information, please visit:
- ClinicalTrials.gov: www.clinicaltrials.gov
- Canadian Cancer Trials: www.canadiancancertrials.ca
- National Cancer Institute: www.cancer.gov/clinicaltrials

> Complementary and alternative therapies

Complementary and alternative therapies include a wide range of approaches and therapies. It is important to understand the differences between conventional medicine, complementary therapies and alternative therapies.

- **Conventional (Mainstream) Medicine** – Medical or surgical treatments that are accepted and practiced in the Canadian healthcare system. The best available research has shown these treatments to be effective and safe. An example of conventional medicine is radiation therapy.
- **Complementary Therapies** – Therapies used with or alongside conventional medicine, often to help people cope with cancer, treatment or side effects. Further research is needed to find out if they are safe and effective. An example of a complementary therapy is using meditation to help with stress or anxiety during treatment.
- **Alternative Therapies** – Therapies used instead of or in place of conventional medicine. These therapies have not been scientifically proven to be safe and effective. An example of alternative therapies is using a special diet, in place of conventional treatments, to treat prostate cancer. Delaying or refusing conventional therapies to use alternative therapies may have serious health consequences.

Discuss all treatment decisions with your healthcare team.

Questions to ask your doctor

There are many considerations when it comes to prostate cancer treatment and there will be a lot of information to take in during appointments. It’s a good idea to bring someone with you to take notes and ask any questions you may forget.

Your doctor will likely cover most, if not all, of the questions below. Ask your doctor to answer any of the questions that have not been covered in the appointment.

1. What are the risks if my cancer is not treated soon?
2. What treatment options might be right for me?
3. What are the major side effects of the treatments available to me?
4. What are the chances I will have problems with incontinence, erectile dysfunction or rectal issues?
5. How would the various treatments affect my quality of life?
6. What is your experience with this treatment?
7. How frequent are complications?
8. What happens if the cancer spreads beyond my prostate?
9. When will my treatment begin and how long is it expected to last?
10. What if the first line of treatment doesn’t work?
11. How will I be monitored after treatment or during active surveillance?
Radical Prostatectomy: to prevent recurrence.

WHAT’S DONE

- Surgery that completely removes the prostate gland and surrounding tissue, as well as the seminal vesicles and part of the urethra.
- Potentially removes all cancer cells.
- May be recommended if your cancer has not spread outside the prostate (stage T1 or T2).
- May be used in combination with other treatments e.g., surgery followed by radiation if indicated.

- External beam radiation delivers therapeutic x-rays to a localized area in order to kill cancer cells.
- Often a good option if age or general health makes surgery too risky.
- Can be used in combination with other treatments although surgical removal of the prostate is very difficult after radiotherapy.
- 3-Dimensional Conformal Radiation and Intensity Modulated Radiation are commonly used techniques. They use either CT scans or MRIs to pinpoint where radiation is needed. The radiation beams “conform” in the prostate, sparing the surrounding tissue. This allows the delivery of high-dose radiation to cancerous areas while minimizing risk of damage to healthy cells.

- Low-dose seed implant brachytherapy
  - Usually recommended to men with lower-grade cancers that are contained within the prostate gland.
  - Between 80 and 100 radioactive seeds, the size of a grain of rice, are implanted directly into the prostate.
  - Each seed releases low-energy level radiation steadily over several months.
- HDR
  - Reserved for patients with high-grade cancers.
  - High-dose radiation is received through approximately 15 needles in the prostate, concentrating on the cancerous areas.
  - HDR is usually supplemented by a course of external beam radiation.

- Brachytherapy delivers radiation internally. There are 2 main types: low-dose seed implant brachytherapy and high-dose rate brachytherapy (HDR).

- Side-effects and risks

- Possible side-effects include:
  - Hot flashes.
  - Erectile dysfunction.
  - Loss of energy.
  - Breast enlargement and tenderness.
  - Irritability.
  - Emotional disturbance including depression.
  - Headache.
  - Itching, dry skin, rash.
  - Gastrointestinal issues: diarrhea, nausea, vomiting.
  - Loss of muscle mass.
  - Weight gain (mainly due to increased body fat).
  - Sphincter of the rectum is affected.
  - Immediate side-effects:
    - May appear after a few weeks of radiation and disappear some weeks after treatment has ended.
    - Some men experience fatigue, decreased energy, weight loss or changes in appetite.
    - Less common are gastrointestinal or rectal problems such as diarrhea, pain during defecation and rectal bleeding.
    - Urinary problems are also possible e.g., blood in the urine, frequent urination, burning with urination, urine leakage.
  - Long-term side-effects:
    - These may appear anywhere from 6 months to several years after treatment.
    - Side-effects can range from scar tissue in the urinary passage (causing a slow urinary stream) to infertility.
    - Erectile dysfunction may occur in up to 50% of patients.
    - Blood in the urine and rectal bleeding may occasionally still be troublesome years after radiation treatment.

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- Adjuvant hormone therapy
  - Used directly after surgery or radiation to treat cancerous cells that may remain.

- Hormone therapy works by depriving cancer cells of androgens (the male hormones) they need to grow.
- Afecteds the whole body rather than a particular area.
- Most often used to treat:
  - Cancer that has spread outside the prostate.
  - Recurrence of prostate cancer after another therapy has been used.
  - Men who are at a high risk of experiencing a recurrence after surgery or radiation therapy.

- There are two methods of hormone therapy:
  - Surgical removal of the testes to prevent testosterone production (now rarely used in North America).
  - LHRH analogues or LHRH analogues (LHHRH analogues or agonists) LHHR antagonists, which are used to inhibit the production of testosterone.
- Anti-androgen agents which block the effects of male hormones on prostate cells.
  - These agents (abiraterone and enzalutamide) either block the production of testosterone or prevent the hormone from reaching the cancer cells.

- There may be no physical side-effects in the short-term.
  - Some men may experience anxiety or depression.
  - With time, some of the more common symptoms of prostate cancer may persist.
  - Talk to your doctor or local support group for help.

- Incontinence is temporary in most men, but around 10% will continue to have stress incontinence (urine leaks when sneezing, coughing etc.) or men may have severe incontinence long-term.
  - Erectile dysfunction is also a common side-effect that may be permanent or temporary. Recovery may take up to a couple of years.
  - Short-term constipation is a common side-effect. Radical prostatectomy results in infertility.
  - Blind loss during surgery may require a transfusion (fewer than 10% of cases).
  - Very rarely (in less than 1% of cases) there is injury to the rectum requiring a temporary colostomy.
  - Very small risk of death (as with any major surgery).

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- Specific side-effects depend on the type of drugs that are given. The following side-effects are common with most types of chemotherapy:
  - Gastrointestinal side-effects such as vomiting and diarrhea.
  - Anemia.
  - Total or partial hair loss.
  - Sensitive skin.
  - Infertility.
  - Vulnerability to infection (most commonly chest, mouth, throat and urinary infections).
  - Nail changes.

- Some side-effects can be treated with other drugs, others continue until chemotherapy is stopped.

For more information on prostate cancer drugs please visit: www.prostatecancer.ca/Prostate-Cancer/Treatment/Drugs-to-Treat-Prostate-Cancer