

Common Prostate Cancer Treatment Options

What are my treatment options? Are all prostate cancers the same?

Prostate cancer is detected at different stages of development and some prostate cancers can be more or less aggressive than others. Some patients have small volume of cancer, while other may have high volume. Therefore, each case is unique and patients need to discuss with their doctor the options for their disease. While reading on the internet and speaking with friends, neighbors, or colleagues adds information, a patient should be cautious about any 1 source of information. In general, it is best to start a list of advantage and disadvantages of each treatment and discuss with your doctor which treatment has the highest chance for a cure with the least side effects for your lifestyle. The following is a basic summary of the most common treatment options. It does not include Proton Therapy, Ultrasound Therapy, Cryotherapy, or other treatments not commonly used by most patients. These options can be discussed with Dr Johnston or your physician, if interested.

Common Treatment Options		
Treatment	Advantages	Disadvantage
Watchful Waiting/ Active Surveillance	Avoid potential side effects Some cancers may not progress	If the cancer advances or spreads outside the prostate, difficult to cure
Hormone Ablative Therapy (shots that block the production of testosterone)	May slow the growth of prostate cancer	Cancer cells may become resistant to this therapy Cancer can advance or spread outside the prostate
Brachytherapy (seeds that give off radiation)	Less stress Incontinence	Urinary Frequency Rectal Irritation If cancer returns, difficult to perform surgery
Radiation	Less stress Incontinence	Urinary Frequency Rectal Irritation If cancer returns, difficult to perform surgery

Surgery	Less urinary frequency than radiation Can have radiation in future for local recurrence	Stress incontinence
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see more treatment options below

Typical Post Surgery Follow-up Schedule			
Post-op Time	What Expect	What Test	Goals
1 week	Catheter Removal with nurse; MD to call patient with pathology report or review at next visit	None	Return to performing basic needs Increase ambulation, wear off pain medications
2-3 weeks	Post-op Visit with Dr. Johnston; discuss recovery and exercise and tools to aid in recovery	Urinalysis	Daily Kegals Begin to gain nighttime continence Start oral medications to aid in erection return
2-3 months	Post-op Check: discuss recovery and tools to aid in recovery	PSA blood test prior	Wean down to 1 pad/day May resume sexual relations
Every 3-6 months for 2 yrs	Clinic Visit	PSA blood test prior	Back to near pre-op status
Every 6-12 months after 2 yrs	Clinic Visit	PSA blood test prior	Maintain Kegals Enjoy Life!

What about follow-up visits.

For some patients that travel from far away, Dr. Johnston can assist in arranging follow-care with a local urologist or their primary care doctor. Dr. Johnston prefers to see the patients during the initial post-op period.

While each patient's schedule varies according to the extent of their cancer, a general schedule is provided below.

What about Radiation Options:

Understand Radiation Options.

Today, there are different options for treating prostate cancer with radiation.

1. External Beam Radiation Therapy: Patients come in for short treatments each day, 5 days/wk, for approximately 6 wks
2. LDR (low dose rate) Brachytherapy: Patients get small permanent seeds placed in the prostate that give off radiation over time
3. HDR (high dose rate) Brachytherapy: Patients get a few treatments with temporary seeds that give off radiation during treatments, but are removed after the treatment

These radiation types may be combined for certain patients and cancers. For instance, for higher grade cancers, the patient may get two treatments of HDR followed by some external beam radiation.

What is the being used more commonly today?

HDR Brachytherapy: The physician uses imaging studies and computer programming at the time of the procedure to map out the prostate's location and the location of the treatment probes to aid in treating the prostate cancer, but minimizing exposure to adjacent tissue and nerves of the prostate. One advantage of HDR is that the patient is only exposed to the radiation at the time of the treatment.

Who performs HDR?

Your Urologist works with a radiation oncologist and a physicist to perform the procedure.

Which procedures require anesthesia?

HDR and LDR require an anesthetic during placement, but most patients can return home after recovery the same day. External beam doesn't require anesthesia.

What about Cryotherapy (freezing)

Cryotherapy is used for many types of cancer and we commonly use it for some kidney tumors. It is not widely used for prostate cancer as a primary treatment. In patients with recurrent cancer after radiation (who can't get more radiation), cryotherapy may be used. In cryotherapy, the prostate is frozen to -40 degrees. Surrounding nerves and tissue are frozen and this may lead to impotence. Long-term data on using cryotherapy for the initial treatment of prostate cancer is still accumulating.

What about Proton therapy

Most data does not support superior outcomes with proton therapy as compared to external beam radiation. Side-effects concerns are similar to external beam radiation and there are only a few sites within the US to obtain the treatment. Therefore, most urologist don't recommend proton therapy.

You may discuss with your physician more about proton therapy

What about HIFU (High Energy Focused Ultrasound):

HIFU is not FDA approved treatment for prostate cancer and long-term data has not been widely published. One may travel to Canada or Mexico at this time for HIFU. Most Urologist feel there is not enough data yet to recommend HIFU to their patients.