

Prostate Cancer

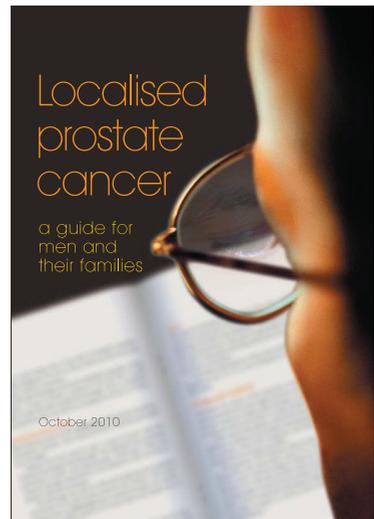
Options for Localised Cancer

You or someone you know is considering treatment options for localised prostate cancer. This leaflet is designed to give you a short overview of the options available.

For more information please see the booklet **Localised Prostate Cancer - A guide for men and their families**.

The booklet explains localised prostate cancer, the treatment options and their pros and cons. Its purpose is to help men make decisions about treatment options.

It can be hard to obtain a printed copy, but is available in electronic “PDF” format on the internet from the Cancer Council of Victoria website www.cancervic.org.au.



What factors influence treatment choices?

Patient related

These are often the most important in determining the choice of treatment. These factors include:

- Age.
- Life-expectancy.
- Attitude towards potentially aggressive treatment.
- Cost.

Prostate cancer related

- Extent of disease.
- Histopathologic appearance (grade the appearance of the tumour under microscopic examination).
- PSA-level.

Prostate related

- Size of the gland.
- Degree of benign enlargement.
- Amount of obstruction to urine flow.

Patient related medical conditions

Such as:

- Heart disease.
- Lung disease.
- Vascular disease.
- Bleeding disorders.
- Previous bowel or pelvic surgery.
- Inflammatory bowel disease.
- Previous treatment for serious malignancies.

Bearing in mind the factors just mentioned, you and your doctor can discuss the various options given below.

No treatment

This is often a valid treatment. You and your doctor might select this option if it appears likely that the disease is so slowly progressive that you are unlikely to be troubled by it.

It has the advantage that it avoids the trouble, cost, and potential side-effects of active treatment. However, the risk is that the disease may progress more rapidly than anticipated and then cause trouble which might have been avoided.

Radical prostatectomy

Radical prostatectomy is surgical removal of the prostate. This is a major operation, with the potential problems of any major operation, whichever way it is performed.

It has very good cure rates in patients with disease entirely confined to the prostate gland. It involves a hospital stay for around a week, and an indwelling urinary catheter for a while longer. Most, but by no means all, men become impotent and a small proportion of men are left with permanent incontinence.

External beam radiotherapy

This is the use of an x-ray beam produced by a treatment machine, called a linear accelerator. External beam radiotherapy administers a high dose of radiation to the prostate and the immediate surrounding tissue.

It has high cure rates for early stage disease, but it is often chosen for “locally-advanced” disease in which the cure rates are not quite so high.

External beam radiotherapy involves 7 - 8 weeks of daily attendance at a radiotherapy centre, from Monday to Friday.

Common side-effects are tiredness, bowel irritation and bladder irritation. Radiotherapy can also have long-term complications, including impotence and minor disturbance in usual bowel habit. Occasional rectal or urinary bleeding is sometimes seen, serious bleeding is very rare.

High dose rate brachytherapy

High dose rate brachytherapy is another way to deliver radiation to the prostate. It is a treatment option for men with intermediate stage prostate cancer.

Brachytherapy is a form of radiotherapy where a radiation source is placed inside or near the area that requires treatment.

High dose rate brachytherapy for prostate cancer involves a small surgical procedure in which hollow plastic catheters are inserted into the prostate. Once inserted an individual treatment plan is calculated and a number of radiation treatments are delivered, usually over 2 days.

To deliver the high dose rate brachytherapy treatment the plastic catheters, which are in the prostate, are connected to a machine which houses a small radioactive source. The radioactive source travels through the plastic catheters, delivering the radiation to the prostate.

The treatment takes approximately 15 - 30 minutes, depending on your individual treatment plan. Once all the treatments are completed the catheters are removed and you can leave hospital.

High dose rate brachytherapy is usually given in combination with external beam radiotherapy. It is used to increase or "boost" the dose to the prostate achieved with external beam radiotherapy treatment.

Usually the external beam radiotherapy component will go for five weeks, rather than six or seven which would be the length if the external beam radiotherapy is given alone.

It is thought that this combination of high dose rate brachytherapy and external beam radiotherapy will have better cure rates, and less side-effects than external beam radiotherapy treatment alone. It does, however, involve a minor operation, and a short inpatient stay in hospital.

Low dose rate or permanent seed brachytherapy

Low dose rate or permanent seed brachytherapy is a treatment option for men with early stage prostate cancer. Early stage prostate cancer means there is little risk of spread outside of the prostate gland. In these men, low dose rate brachytherapy is thought to have a cure rates comparable to radical prostatectomy.

Low dose rate or permanent seed brachytherapy involves a small operation where long thin needles are precisely guided into the prostate. These needles then implant tiny radioactive “seeds” into the prostate. These seeds remain permanently in the prostate giving a high dose of radiation over a prolonged period.

The radiation from these seeds has very low penetrating power, which means a high dose can be given to the prostate, but there is little radiation to surrounding healthy tissues. This minimises side-effects.

Advantages

- Quick.
- Involves only a minor surgical procedure.
- Causes little disruption to your home or work life.
- Little chance of incontinence or rectal bleeding.
- Much smaller risk of impotence compared with other active treatments.

Disadvantages

- Significant bladder irritation for months afterwards is common.
- Occasionally men might require a urinary catheter.

Other treatments

Apart from the “no treatment” option, these are the only treatment options available in Australia which are recognised to have “curative potential”. Other treatments can be used for men with prostate cancer, but are unlikely to lead to long-term control. They will typically “knock-back” the cancer for variable periods of time, sometimes a very long time. These are briefly mentioned for completeness.

Hormone treatment

Hormone treatment or ‘androgen deprivation’ involves suppression of the male hormone, testosterone. This can be done in many ways, either with drugs or surgically. It will cause a regression of the prostate cancer, and remission from the disease that may last many years. Inevitably the cancer has the potential to come back, given sufficient time.

This form of treatment is commonly used in men with early stage prostate cancer in a combination with radiation, but also with surgery.

Trans-urethral resection of prostate (or TURP)

This involves a urological surgeon removing part of the prostate. It is usually done for men with obstruction to their urine flow. Most commonly, such obstruction is not caused by cancer. If it is, then the TURP will treat the symptom of the cancer, but will not cure the underlying cancer.

Chemotherapy

Chemotherapy is the use of drugs to kill cancerous cells. It is very effective for some cancers but it has very limited use for prostate cancer.

Chemotherapy is sometimes used in advanced disease to help alleviate symptoms, but it has no proven place for the attempted cure of localised prostate cancer.

Cryotherapy

Cryotherapy involves the destruction of tissue through the use of extremely low temperatures. For prostate cancer, cryotherapy is used to freeze the prostate tissue, causing irreversible damage.

Cryotherapy is typically used for men who:

- Have local recurrence after any form of radiotherapy treatment.
- Are older men and not fit for surgery and do not wish to have radiotherapy.

At the moment cryotherapy is not supported by Medicare, so the treatment is quite expensive.

High-intensity focused ultrasound (or HIFU)

High-intensity focused ultrasound or HIFU is a highly precise procedure that applies high-intensity focused ultrasound energy to locally heat and destroy diseased or damaged tissue.

HIFU is typically used for men who:

- Have local recurrence after any form of radiotherapy treatment.
- Men with symptomatic prostate cancer who do not want to have surgery or radiotherapy.

At the moment HIFU is not supported by Medicare, so the treatment is quite expensive.

How can I find out more?

Please ask your radiation oncologist if you require further information on treatment options for prostate cancer. We have more detailed information booklets on many of the treatment options described here.

Further information can also be found on to the Melbourne Prostate Institute website www.melbourneprostate.org.



william buckland radiation oncology

Prostate Cancer - Options for localised cancer

WBRO Patient Information Committee 2013. Prostate Cancer - Options for localised cancer. Victoria: William Buckland Radiation Oncology.

First Published November 2013 This edition November 2013

55 Commercial Rd
Melbourne, Victoria 3004
Telephone + 61 3 9076 2337
Facsimile + 61 3 9076 2916

P.O. Box 424
Traralgon, Victoria 3844
Telephone + 61 3 5173 8770
Facsimile + 61 3 5173 8473

www.wbrc.org.au

www.lrh.com.au



WBRO Patient Information by William Buckland Radiation Oncology is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 3.0 Unported License