



What to expect during each stage of treatment and beyond

Prostate cancer support

For information about prostate cancer or where to go for support call 1800 22 00 99 or visit Prostate Cancer Foundation of Australia www.prostate.org.au

Also, qualified cancer nurses at the Cancer Council can answer your questions about the effects of cancer, explain what will happen during treatment and link you to support groups and other

community resources. Call the Cancer Council on **13 11 20**.

If you need an interpreter, call TIS (the Translating and Interpreting Service) on 13 14 50. For support and advice for carers, call the Carers Association on 1800 242 636.

Other resources include:

Continence Foundation of Australia www.continence.org.au

1. Initial investigations and referral

If you have a family history of prostate cancer, your GP should discuss the option for annual PSA testing. If you do not have a family history of prostate cancer, you may still wish to consider tests for early detection after discussing the risks and benefits with your GP.

Your general practitioner (GP) will assess your symptoms, conduct a physical examination and arrange blood tests if needed. Your GP should also discuss your needs (including physical, psychological, social and information needs) and recommend sources of reliable information and support.

It can be helpful to bring a family member or friend with you to your appointments.

If prostate cancer is suspected, you will be referred to a specialist (likely to be a urologist) for further testing. Your GP will provide the specialist with information about your medical history, whether there is a history of cancer in your family, and your test results.

Tests you may have:

Prostate specific antigen (PSA) testing

The PSA blood test looks for the presence in the blood of a protein that is produced specifically by prostate cells.

Measurement of PSA free to total ratio: Most PSA in the blood is attached to proteins but some is free (unattached). Measuring the proportion of free PSA in the blood can assist in identifying the likely causes of an elevated PSA.

2. Diagnosis and staging

The specialist should discuss your test results and options for further testing. This is to find out whether cancer is present, and if it is, its stage of development and if it is confined to the prostate.

Your specialist should also explain the risks and benefits of having a prostate biopsy and give you time to decide if you want to undergo further testing.

It can be helpful to contact prostate cancer peer support groups, carer support groups, and special interest groups.

Further tests you may have:

Biopsy

Small samples are removed from your prostate gland to be examined under a microscope.

Computed tomography (CT) or bone scan

Computer technology and x-rays are used to create cross-section views of the body.

MRI scan

Magnetic fields and radio waves are used to take pictures of inside the body.

Digital Rectal Examination (DRE)

The doctor inserts a gloved finger in the anus and examines the surface of the prostate, looking for irregularities.

3. Treatment

To ensure you receive the best care, your specialist will arrange for a team of health professionals to plan your treatment based on your preferences and needs. The team will be made up of health professionals who have experience managing and supporting a person with prostate cancer. Your specialist will tell you when the team will be discussing your case. Your team should discuss the different treatment options with you including the likely outcomes, expected timeframes, possible side effects, and the risks and benefits. Your doctor may also suggest you consider taking part in a clinical trial.

Let your team know about any complementary therapies you are using or thinking about trying. Some therapies may not be appropriate, depending on your medical treatment. You might want to ask for more time before deciding on your treatment, and you should be offered an opportunity for a second opinion by a radiation

oncologist and a urologist in order to have a balanced view about the treatment options. There are a number of ways to treat prostate cancer. In some cases, more than one type of treatment could be used to get the best outcome.

Treatment options for early prostate cancer:

Active Surveillance

No treatment is given or treatment is postponed but the cancer is closely monitored.

Watchful waiting

Less strict monitoring than active surveillance. Often suitable for older patients or patients who have other health issues.

3. Treatment cont'd

Surgery (prostatectomy)

Surgery to remove the prostate may benefit those with early prostate cancer. It is important that this surgery is performed by a surgeon who is very experienced in performing prostatectomies and performs several operations every year.

Radiation therapy (also called radiotherapy) can be given with or without surgery and may be external or internal (brachytherapy). Brachytherapy involves delivering the radiation using an implant placed into your body through or near the tumour.

Your doctor should discuss your needs with you during and after

treatment (including physical, psychological, social and information needs) and may refer you to another service or health professional for different aspects of your care.

Treatment options for advanced prostate cancer (i.e. affecting other organs or bone):

Androgen deprivation therapy (ADT) is an injection and/or tablet based hormone treatment. Your specialist will discuss possible side effects.

Chemotherapy and other drug therapy may be given in conjunction with ADT.

For more information about treatment and treatment side effects ask your doctor or **visit** www.cancer.org.au/about-cancer/treatment

4. After treatment

After treatment is completed, your doctor should provide you with a treatment summary which details the care you received, including:

- diagnostic tests performed and their results
- types of treatment used and when they were performed
- treatment plans from other health professionals
- support services provided to you.

To monitor your health, and make sure the cancer has not returned, you will need regular check-ups. You and your GP should receive a follow-up care plan that tells you about:

- the type of follow-up that is best for you
- care plans for managing any side effects of treatment, should they occur

- how to get specialist medical help quickly if required.

Your doctor should:

- discuss your needs with you and refer you to appropriate health professionals and/or community organisations, if support is required
- provide information on the signs and symptoms to look out for that might mean a return of the cancer
- provide information on prevention and healthy living.

Treatment for prostate cancer sometimes damages nerves and muscles near the prostate and the bowel.

This can lead to side effects such as incontinence, erectile dysfunction, infertility and loss of interest in sex. Fortunately, there are many ways to reduce or manage these, and most men are able to continue to lead active lives after their treatment.

5. If cancer returns

Sometimes prostate cancer can come back after treatment.

This is why it is important that you have regular check-ups. Usually this will be detected at your routine follow-up appointments or if you notice symptoms are coming back.

6. Living with cancer

Side effects: Some people experience side effects (for example tiredness) that continue beyond the end of treatment. Side effects sometimes might not begin until months after treatment has finished.

For more information about side effects ask your doctor or **visit** www.cancervic.org.au/about-cancer/survivors/long-term-side-effects

Advance care plan: Your doctor may discuss with you the option

of developing an advance care plan. An advance care plan is a formal way of setting out your wishes for future medical care. For more information about advance care planning ask your doctor or **visit** www.advancecareplanning.org.au

Palliative care: This type of treatment could be used at different stages to help you with pain relief, to reduce symptoms or to help improve your quality of life. For more information about palliative care ask your doctor or **visit** www.palliativecare.org.au

7. Questions of cost

There can be cost implications at each stage of the cancer care pathway, including costs of treatment, accommodation and travel. There can be substantial out-of-pocket costs if you are having treatment in a private health service, even if you have private health insurance. You can discuss these costs with your doctor and/or private health insurer for each type of treatment you may have. If you are experiencing financial difficulties due to your cancer treatment you

can contact the social worker at your local hospital.

For more information about cost of treatment ask your doctor or **visit** www.canceraustralia.gov.au/affected-cancer/living-cancer/dealing-practical-aspects-cancer/costs-treatment

For more information about accommodation and travel costs ask your doctor or **visit** www.cancer council.com.au/get-support/practical-support-services/

