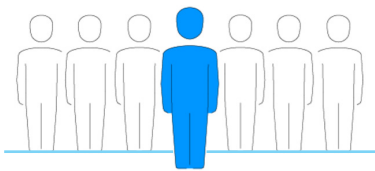


Understanding Prostate Cancer

If you or someone you know has been diagnosed with prostate cancer, you may be scared or overwhelmed. This resource will help you understand what the diagnosis means.

Prostate cancer is the **most commonly diagnosed cancer among Canadian men.**

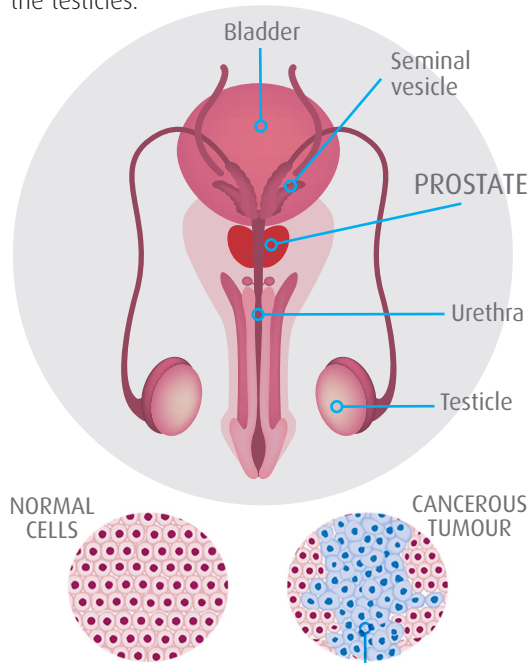


1 in 7

will be diagnosed in their lifetime, so you are not alone.

What is the prostate?

The prostate is part of the male reproductive system. It sits below the bladder and in front of the rectum. Its job is to help form semen by producing fluid that mixes with sperm from the testicles.



Prostate cancer develops when normal cells in the prostate grow faster or die more slowly than usual. This can lead to a cancerous tumour over time.

Understanding your test results

The grade and stage of the tumour will help you and your healthcare team decide which treatment is best for you.



Tumour grade

Describes how quickly the cancer is growing and the chance of it spreading. The Gleason score is the most common grading system, and is based on how different tumour cells look compared to normal prostate cells. Biopsy samples are examined under a microscope and given a **grade** of 1 to 5. Grades 1 and 2 look like normal cells. Grades 3, 4 and 5 are cancer cells. The overall **Gleason score** is calculated by adding up the two most common cancer grades (i.e. 3+4=7). A higher score means more aggressive cancer.

GLEASON SCORE

6 or less

Slow growing, less likely to spread

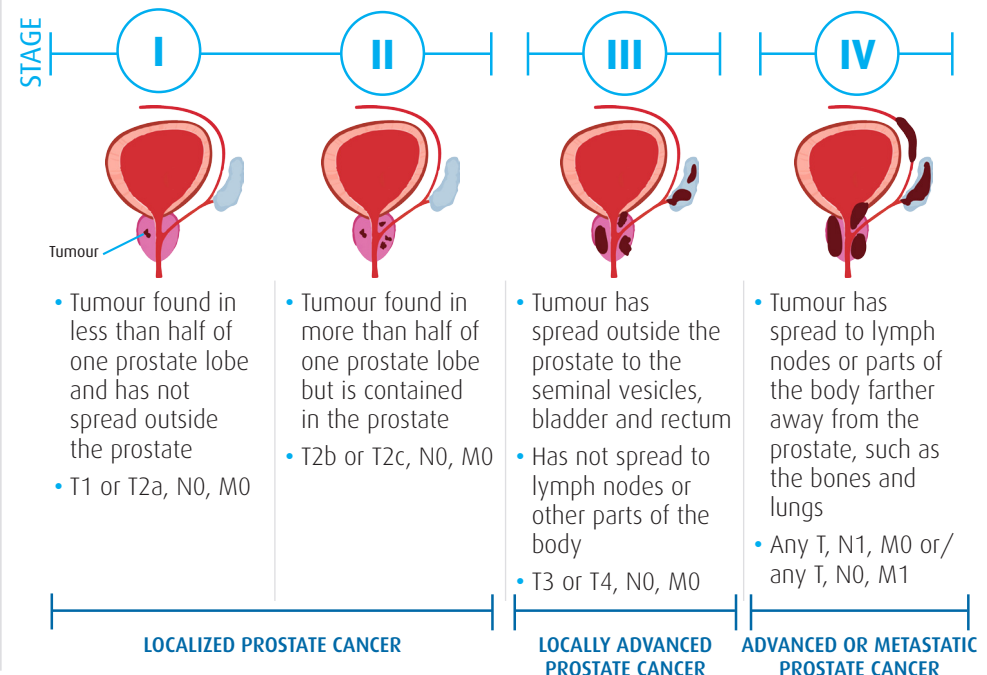
7

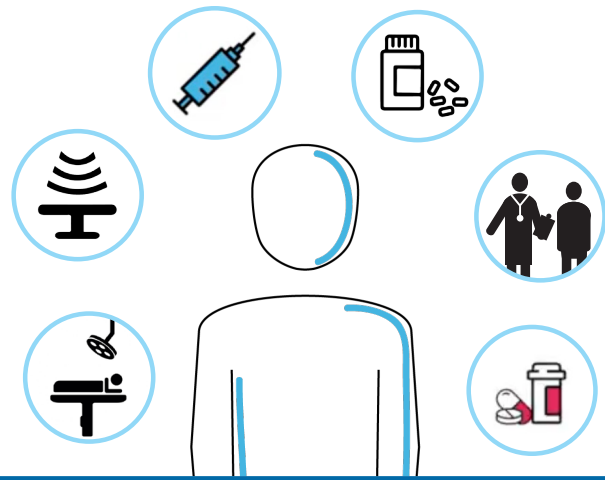
Growing at a moderate pace, may spread

8-10

Growing quickly, more likely to spread

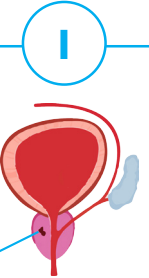

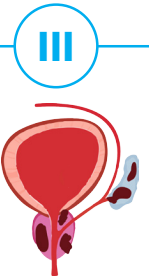

Stage Describes how big the tumour is and how far it has spread. The most common staging system in Canada is the TNM system which describes the size of the tumour (T1-T4) and if the cancer has spread to lymph nodes (N0, N1) or further, called metastases (M0, M1). The results of the T, N and M scores are grouped to give the overall prostate cancer stage (I, II, III or IV).





How is prostate cancer treated?

In addition to the stage and grade of your tumour, your prostate specific antigen (PSA) test results and overall health will help decide what treatments are best. If you have a slow-growing and early-stage prostate cancer, you may choose a monitoring strategy like active surveillance instead of immediate treatment.

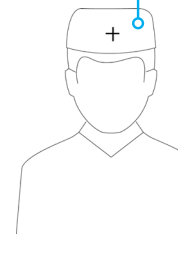
STAGE	LOCALIZED PROSTATE CANCER		LOCALLY ADVANCED PROSTATE CANCER	ADVANCED OR METASTATIC PROSTATE CANCER
	I	II	III	IV
				
	active surveillance	active surveillance		
	surgery	surgery	surgery	
	radiation therapy	radiation therapy	radiation therapy	radiation therapy
		hormone therapy/ androgen deprivation therapy (ADT)	hormone therapy/ androgen deprivation therapy (ADT)	hormone therapy/ androgen deprivation therapy (ADT)
				chemotherapy

■ Treatment used
 ■ Treatment sometimes used
 ■ Treatment not used

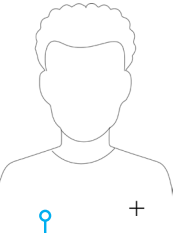
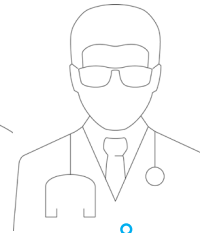
Your healthcare team

Urologist: treats diseases of the urinary tract and male reproductive system including the prostate; performs biopsies and prostate surgery

Medical oncologist: treats cancer with drug therapies such as chemotherapy and hormone therapy



Radiation oncologist: treats cancer with radiation therapy



Nurse: administers drugs and provides care, information and support throughout treatment and monitoring

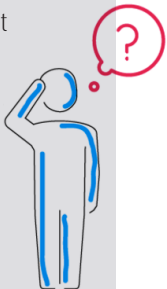
Talking to your team

You'll be supported by your healthcare team and may see some of them more than others depending which treatment you choose. You may also see other healthcare professionals like physical or occupational therapists or counsellors to help you recover and cope with your diagnosis and treatment.

Don't be afraid to ask them for advice or get a second opinion if you still have questions. It's important to understand treatment options and side effects to decide what is best for you.

Questions to ask

1. What is the tumour grade?
Does this grade mean the cancer is likely to grow and spread fast?
2. What is the cancer stage?
Has my cancer spread outside the prostate?
3. What if I choose to monitor the cancer instead of treating it immediately?
4. What types of treatments are best for me?
What are the benefits and risks of each?



For more information and support, visit prostatecancer.ca