

WHAT KIND OF PROSTATE CANCER DO YOU HAVE?

Some prostate cancers are harmless. Some are very serious. If your cancer is aggressive you'll need an aggressive treatment; if yours is a slow growing low-grade cancer, a less aggressive approach may be appropriate.

STAGING

Staging is essential; during this process your doctor pinpoints the size of your cancer to determine if it has spread through the prostate gland to adjacent organs, any of your lymph nodes or to your bone, lung, liver, or other sites.

DIAGNOSTIC SCANNING

Doctors use four techniques to analyze the cancer within your prostate gland: the endorectal MRI, color Doppler ultrasound, transrectal ultrasound, and saturation biopsy protocol.

To analyze whether your cancer has spread to any of your lymph nodes, your doctors may use the ProstaScint or CAT scan.

Bone scans and CAT scans will determine if your prostate cancer has spread to your bones and to other tissues. Doctors may also use an MRI if your bone scan is ambiguous.

Cancer spread to other tissues, such as lung or liver, is relatively uncommon and is best detected by CAT scan.



The mission of the Foundation for Cancer Research and Education is to decrease the death rate from prostate cancer while enhancing quality of life. Our focus on prostate cancer research will be a model for the treatment of other cancers and will prevent heart attacks and strokes.

Our educational efforts are to acquaint the general public, cancer patients, and health care professionals with recent advances in prevention, diagnosis, and treatment of prostate cancer.

FCRE advocates comprehensive cancer care, which means understanding all of the available cancer treatment options and combining them if necessary. A comprehensive program also includes evaluation and treatment of cardiovascular disease, obesity, diabetes, or any other disease that affects overall health.

FCRE partners with other foundations, institutes, institutions, hospitals, and support groups to host conferences, seminars, special events, and produce publications to reach as many men and women as possible. Our information comes from the best available science and is grounded on solid, evidence-based medicine gleaned from well-designed clinical trials.

To make a donation, request brochures, or to sign up for our newsletter, please contact us on the web, via email/postal mail, or by phone.

PO Box 746
Earlsville, VA 22936
Phone: (434) 220-4539
Fax: (434) 220-4739
fcre2@earthlink.net
www.thefcre.org

YOU HAVE PROSTATE CANCER

Now What?



www.thefcre.org

Don't Panic

Hearing you have cancer isn't easy. But before you jump into the first treatment strategy your doctor recommends do two things: find out how aggressive your cancer is and educate yourself about current treatments.

WHAT TO DO FIRST

Your first step is to find out what kind of prostate cancer you have. Staging and diagnostic scanning will help your doctors evaluate how large and aggressive your cancer is and how far it has spread.

EDUCATE YOURSELF

Educate yourself about prostate cancer while the staging and diagnostic scanning process is underway. In many ways there's never been a better time to be a prostate cancer patient. There are a multitude of resources available to you both on and offline.

TALK TO OTHER MEN

Support groups and online forums are an invaluable way for you to learn about what it's like to undergo specific treatments; how to deal with side effects; who the best doctors are in your area and across the country; and how to deal with insurance companies. Visit www.ustoo.org for a list of support groups.

Just as we each have individual cancers, we all react differently to a cancer **diagnosis**. Some want to avoid certain side effects at all costs. Others want to rid their **bodies** of all cancer no matter how difficult the side **effects**. Spend some time contemplating where you fall on this continuum given how aggressive **your cancer** is and then find a doctor who **respects** your priorities.

ACTIVE SURVEILLANCE

During active surveillance men with slow growing prostate cancers forgo surgery or radiation therapy in favor of a medical program of drugs, supplements, and diet thought to slow prostate cancer progression. A medical oncologist follows you closely for signs that your cancer has either spread or become more aggressive.

HORMONAL THERAPY

In hormonal therapy, a medical oncologist uses a variety of drugs to reduce or remove testosterone and dihydrotestosterone (DHT), the male sex hormones or androgens, in your body. Androgens are produced primarily by your testicles and stimulate prostate cancer growth. Hormonal therapy's goal isn't to remove your cancer, but to shrink it or to slow or stop its growth. Hormonal therapy is used in conjunction with radiation, surgery, or on its own. Side effects can include hot flashes, decreased libido, osteoporosis and osteopenia, erectile dysfunction, fatigue, increased risk for heart disease, weight gain, breast tenderness and growth, decreased muscle mass, anemia, decreased mental sharpness, high cholesterol and loss of muscle mass.

Treatments

Think Beyond Survival

RADIATION THERAPY

Radiation is often an initial treatment for low-grade cancer that hasn't left the prostate gland or that has only spread to nearby tissue. RT is also used for cancer that recurs after surgery and to relieve bone pain from advanced prostate cancer. There are two types of radiation therapy: external beam radiation therapy (EBRT) and brachytherapy. EBRT side effects can include bowel complications, bladder complications, urinary incontinence, impotence, fatigue, and fluid buildup in the legs or genitals (lymphedema). Brachytherapy side effects can include impotence and urinary and bowel complications.

RADICAL PROSTATECTOMY

Radical prostatectomy's goal is to remove your entire cancer and thereby prevent its spread to the rest of your body. During the procedure a surgeon removes your prostate gland as well as surrounding tissue. He or she may also biopsy your pelvic lymph node. Side effects include impotence, urinary incontinence, urethra damage, and rectum damage.

CHEMOTHERAPY

Chemotherapy uses drugs known to kill cancer cells in advanced or recurrent prostate cancer that hasn't responded to hormonal therapy. Chemotherapy drugs act by killing rapidly dividing cancer cells, but they also kill other rapidly dividing healthy cells. Side effects can include: nausea and vomiting, appetite loss, hair loss, mouth sores, diarrhea, infertility, increased risk of infection, bleeding or bruising from minor injuries, and fatigue.