Let's talk about PROSTATE CANCER

LEARN. FIGHT. HOPE

A Guide for Patients and Families

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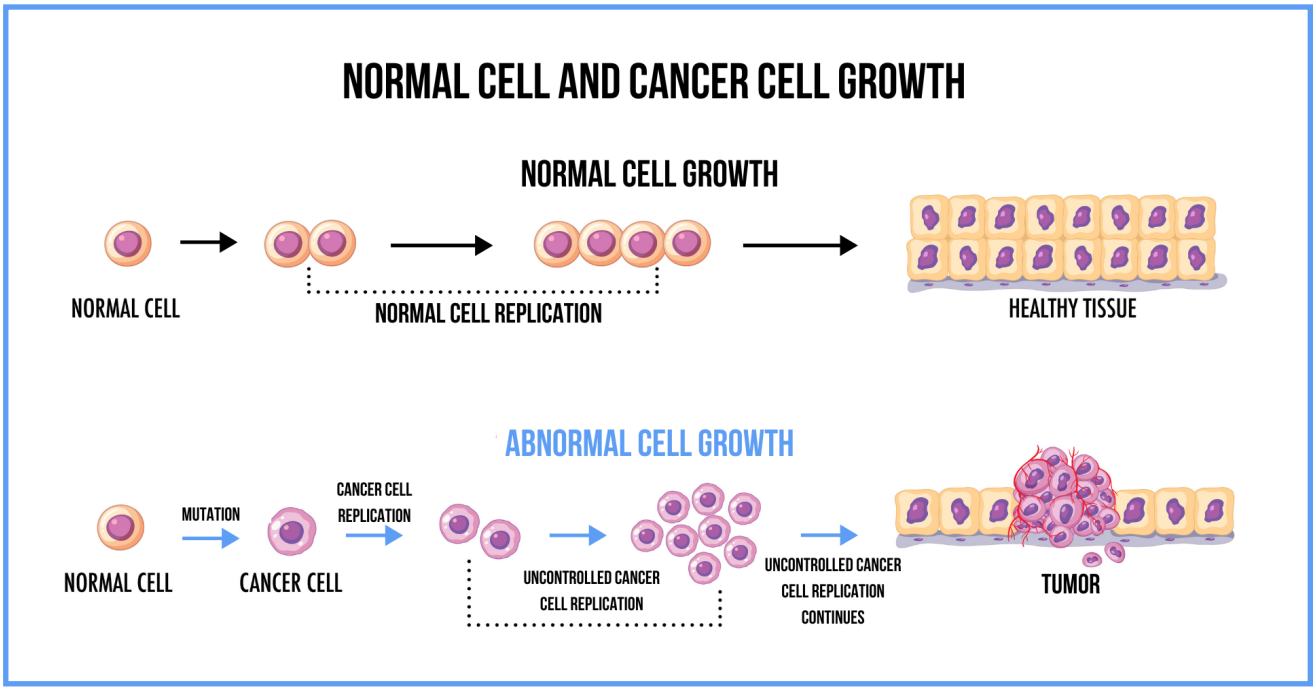
WHAT IS CANCER?

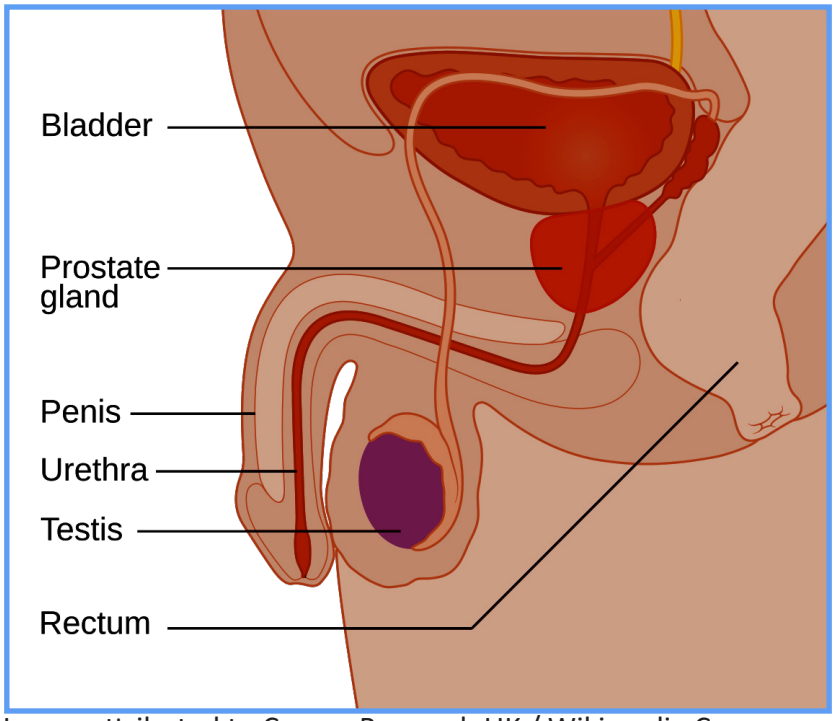


Cells are the building blocks of the human body. Each cell contains instructions that determine what the cell will become (for example, bone cells, skin cells, or muscle cells) and how fast the cell can grow.

Cancer is caused by errors (also called mutations) in the cell's instructions that cause the cell to grow and reproduce uncontrollably. This out-of-control cell growth can form tumors. When the cancerous cells spread to other parts of the body, it is called metastasis. Cancer cells from one person cannot survive in the body of another healthy person. This means that cancer does not spread from person to person and is not contagious.

Cancer is the second most common cause of death worldwide, behind heart disease. Despite that, more people than ever are surviving cancer, thanks to new treatments, better prevention and awareness efforts, and early diagnosis.

WHAT IS PROSTATE CANCER?



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The prostate is a date-sized organ that is located next to the bladder in males and produces a special fluid that transports sperm.

Like other cancers, prostate cancer begins with abnormal cells in the prostate growing uncontrollably. These cells eventually form masses, called tumors, which can feel like lumps in the prostate tissue. Tumors are either cancerous, which means they can spread to other parts of the body, or non-cancerous, which means they can grow but will not spread.

The type of cancer is determined by the original location of the cancer's cells. Most prostate cancers are adenocarcinomas, which means the cancer originated in cells that line the prostate gland or ducts. Prostate sarcoma, prostate small cell carcinoma, and squamous cell carcinoma are other, rarer, forms of prostate cancer.

Prostate cancer is the most common cancer among men in Sub-Saharan Africa.

WHAT CAUSES PROSTATE CANCER?

Doctors do not know why some men get prostate cancer and others do not. There are many factors that may impact your risk of developing prostate cancer, including environmental factors, lifestyle factors, and family history.

RISK FACTORS FOR PROSTATE CANCER

A risk factor is any condition or behavior that increases the chance of getting prostate cancer at some point in your lifetime. Some men with multiple risk factors never develop prostate cancer, while others with no risk factors do get cancer.

Many factors can impact your risk of developing prostate cancer, including:

AGE: The risk of prostate cancer increases significantly after age 50. Approximately 60% of prostate cancers occur in men over age 65.

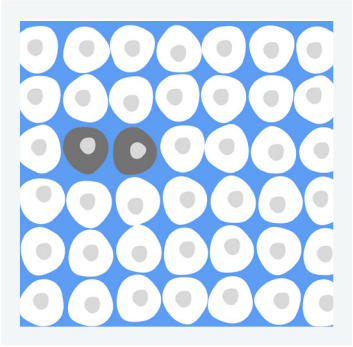
RACE: Prostate cancer occurs more commonly in men of African descent. Doctors do not know the reason for this increased risk.

FAMILY HISTORY: Some prostate cancers are hereditary, which means that the errors in the cellular instructions are passed down from parent to child. Cellular instructions, also called DNA, contain segments of information called genes. Men with an error in the BRCA2 gene have an increased risk of prostate cancer. If your father or brother has prostate cancer, you are at an increased risk of developing the disease.

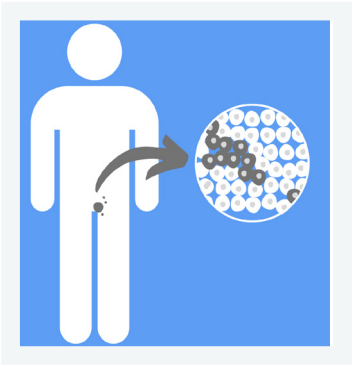
SMOKING: Smoking and other forms of tobacco use can increase the risk of developing many diseases, including prostate cancer. Smoking can also increase your risk of developing a more aggressive type of prostate cancer.

STAGES OF PROSTATE CANCER

When prostate cancer is diagnosed, the doctor will assign the cancer a "**stage**." This is a way to describe the cancer based on the size of the primary tumor and the extent to which the cancer has spread through the rest of the body. The stage of cancer at diagnosis will play a role in determining which treatments are recommended.



STAGE 1: No tumors can be felt by the doctor during a digital rectal exam (DRE) or seen with imaging. Stage 1 prostate cancer is typically found by accident during investigations for a different condition or through screening.



STAGE 2: A tumor can be felt by the doctor during the DRE and/or seen with imaging but appears to contained within the prostate.

STAGE 3: The cancer has likely spread outside the prostate to the seminal vesicles or other nearby tissues, but has not spread to lymph nodes or other areas of the body.

STAGE 4: The cancer has spread to lymph nodes or other distant parts of the body (the cancer has metastasized).

GRADES OF PROSTATE CANCER

In addition to the stage, doctors assign cancers a "**Gleason grade**" to better characterize the cancer and determine the best course of treatment. To find the grade of the cancer, tissue is removed from the tumor in a process called a biopsy. Pathologists then look at the tumor cells under a microscope in the lab. A doctor will then assign the cancer a grade based on the tumor's appearance in comparison to healthy prostate cells. Cancer cells that have a lower grade tend to be less aggressive and are more easily treated.

Gleason grades are assigned based on the following criteria:

GRADES 3 – 4: The cells in these grades of cancers look more similar to healthy cells and are less aggressive than Grade 5 tumor cells.

GRADE 5: Grade 5 tumor cells look completely different from healthy prostate cells. These cancers usually grow the fastest and are considered the most aggressive.

Different parts of a prostate tumor may have different grades, so to better describe the cancer, doctors use what is called the "**Gleason score.**" To calculate the Gleason score, the pathologist looking at the tumor biopsy will decide which two grades are the most common, then add those grades together to determine the Gleason score. For example, if the biggest area of the tumor is Grade 3 and the second biggest area of the tumor is Grade 5, the Gleason score is an 8 (3 + 5).

Your doctor may tell you the Gleason score of your cancer, or they may use the "**Grade Group**" system. The Grade Group ranges from 1 (least aggressive) to 5 (most aggressive).

Grade Group	Gleason Score	Interpretation
Grade Group 1	Gleason Score ≤ 6	These cancers are considered “well differentiated” or “low grade,” which means the cancer cells look much like normal prostate cells and grow slowly, if they grow at all. These cancers are the least aggressive.
Grade Group 2	Gleason Score 7 (3 + 4)	Cancers in this category look similar to those in Grade Group 1 but may grow slightly faster.
Grade Group 3	Gleason Score 7 (4 + 3)	These cancers are “moderately differentiated,” which means they look different from normal prostate cells. They are not as aggressive as cancers in Grade Groups 4 and 5, but still grow faster than those in lower groups.
Grade Group 4	Gleason Score 8	These cancers are “poorly differentiated,” which means they have cells that look very different from normal prostate cells. They also grow more quickly than cancers in the intermediate risk group.
Grade Group 5	Gleason Score 9 – 10	These cancers have many abnormal cells and are the fastest growing. They are the most aggressive, which means they are the most likely to spread to other parts of the body.

PROGNOSIS

Once you are diagnosed with cancer, one of the first questions you might ask your doctor is “What should I expect next?” That largely depends on what your **prognosis** is. The prognosis describes how serious your cancer is, and your chances of recovery. The prognosis can be used to help you and your care team decide which treatment plan is right for you.

Prognosis is impacted by the characteristics of your cancer, including its type, Gleason score, and stage, and your age and health prior to the cancer diagnosis. It is sometimes expressed as a survival rate. A cancer’s overall survival rate reflects the percentage of people diagnosed with the same type and stage of cancer who are still alive after a set amount of time, usually five years. For example, an overall 5-year survival rate of 68% means that 68 out of 100 people diagnosed with that type and stage of cancer are still alive five years after diagnosis.

Many factors can impact prognosis and survival rate, including:

- The type of cancer present
- Stage of the cancer at diagnosis (see page 6 for more info on staging)
- Grade of the cancer at diagnosis (see page 7 for more info on grades)
- A patient’s age at diagnosis
- A patient’s overall health before diagnosis
- A patient’s response to cancer treatment

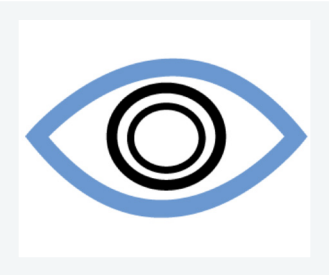
Different treatment options can impact survival rates for your type and stage of cancer. Reviewing these statistics can help your doctor determine which treatment is right for you. It is okay to ask your doctor not to share your cancer’s typical survival rate if you do not want to know. Some patients find that information helpful, while others do not.

Once you and your doctor decide on a treatment plan, the most important thing is to **continue treatment** unless you discuss switching or stopping with your care team first. Cancer treatments are carefully calculated, and delaying or stopping before a treatment is completed can give the cancer a chance to progress, which can negatively impact your prognosis.

PROSTATE CANCER TREATMENT OPTIONS

Prostate cancer can be treated in many ways depending on the stage of cancer, the prognosis, and other factors. It is important to talk to your doctor to determine the treatment path that is best for you.

SURVEILLANCE

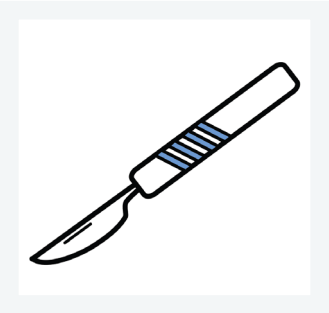


Active surveillance and observation are most commonly used for cancers that are small and slow-growing, not causing symptoms, and have not spread beyond the prostate. During the surveillance stage, no active cancer treatment is provided.

OBSERVATION: Observation, also known as "watchful waiting," is a type of follow-up that relies mainly on changes in a patient's symptoms to determine whether additional treatment is needed. This is more commonly used in patients with a life expectancy of less than 10 years or patients with other health conditions.

ACTIVE SURVEILLANCE: Active surveillance typically involves receiving a prostate-specific antigen (PSA) blood test twice a year and a digital rectal exam (DRE) once a year. Other tests may be done as well, including prostate biopsies and imaging tests. The frequency of tests will vary depending on individual situations and your doctor's recommendation.

SURGERY



A radical prostatectomy is the most common surgery to treat prostate cancer. This surgery removes the entire prostate in addition to some of the surrounding tissue and the seminal vesicles (which help produce semen). Depending on the patient, nearby lymph nodes may be removed as well. This surgery can be performed one of two ways:

OPEN PROSTATECTOMY: The surgeon will make a long cut to complete the surgery.

LAPAROSCOPIC PROSTATECTOMY: The surgeon makes several small cuts and uses thin tools to complete the surgery.

An orchiectomy is another type of surgery that is used to treat advanced prostate cancer. This surgery removes tissue from the testicles but typically leaves the scrotum (the skin pouch that holds the testicles) intact. Prostate cancer needs testosterone (a hormone produced by the testicles) to grow, so removing the testicles can be effective in stopping cancer growth.

RADIATION THERAPY

Radiation therapy is a method of treatment that uses rays of energy to destroy cancer cells. Radiation therapy can be used on its own or in addition to surgery or chemotherapy. If used after surgery or chemotherapy, the goal is to kill any remaining cancer cells. Radiation therapy can also be used as part of palliative treatment regimens to alleviate symptoms caused by terminal cancer.

EXTERNAL BEAM RADIATION THERAPY (EBRT): Radiation beams outside the body are aimed at the prostate or an area where the cancer has spread.

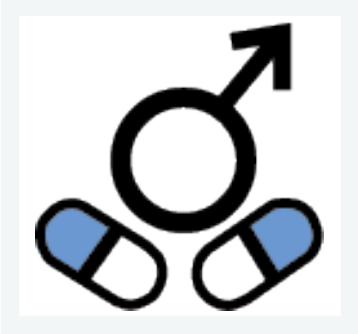
BRACHYTHERAPY: Brachytherapy, also called internal radiation therapy, is a type of treatment where small, radioactive pellets are placed into the prostate. The pellets are approximately the size of a grain of rice.

RADIOPHARMACEUTICALS: This type of radiation is delivered through drugs that are injected into your bloodstream. These radioactive drugs then circulate to reach cancer cells in all parts of the body.

CHEMOTHERAPY

Chemotherapy is a treatment that uses special drugs to destroy the cells in the body that are reproducing the fastest. Because cancer cells grow and divide much more rapidly than most other normal cells in the body, chemotherapy is often an effective way to kill cancer cells. Chemo drugs are usually given through a tube into your vein, known as an IV, but some forms of chemotherapy are given in pill form.

HORMONE THERAPY



This therapy is used to reduce the quantity of male hormones, also called androgens, in the body. These hormones (which include testosterone) contribute to cancer growth, so reducing hormone levels in the body can cause tumors to shrink or grow more slowly.

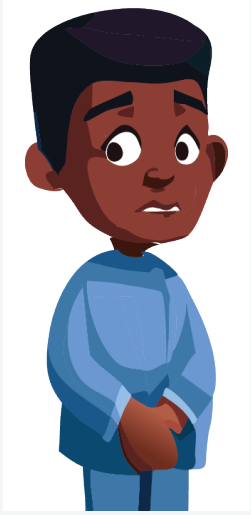
PROSTATE CANCER TREATMENT SIDE EFFECTS

Prostate cancer patients can experience side effects that develop because of the treatments received. If you are undergoing treatment and start experiencing a new side effect, it is important to let your doctor know right away. Your care team will be able to give you recommendations on how to manage your side effects. This may even include pausing or switching treatments in order to give your body a break.

Potential side effects of prostate cancer treatment fall into two categories: short- and long-term side effects. The side effects that you have may depend upon the treatment that you have received.

SHORT-TERM SIDE EFFECTS

URINARY INCONTINENCE: Urinary incontinence, meaning a loss of bladder control, can sometimes occur following a radical prostatectomy. It can range in severity from a minor leakage of urine when you laugh or sneeze, to not being able to make it to the bathroom in time. This can get better with time and strengthening exercises.



ERECTILE DYSFUNCTION: Erectile dysfunction – or the inability to maintain an erection – is another major side effect that can occur following a radical prostatectomy or after radiotherapy, but typically improves with time and can be treated with medication.

GASTROINTESTINAL DISTRESS: Vomiting, nausea, and diarrhea are common side effects during chemotherapy. Nausea is when your stomach feels like you might throw up. Certain factors such as being younger than age 50, having high levels of anxiety, having a history of motion sickness, being prone to vomiting, and having a history of not drinking alcohol can all increase your risk of experiencing these symptoms as a side effect of chemotherapy.

TIREDNESS: You may experience tiredness from the treatment you receive for prostate cancer, or you may feel tired from the cancer itself.

HAIR LOSS: This is a side effect of chemotherapy. Chemotherapy targets the cells in the body that are growing the fastest. Hair cells are some of the fastest-growing noncancerous cells in the body, so chemotherapy will often affect these cells, causing hair loss. Your hair will typically grow back after chemotherapy treatments are complete.

LOSS OF APPETITE: Cancer treatment or the cancer itself can impact your appetite. This is a short-term side effect; your appetite will return to normal eventually. Not consuming sufficient calories will contribute to increased feelings of tiredness.

CHEMO BRAIN: Chemotherapy and other treatments can negatively impact your memory, concentration, and your ability to learn new skills or problem solve. This is commonly referred to as “chemo brain.” These changes typically resolve once treatment ends, but in rare cases they can become long-term issues.

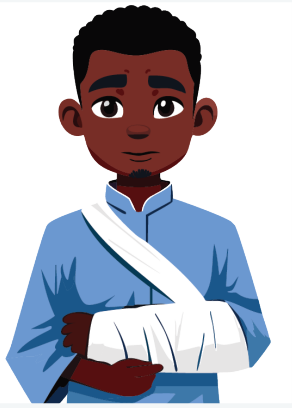
REDUCED IMMUNE FUNCTION: People receiving treatment for cancer often are at a higher risk of getting sick from infections. The cancer itself, as well as many treatment options, can weaken your immune system and make you more susceptible to infections. Your immune system should return to normal within a year of treatment ending.

MOUTH SORES: During chemotherapy treatment, you may notice little sores or scratches; swelling; white or yellow patches; or bleeding in your mouth, gums, or throat. They may cause discomfort when you eat and swallow, like a sore throat would. If you are experiencing this, it is important to talk to your doctor so your symptoms can be addressed.

LYMPHEDEMA: Lymphedema is a type of swelling that results from a buildup of fluid in the space between your skin and muscles. Lymphedema may occur when nearby lymph nodes are either removed surgically or impacted by receiving radiation to the area. For prostate cancer, the most common areas to be affected by lymphedema are the abdomen, genitals, or legs. If not managed properly, lymphedema can become a long-term condition.

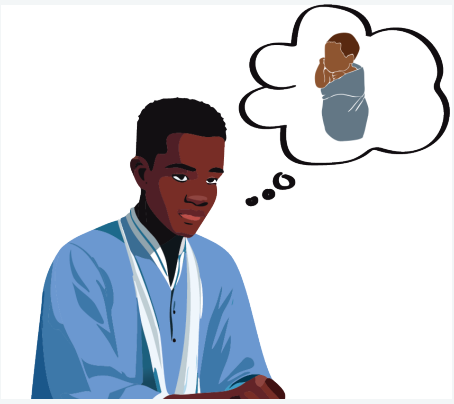
SKIN AND NAIL CHANGES: While you are receiving chemotherapy, your skin may become drier than normal, more susceptible to sunburns, more prone to rashes, and itchy. Your nails may become more brittle, darken, or develop ridges due to the type of treatment you receive. These changes should all subside after your chemotherapy treatment is finished.

LONG-TERM SIDE EFFECTS



LOSS OF BONE DENSITY: Prostate cancer treatment typically involves chemotherapy, radiation, or drugs that impact your hormone levels, which can lead to reductions in bone density. Loss of bone density is referred to by doctors as “osteoporosis.” Losing density in your bones means that your bones may be more susceptible to breaks and fractures. This is a long-term side effect.

LOSS OF FERTILITY: Cancer treatment can impact your ability to produce semen. If you wish to have children in the future, you should talk to your doctor before beginning treatment to determine what is right for you. Some cancer treatments only cause temporary infertility while other treatments may result in permanent infertility.



CHANGE IN PENIS LENGTH: If you have surgery, you may notice a small decrease in penis length.

SIDE EFFECTS MANAGEMENT

Before beginning treatment, it is important to talk to your doctor about what side effects you may experience. This will allow you to plan ahead and know what is considered normal, what to watch out for, and how to manage the side effects. Additionally, you may be able to take action to prevent or reduce the severity of some side effects. It is good to consider who you will ask for help (like family, friends, or co-workers) if the side effects start to interfere with your day-to-day life.

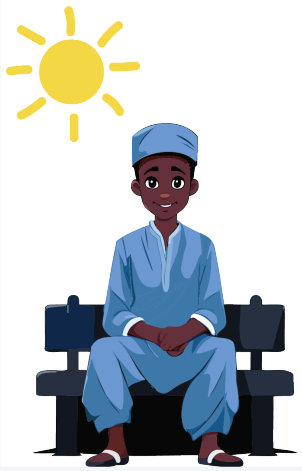
MANAGING TIREDNESS

Extreme tiredness, which your doctor may refer to as fatigue, is the most common symptom for cancer patients. Fatigue can affect you both physically and mentally, including your ability to be social and complete normal activities.

Behavioral strategies can help you cope and make the most of the energy that you have. Strategies that you can implement include:

PRIORITIZING PHYSICAL ACTIVITY: Engaging in physical activity is an effective way to prevent muscle loss and give yourself more physical energy. Exercise can be as simple as going for a walk every day or performing strengthening exercises. Talk to your doctor about how to safely exercise while undergoing treatment.

EMBRACING NATURAL LIGHT: Open window coverings to let natural light into your home and try to spend time outside every day. Spending time outside does not mean that you need to be active. You can just sit outside on a bench or relax under a tree to expose your body to natural light.



PLANNING YOUR DAYS: It might be helpful to record your symptoms and what helps your tiredness, what makes it worse, and if there are certain times of day when you feel the best. With this knowledge, you can plan your days and try and line up activities requiring stamina with your windows of energy. Focus on activities that are essential or that make you happy, and ensure that you also plan regular breaks to rest.

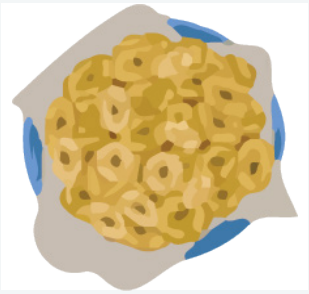
RECOGNIZING NEGATIVE THOUGHTS: When you are tired, your brain is more likely to engage in negative self-talk that can affect your mood and increase how tired you feel. Recognizing this is the first step to training your brain to avoid turning to this habit. Practicing meditation or other relaxation techniques may also help.

EATING WELL

Diet is important because the food you eat is responsible for providing your body with energy to fight your cancer. Eating well can also help fight tiredness. Focus on eating lots of vegetables, protein, and getting extra calories. Cancer treatments such as chemotherapy may alter your sense of taste and smell, which can impact your appetite. It is important to be aware of this so that you can continue eating well. If you are struggling with eating, try to incorporate the following:

TRYING NEW FOODS: Foods that you have never liked in the past may appeal to you while you are undergoing treatment.

PRIORITIZING PROTEIN: Getting enough protein in your body is important to stay strong. Good sources of protein include beans, eggs, meat, fish, and lentils.



EATING SNACKS: Eating throughout the day can help you take in more calories than eating only at mealtimes and can be helpful in controlling nausea. It is good to eat every few hours.

TIMING YOUR FLUIDS: Drinking while you eat a meal can make you feel too full to continue eating, so try and drink your fluids between meals instead.

Talk to your doctor if you are having trouble with your appetite. They can provide you with additional resources and advice specific to your situation.

PAIN MANAGEMENT

Pain is a common side effect of cancer that can be caused by the cancer itself or the treatment you are undergoing. The pain you experience may be dull, tingly, achy, or sharp. It can be a constant presence, or it may come and go. It may change in intensity as well. Some tools to help manage your pain are listed here:

KEEPING A JOURNAL: Journalling may help you see patterns in pain levels that can help you manage the symptoms. Keep track of how often you are in pain, how long the pain lasts, how intense the pain feels, and activities that are associated with feeling better or worse. Noting your pain on a scale of 0 to 10, with 0 being no pain and 10 being intense pain, can be a useful reference when you are talking to your doctor. Any patterns you observe can help you both create a plan to manage your pain.

TALKING TO YOUR DOCTOR: It is important to talk to your doctor if your pain level changes, or if you want to alter the amount of pain medicine you are taking. There are options available to treat pain that your healthcare provider can prescribe. Sometimes multiple medications are necessary to get the pain under control.

MOVEMENT: Various non-pharmaceutical therapies, like massage, can also be used to help manage pain. Physical therapy exercises can also be used for pain that goes away with increased muscle strength.

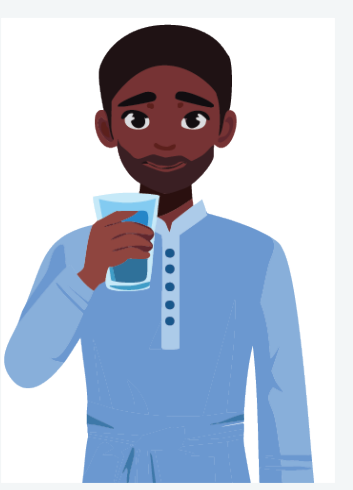
COPING TOOLS: Having a plan for when a pain episode occurs can help you manage the mental aspects of cancer pain. Practicing mindful breathing, avoiding negative self-talk, and finding distractions can make the pain more bearable.

CONTROLLING NAUSEA & VOMITING

Many cancer treatments can cause nausea and/or vomiting. It is important to talk to your healthcare provider if you are experiencing nausea or vomiting because they can help find a medicine to control your symptoms. Many patients are prescribed an anti-nausea medication to take daily.

Similar to other side effects, tracking when your nausea and/or vomiting are worse can help you and your care team determine the best course of treatment. Pay attention to what foods or types of food (for example, sugary, greasy, fried, or spicy) impact your nausea.

STAYING HYDRATED



If you experience severe nausea or vomiting, it will impact your ability to stay hydrated. Dehydration is a state in which your body does not have enough fluids, which may lead to headaches and tiredness. To avoid dehydration, make sure to drink water or other clear liquids throughout the day. Talk to your healthcare team if nausea or vomiting are making it hard to consume enough water. If ice is available, you may find that eating ice chips or sucking on an ice cube is a good way to get water into your system without aggravating nausea.

PREPARING FOR HAIR LOSS

Losing your hair is a common side effect of chemotherapy. Before you start chemotherapy, it is recommended that you talk to your doctor or nurse so you can prepare for the possibility of losing your hair.

Some people prefer to shave their head before the hair loss begins, so they feel more in control of the process. Once hair loss begins, some people decide to get a wig, others choose to wear hats, and some do neither. Remember that if you had hair before treatment, your scalp will not be used to sunlight, so it is important to protect your scalp from the sun using hats or sunscreen.

REDUCED IMMUNE FUNCTION

In addition to killing cancer cells, many cancer treatments also kill healthy cells, including those that fight off infections. This makes you more vulnerable to other illnesses, like colds, the flu, or COVID-19. Try and boost your immune system in other ways while you are receiving cancer treatment by eating well, exercising, and lowering your stress levels. Other ways to protect yourself from getting sick include washing your hands frequently, wearing a mask when you are in a crowded area, and avoiding people who are coughing or sneezing.

REMISSION & MONITORING

"**Remission**" is a term that means the cancerous cells in your body have greatly decreased in number or disappeared entirely. For prostate cancer, which is a type of solid tumor, oncologists typically refer to the patient's "**response**" to the treatment rather than using the term "remission."

> **COMPLETE RESPONSE**: No evidence of disease remains; all detectable cancer is gone.
>
> **PARTIAL RESPONSE**: The size of the primary tumor has shrunk by at least 30%.

A complete response may continue for months, years, or the rest of your life, but because you have had cancer in the past, there is a chance that the cancer will come back even though you have finished treatment. This may happen if there are any cancerous cells that survive your original treatment, or if another normal cell becomes cancerous over time. Because of this, it is important to ask your oncologist how often you should visit for follow-up appointments once your treatment ends.

At your follow-up visits, the doctor may screen you for prostate cancer recurrence. A screening is when someone gets checked for signs of a disease before symptoms are present.

Screenings cannot prevent cancer. The goal of screening is to detect cancer recurrence before you experience symptoms, while the cancer is still easier to treat. Screening options for prostate cancer include:

PROSTATE-SPECIFIC ANTIGEN (PSA) BLOOD TEST

PSA is produced by cells in the prostate and can be measured in blood or semen. Increased PSA levels can indicate that prostate cancer is present, so doctors will test your blood PSA levels to determine whether additional tests to look for cancer are needed.

DIGITAL RECTAL EXAM (DRE)

To perform this test, the doctor will insert a gloved finger into the rectum to check for any bumps or hard areas on your prostate. This can be uncomfortable, but typically is not painful and does not take long to complete.

BIOPSY

If your PSA level is high or the doctor notices anything abnormal in the DRE, a biopsy may be recommended. A biopsy is when a small piece of tissue is removed using a needle and looked at under a microscope. This test can confirm whether your cancer has returned.

Regular prostate cancer screenings allow your doctor to confirm that you are still having a positive response to your treatment, but they can bring up difficult memories of your initial diagnosis and treatment. If this is the case, it may be helpful for you to talk with your family, friends, or other prostate cancer survivors about what you are experiencing.

RISK FACTORS FOR PROSTATE CANCER RECURRENCE

As with an initial prostate cancer diagnosis, doctors cannot say why some patients see their cancer return, while others do not. Some risk factors for cancer recurrence include:

TUMOR SIZE: If you had a large primary tumor, you are at increased risk of cancer recurrence.

LYMPH NODE INVOLVEMENT: If your original cancer spread to your lymph nodes, you have a higher risk of the cancer returning.

ORIGINAL TREATMENT: If you did not finish your entire treatment, you are at a higher risk for the cancer returning.

ORIGINAL CANCER TYPE: If your cancer was initially diagnosed at a higher stage and characterized as being more aggressive (with a higher Gleason score), it is more likely to recur.

PSA LEVELS: If your PSA levels at diagnosis were high or remained elevated after you completed your treatment, you have an increased risk of the cancer returning.

OBESITY: Having a high percentage of body fat is a risk factor for prostate cancer recurrence. Other conditions associated with obesity, such as high blood sugar, high blood pressure, and high cholesterol levels are also linked to increased risk of prostate cancer recurrence.

SIGNS & SYMPTOMS OF PROSTATE CANCER RECURRENCE

Symptoms of prostate cancer recurrence can vary based on the initial treatment you received, and whether the cancer has spread. Recurrences are classified as "**local,**" which means the cancer has returned to your prostate, or "**distant,**" which means the cancer has spread to other parts of the body (metastatic). Prostate cancer typically does not cause noticeable symptoms until it is more advanced. Symptoms can include:

- Swelling (edema) in the legs or feet
- Bloody urine
- Unexplained, worsening tiredness
- Bone pain
- Unexplained back pain
- Steady rise in PSA levels

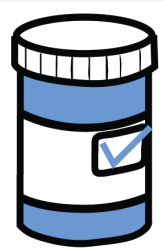
If you are experiencing any of these symptoms, it is a good idea to check in with your doctor.

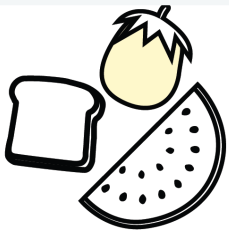
PREVENTING PROSTATE CANCER RECURRENCE

There is no way to completely prevent prostate cancer from returning, but some risk factors for recurrence can be influenced by treatment options and lifestyle changes.

Below are some options to consider with your doctor:

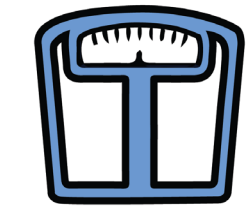
FINISH YOUR TREATMENT: Even though you may believe that your treatment has already been effective, or are tired of the side effects that you are experiencing, it is important to complete the full treatment planned by your doctor. Stopping treatment early greatly increases the risk that your cancer will return.





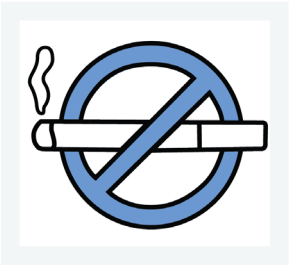
DIET: Eating a mostly plant-based diet and reducing consumption of butter and red meat may lessen your risk of prostate cancer recurrence.

MAINTAIN A HEALTHY WEIGHT: Using tools such as diet and exercise to keep your weight in the range that is right for your body can reduce your risk of prostate cancer recurrence.



EXERCISE REGULARLY: Exercising for at least 30 minutes a day, five days a week can reduce your risk for all cancers, not just prostate cancer recurrence.

REDUCE ALCOHOL CONSUMPTION: Lowering the amount of alcohol you drink may reduce your risk of prostate cancer recurrence.



QUIT SMOKING: Smoking and other forms of tobacco use can increase the risk of prostate cancer. It is recommended to stop smoking to reduce your risk.

QUESTIONS TO ASK YOUR DOCTOR

- What kind of prostate cancer do I have?
- Can you explain what my cancer stage and Gleason score means?
- What does this diagnosis mean for my treatment options?
- What are the side effects of this treatment option?
- Will I still be able to have children in the future?
- What do I need to do next?
- How quickly do I need to decide about my course of treatment?
- If your brother had the same diagnosis as me, what would you recommend to him?
- What resources (websites, books) do you recommend for me to learn more about my diagnosis?
- What are good resources for me to use if I start to feel depressed or anxious during the course of my treatment?
- Should my brothers get screened for prostate cancer?
- At what age should my son start being screened for prostate cancer?
- How often should I have follow-up appointments when my treatment is finished?

If you ask a question but do not understand the answer, ask for clarification. Doctors and nurses are used to speaking to other health professionals, which means they may not always use plain language.

It might be helpful to bring something to take notes on during your appointment. You will have a lot of information presented to you, and taking notes can help you review what the doctor told you later. You can use this same notebook to write down questions you have for the doctor between appointments.

MY DIAGNOSIS

Official diagnosis: _____

What is the stage of my cancer?

Stage 1	Stage 2	Stage 3	Stage 4

What is the Gleason Score or Grade Group of my cancer?

Gleason Score **≤ 6**	Gleason Score **7**	Gleason Score **8 - 10**
Grade Group **1**	Grade Group **2 - 3**	Grade Group **4 - 5**

What is my expected treatment plan?

Surveillance

- ☐ No
- ☐ Yes
  - ☐ Observation
  - ☐ Active surveillance

Surgery

- ☐ No
- ☐ Yes, my surgery will take place on _____ at _____.
  - ☐ Open prostatectomy
  - ☐ Laparoscopic prostatectomy

Radiation Therapy

- ☐ No
- ☐ Yes, my radiation therapy will start on _____ at _____.
  - ☐ External beam radiation therapy (EBRT) -- I will receive radiation_____ days per week for _____ weeks.
  - ☐ Brachytherapy
  - ☐ Radiopharmaceuticals

What is my initial treatment plan?

Chemotherapy

- ☐ No
- ☐ Yes, my chemotherapy will start on _____ at _____. I will have _____ cycles of chemotherapy.

Drugs that will be required for each chemotherapy cycle:

_____mg of _____
_____mg of _____
_____mg of _____
_____mg of _____
_____mg of _____

Hormone Therapy

- ☐ No
- ☐ Yes

What potential side effects should I be aware of?

This is not an all-inclusive list, and just because your doctor has checked a box does not mean you will experience the side effect. This is just a way to keep track of what to be aware of as you start treatment.

Short Term Side Effects:

- ☐ Chemo brain
- ☐ Reduced immune function
- ☐ Mouth sores
- ☐ Lymphedema
- ☐ Urinary incontinence
- ☐ Erectile dysfunction
- ☐ Tiredness
- ☐ Hair loss
- ☐ Loss of appetite

Long Term Side Effects:

- ☐ Loss of bone density
- ☐ Loss of fertility
- ☐ Change in penis length

PATIENT APPOINTMENT TRACKER

DATE	DOCTOR	NOTES	FOLLOW UP SCHEDULE

DATE	DOCTOR	NOTES	FOLLOW UP SCHEDULE

NOTES

DON'T FEAR GOING TO THE HOSPITAL, WE ARE HERE TO HELP YOU!

If you have any questions, please contact:

Developed by:

With thanks to Simon Hughes, BSc, MBBS, FRCP, FRCR, MD(Res), FHEA, MAcadMEd (Director of Guy's Cancer Academy) for medical review