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EASY READING

If You Have Prostate Cancer

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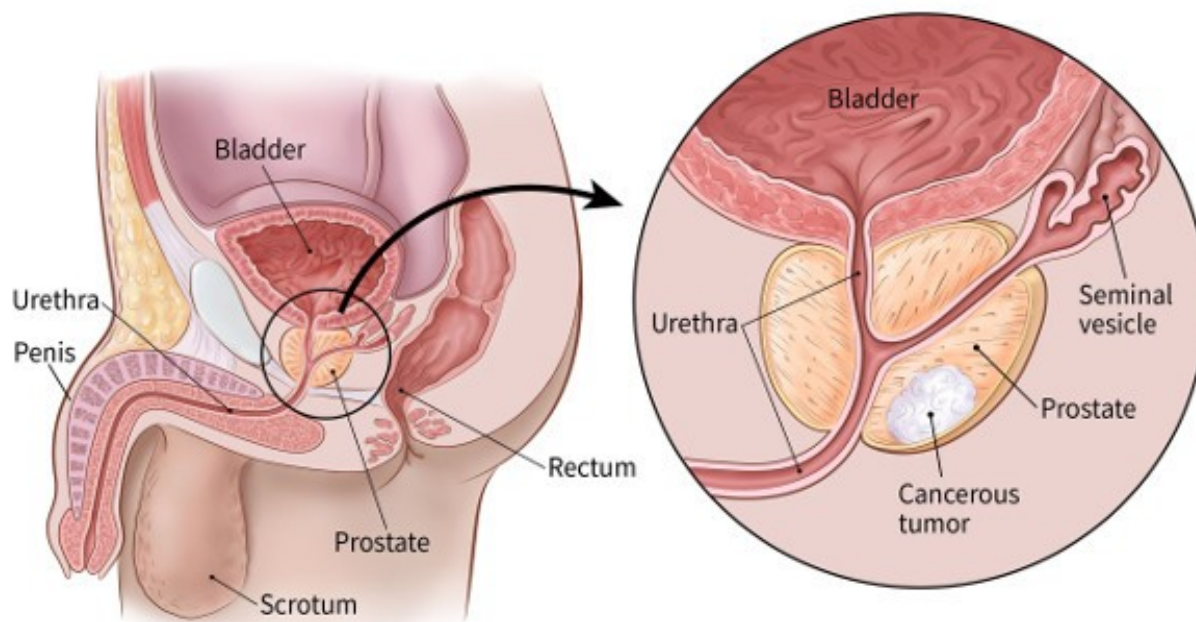
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What is prostate cancer?

Cancer can start any place in the body. Prostate cancer starts in the prostate gland. It starts when cells in the prostate grow out of control.

Cancer cells can spread to other parts of the body. Cancer cells in the prostate can sometimes travel to the bones or other organs and grow there. When cancer cells do this, it's called metastasis. To doctors, the cancer cells in the new place look just like the ones from the prostate.

Cancer is always named for the place where it starts. So when prostate cancer spreads to the bones (or any other place), it's still called prostate cancer. It's not called bone cancer unless it starts from cells in the bone.



Ask your doctor to use this picture to show you where your cancer is.

The prostate

The prostate is a gland found only in men, so only men can get prostate cancer.

The prostate is just below the bladder (the hollow organ where urine is stored) and in front of the rectum (the last part of the intestines). The tube that carries pee (urine) goes through the prostate. (It's called the urethra.) The prostate makes some of the fluid that helps keep the sperm alive and healthy.

There are a few [types of prostate cancer](#)¹. Some are very rare. Most prostate cancers are a type called adenocarcinoma. This cancer starts from gland cells. Your doctor can tell you more about the type you have.

Questions to ask the doctor

- Why do you think I have cancer?
- Is there a chance I don't have cancer?
- Would you please write down the kind of cancer you think I might have?
- What will happen next?

How does the doctor know I have prostate cancer?

Prostate cancer tends to grow slowly over many years. Most men with early prostate cancer don't have changes that they notice. Signs of prostate cancer most often show up later, as the cancer grows.

Some signs of prostate cancer are trouble peeing, blood in the pee (urine), trouble getting an erection, and pain in the back, hips, ribs, or other bones.

If signs are pointing to prostate cancer, tests will be done. Most men will not need all of them, but here are some of the [tests you may need](#)²:

PSA blood test: PSA is a protein that's made by the prostate gland and can be found in the blood. Prostate cancer can make PSA levels go up. Blood tests will be done to see what your PSA level is and how it changes over time.

Transrectal ultrasound (TRUS): For this test, a small wand is put into your rectum. It gives off sound waves and picks up the echoes as they bounce off the prostate gland. The echoes are made into a picture on a computer screen.

MRI: This test uses radio waves and strong magnets to make detailed pictures of the body. MRI scans can be used to look at the prostate and can show if the cancer has spread outside the prostate to nearby organs.

Prostate biopsy: For a prostate biopsy, the doctor uses a long, hollow needle to take out small pieces of the prostate where the cancer might be. This is often done while using TRUS or MRI (or a fusion of the two) to look at the prostate. The prostate pieces are then checked for cancer cells. Ask the doctor what kind of biopsy you need and how it's done.

Lymph node biopsy: Lymph nodes are small bean-shaped parts of the immune system. A lymph node biopsy may be done if the doctor thinks the cancer might have spread from the prostate to nearby lymph nodes.

CT scan: This is sometimes called a "CAT scan." It uses x-rays to make detailed pictures of the body. A CT scan can show whether the cancer has spread outside the prostate.

Bone scan: This test may be done to see if the cancer has spread to your bones. To do it, a small amount of a low-level radioactive substance is put into your blood. It settles in damaged areas of bone all over the body. A special camera finds the radioactivity and makes a picture of your bones.

Questions to ask the doctor

- What tests will I need?
- Who will do these tests?
- Where will they be done?
- Who can explain them to me?
- How and when will I get the results?
- Who will explain the results to me?
- What do I need to do next?

How serious is my cancer?

If you have prostate cancer, the doctor will want to find out how far it has spread. This is called the [stage](#)³ of the cancer. You may have heard other people say that their cancer was “stage 1” or “stage 2.” Your doctor will want to find out the stage of your cancer to help decide what types of treatment might be best for you.

The stage is based on the growth or spread of the cancer through the prostate, and if it has spread to other parts of your body. It also includes your blood PSA level and the grade of the cancer. The prostate cancer cells are given a **grade**, based on how they look under a microscope. Those that look very different from normal cells are given a higher grade and are likely to grow faster. The grade of your cancer might be given as a **Gleason score** (ranging from 6 to 10) or a **Grade Group** (ranging from 1 to 5). Ask your doctor to explain the grade of your cancer. The grade also can help decide which treatments might be best for you.

Your cancer can be stage 1, 2, 3, or 4. The lower the number, the less the cancer has spread. A higher number, like stage 4, means a more serious cancer that has spread outside the prostate.

If your cancer hasn't spread to other parts of the body, it might also be given a **risk group**. The risk group is based on the extent of the cancer in the prostate, your PSA level, and the results of the prostate biopsy. The risk group can help tell if other tests should be done, and what the best treatment options might be.

Be sure to ask the doctor about your cancer's stage, grade, and risk group, and what they mean for you.

Questions to ask the doctor

- Do you know the stage and risk group of the cancer?
- If not, how and when will you find out?
- Would you explain to me what the stage and risk group mean in my case?
- What will happen next?

What kind of treatment will I need?

There are many [ways to treat prostate cancer](#)⁴. The main kinds of treatment are observation, active surveillance, surgery, radiation, hormone therapy, and chemo. Sometimes more than one kind of treatment is used.

The treatment that's best for you will depend on:

- Your age
- Any other health problems you might have
- The stage and grade of the cancer
- Your feelings (and your doctor's) about the need to treat the cancer
- The chance that treatment will cure the cancer or help in some way
- Your feelings about the side effects that might come with treatment

Observation

Because prostate cancer often grows very slowly, some men, especially those who are older and with other health problems, may never need treatment at all. The doctor may plan to keep track of the cancer without treating it. This is called observation. It might be done if the cancer is small, is not causing any problems, and seems to be growing very slowly.

Active surveillance

Some younger men who are healthy and have small slow-growing cancer may consider active surveillance. This is watching the cancer more closely and then treating it if symptoms start.

Surgery for prostate cancer

There are many types of surgery for prostate cancer. Some are done to try to cure the

cancer; others are done to control the cancer or make symptoms better. Talk to the doctor about the kind of surgery planned and what you can expect.

Side effects of surgery

Any type of surgery can have risks and side effects. Be sure to ask the doctor what you can expect. If you have problems, let your doctors know so they can help you.

Radiation treatment

Radiation uses high-energy rays (like x-rays) to kill cancer cells. There are different ways to use radiation to treat prostate cancer. It can be aimed at the prostate gland from a machine outside the body. Or in some cases, small radioactive pellets, or seeds, each about the size of a grain of rice, can be put right into your prostate.

Side effects of radiation treatments

If your doctor suggests radiation treatment, talk about what side effects might happen. Side effects depend on the type of radiation that's used. The most common side effects of radiation to the prostate are diarrhea, leaking stool, or blood in the stool; having to pee (pass urine) a lot, leaking urine, burning when you pee, or blood in your urine; erection problems; feeling very tired (fatigue); and fluid build-up in your legs.

Most side effects get better after radiation ends. Some might last longer. Talk to your doctor about what you can expect.

Hormone treatment

This treatment reduces your levels of male hormones, called androgens, or stops them from working. This often makes prostate cancers shrink or grow more slowly. But hormone therapy does not cure prostate cancer. If you're going to get hormone treatment, ask your doctor what you can expect it to do.

Side effects of hormone treatment

Changing your hormone levels can cause side effects like less desire for sex, trouble getting an erection, hot flashes, bone thinning, and weight gain. Talk to your doctor about what you can expect from your hormone treatment.

Chemo

Chemo is the use of drugs to fight cancer. The drugs may be given into a vein or taken as pills. These drugs go into the blood and spread through the body. Chemo is given in cycles or rounds. Each round of treatment is followed by a break.

Chemo may be used if the cancer has spread outside the prostate gland. It's not used for early prostate cancer.

Side effects of chemo

Chemo can make you feel very tired, sick to your stomach, and cause your hair to fall out. But these problems go away after chemo treatment ends.

There are ways to treat most chemo side effects. If you have side effects, talk to your doctor so they can help.

Drugs to treat cancer spread to bone

If prostate cancer spreads to other parts of the body, it almost always goes to the bones first. These areas of cancer spread can cause pain and weak bones that might break. Medicines that can help strengthen the bones and lower the chance of fracture are bisphosphonates and denosumab. Sometimes, radiation, radiopharmaceuticals, or pain medicines are given for pain control.

Side effects of bone medicines

A serious side effect of bisphosphonates and denosumab is damage to the jaw, also called osteonecrosis of the jaw (ONJ). Most people will need to get approval from their dentist before starting one of these drugs.

Clinical trials

Clinical trials are research studies that test new drugs or other treatments in people. They commonly compare standard treatments with others that may be better.

If you would like to learn more about clinical trials that might be right for you, start by asking your doctor if your clinic or hospital conducts clinical trials. See [Clinical Trials⁵](#) to learn more.

Clinical trials are one way to get the newest cancer treatment. They are the best way for doctors to find better ways to treat cancer. If your doctor can find one that's studying the kind of cancer you have, it's up to you whether to take part. And if you do sign up for a

clinical trial, you can always stop at any time.

What about other treatments I hear about?

When you have cancer you might hear about other ways to treat the cancer or treat your symptoms. These may not always be standard medical treatments. These treatments may be vitamins, herbs, special diets, and other things. You may wonder about these treatments.

Some of these are known to help, but many have not been tested. Some have been shown not to help. A few have even been found to be harmful. Talk to your doctor about anything you're thinking about using, whether it's a vitamin, a diet, or anything else.

Questions to ask the doctor

- What treatment do you think is best for me?
- What's the goal of this treatment? Do you think it could cure the cancer?
- Will treatment include surgery? If so, who will do the surgery?
- What will the surgery be like?
- Will I need other types of treatment, too?
- What's the goal of these treatments?
- What side effects could I have from these treatments?
- What can I do about side effects that I might have?
- Is there a clinical trial that might be right for me?
- What about special vitamins or diets that friends tell me about? How will I know if they are safe?
- How soon do I need to start treatment?
- What should I do to be ready for treatment?
- Is there anything I can do to help the treatment work better?
- What's the next step?

What will happen after treatment?

You'll be glad when treatment is over. But it's hard not to worry about cancer coming back. When cancer comes back it is called a [recurrence](#)⁶. Even when cancer never comes back, people still worry about it. For years after treatment ends, you will see your cancer doctor. At first, your visits may be every few months. Then, the longer you're cancer-free, the less often the visits are needed.

Be sure to go to all follow-up visits. Your doctors will ask about your symptoms, examine you, and might order blood tests and maybe other tests to see if the cancer has come back.

Having cancer and dealing with treatment can be hard, but it can also be a time to look at your life in new ways. You might be thinking about how to improve your health. Call us at **1-800-227-2345** or talk to your doctor to find out what you can do to feel better.

You can't change the fact that you have cancer. What you can change is how you live the rest of your life, making [healthy choices](#)⁷ and feeling as good as you can.

Hyperlinks

1. www.cancer.org/cancer/prostate-cancer/about/what-is-prostate-cancer.html
2. www.cancer.org/cancer/prostate-cancer/detection-diagnosis-staging/how-diagnosed.html
3. www.cancer.org/cancer/prostate-cancer/detection-diagnosis-staging/staging.html
4. www.cancer.org/cancer/prostate-cancer/treating.html
5. www.cancer.org/treatment/treatments-and-side-effects/clinical-trials.html
6. www.cancer.org/treatment/survivorship-during-and-after-treatment/understanding-recurrence.html
7. www.cancer.org/treatment/survivorship-during-and-after-treatment/be-healthy-after-treatment.html
8. <http://www.cancer.org>

Words to know

Biopsy (BY-op-see): Taking out a small piece of the prostate to see if there are cancer cells in it.

BPH: Growth of the prostate that is not cancer.

Lymph nodes (limf): Small bean-shaped parts of the immune system. Prostate cancer sometimes spreads to the lymph nodes.

Metastasis (muh-TAS-tuh-sis): The spread of cancer cells from where they started to other places in the body. Prostate cancer often spreads (metastasizes) to the bones first, but it can also spread to other organs.

Prostate gland: A gland found only in men that helps make some of the fluid in semen. It's just below the bladder and in front of the rectum.

Prostatectomy (PRAHS-tuh-**TEK**-tuh-mee): Surgery to take out the prostate gland.

PSA: A type of protein made by the prostate gland. Prostate cancer can cause the amount of PSA in the blood to go up.

Rectal exam: An exam in which the doctor puts a gloved finger into the rectum to feel for any bumps on the prostate that might be cancer. Also called a digital rectal exam, or DRE.

Urologist (yur-OL-uh-jist): A doctor who treats problems of the urinary tract and genital area in men.

How Can I Learn More?

We have a lot more information for you. You can find it online at www.cancer.org (<http://www.cancer.org>)⁸. Or, you can call our toll-free number at 1-800-227-2345 to talk to one of our cancer information specialists.

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