



Your Questions and Answers About

Beating Prostate Cancer



CANCER CARE CENTERS
OF BREVARD



The US Oncology
Network

833.394.4904
CancerCareBrevard.com

If you have questions or want more information after reading this brochure, contact any of our doctors at **833.394.4904** or visit **CancerCareBrevard.com**



Dear Friend,

According to the American Cancer Society, prostate cancer is the most common cancer found in men. While there are many treatment options available, it is essential to research all of them before deciding on treatment.

This guide is intended to provide you with information about prostate cancer and the available treatment options. If you have recently been diagnosed with prostate cancer, it's important to understand all your options and focus on the best treatment plan for you and your family.

Over the past 25 years, our board certified physicians at Cancer Care Centers of Brevard have treated thousands of men with prostate cancer. Our primary concern is your comfort and the quality of care you receive.

Sincerely,



Todd V. Panarese, MD
Radiation Oncologist



Ravi Shankar, MD
Radiation Oncologist



Rahul Chopra, MD
Radiation Oncologist

1. Q: After a recent biopsy, I found out that I have prostate cancer. My urologist recommended a radical prostatectomy – surgical removal of my prostate and seminal vesicles. He said this is the best treatment for me. What do you recommend?

A: There are several options for the treatment of prostate cancer that you can explore and discuss with your physician. Table A provides recommendations for treatment options by disease stage adapted from the National Comprehensive Cancer Network (NCCN), which publishes widely accepted treatment guidelines.

Ultimately, you should focus on the best treatment for you and your family. Our advice is to ask questions, get a second opinion if you are uncomfortable with any recommendation, and become an informed patient.

2. Q: Do I have time to do research?

A: The best time to do research is before treatment so you know what questions to ask. There are several treatment options

for prostate cancer that you can explore and discuss more fully with your physician.

3. Q: What is my Gleason score, and why is it important to me?

A: When the pathologist looks at your prostate cells under a microscope, he or she assigns the Gleason score. The Gleason score determines how aggressive the cancer appears: a score of 2 being the least aggressive and 10 being the most. It is one of the parameters used to determine the best treatment for you. For example, in a patient with a Gleason score of 8 or greater, surgery is no longer considered appropriate.

4. Q: Can you help me understand my own cancer? My PSA is 5.9 ng/ml, but what is PSA?

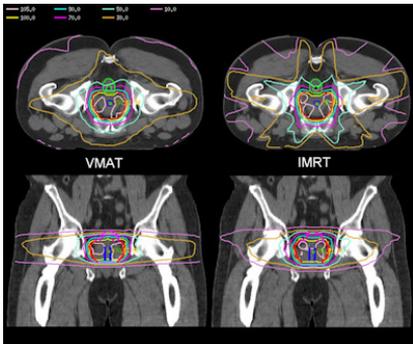
A: PSA is an enzyme that is produced by both normal and cancerous prostate cells and is secreted into the semen. A small amount of PSA is continually leaked into the blood stream, which is measured by the PSA test. A PSA level of 10 usually means your tumor is confined to the prostate. If your PSA is 20, it is more advanced, and surgery is usually not the best option.

5. Q: What is the correct way to treat my prostate cancer to deliver the best outcome with the least amount of side effects?



A: Any treatment for prostate cancer must destroy or remove the entire prostate gland and the prostate cancer cells within, including any cells which may have gotten outside but remain near the prostate gland. The physical exam, the Gleason score, PSA level, as well as your age and overall health, determine which therapies are best for you.

6. Q: I have heard that one of the most common ways to treat prostate cancer is with radiation therapy. How does this work, and why do so many men choose this over radical prostatectomy?



The picture above shows an individualized radiation therapy plan for a patient with prostate cancer. Based on imaging studies done prior to initiating therapy, the radiation oncologist and physics staff collaborate on developing this type of plan for each patient. These plans allow for precisely targeted delivery of each treatment.

A: Radiation treatment is non-invasive and painless. Radiation treatment kills prostate cancer cells while minimizing damage to healthy cells. Several radiation techniques are used to treat prostate cancer:

- **External Beam Radiation**

Therapy: High-energy X-rays are produced by a machine called a linear accelerator and aimed at the prostate from outside the body. Modern techniques such as ARC therapy, IMRT, and TruBeam precisely target and deliver radiation to the prostate and surrounding high-risk tissues while minimizing the dose to normal tissue. During treatment, the accelerator is turned to the correct angle and the beam is shaped according to the patient's prostate shape and size. After treatment is given through one location, the accelerator is turned to a different angle, and this process is repeated until the prostate gland has been cross-fired from multiple directions. After the daily treatment is finished, which usually takes less than 10 minutes, the patient can return to normal daily activities.

- **Brachytherapy:** This type of treatment delivers internal radiation through radioactive "seeds" that are placed directly into or near the tumor. Brachytherapy allows a controlled dose of radiation within a specific region, allowing more radiation where needed while protecting normal tissue.

- **Combination of therapies:** Sometimes a combination of external beam radiation therapy and brachytherapy is the best treatment choice for intermediate or higher risk cancers.

Your radiation oncologist will explain what type of radiation treatment would be the best fit for you.



7. Q: I am very concerned about side effects of leaking & sexual ability. How do the side effects of radiation therapy compare to surgical removal?

A: During a radical prostatectomy, a muscle that controls urine could be cut. This is the primary cause for men experiencing urine leakage after radical prostatectomy, whether the urologist performs traditional or robotic surgery.

With radiation, there is no urinary leakage because the muscle at the apex of the prostate is not cut or removed. Men who had a TURP (“roto-rooter”) procedure or who have severe urinary urgency, such as leaking urine before they get to the toilet, may have a higher risk of urinary leakage after radiation. In general, urinary leakage is not common after radiation therapy. A highly skilled radiation oncologist, using targeted radiation, can maximize your chance of maintaining sexual function.

8. Q: What effect will radiation treatments have on my ability to work & continue my normal activities?

A: There are no limits on your activity during treatment, and you may continue your usual lifestyle which may include work,

golf, the gym, or anything else you would like to do.

9. Q: How does radiation therapy compare to cryotherapy?

A: Cryotherapy uses very cold temperatures to freeze and kill prostate cancer cells. It is a possible treatment option for men with low risk, early-stage prostate cancer who cannot have surgery or radiation therapy. Cryotherapy is less invasive than surgery and involves a shorter hospital stay, shorter recovery period, and reduced pain. However, there is less information available on its long-term effectiveness compared to other treatments, including radiation therapy.

10. Q: What treatment methods are available at CCCB?

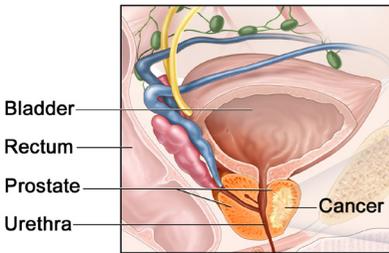
A: At Cancer Care Centers of Brevard, we use external beam radiation therapy, including TruBeam stereotactic radiation therapy, IMRT (intensity-modulated radiation therapy), and IGRT (image-guided radiation therapy).

11. Q: How can I determine if my insurance will cover the prostate cancer treatment procedure?

A: One of our financial counselors will help you navigate through your insurance coverage and answer any financial questions about the treatment.

12. Q: Can you summarize your recommendations to me as a man who has just been diagnosed with prostate cancer?

A: It is critical that you learn as much as you can about prostate cancer before you treated. We strongly recommend that men employ the following decision-making process:



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ATANSYON: Si ou pale kreyòl ayisyen, sèvis asistans lang, gratis, yo disponib nan ou. Rele 833.394.4904.

Post-Diagnosis Recommendations

a. Get a copy of your prostate biopsy pathology report and ask your doctors what it means.

b. Consider getting a second opinion of your prostate biopsy from a pathologist who is an expert in prostate cancer.

c. Learn about prostate cancer from books, magazines and the internet. Your doctor will help you understand the information you find.

d. Consult with both radiation oncologist and urologist and do not hesitate to ask for more than one opinion regarding treatment if you have any doubts.

e. Select the doctor you are most comfortable with and the treatment that gives you the best chance of cure with the least chance of complications.



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