

PROSTATE HEALTH

Prostate Health **PLAYBOOK**



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American
Urological
Association



About the Urology Care Foundation

The Urology Care Foundation is committed to advancing care through medical research, patient resources and global aid. We work with researchers, health care providers, patients and caregivers to improve patients' lives. The Urology Care Foundation is powered by the trusted experts of the American Urological Association (AUA).

Knowledge is power. By reading this Playbook, you've started your game plan for prostate health and well-being. Certain men may be more likely to develop an enlarged prostate or prostate cancer. For instance, African American men and men with a family member who had prostate cancer have a greater chance of having prostate cancer.

Don't sit on the sidelines. Know your risks and talk to your health care provider to see if you should get tested for prostate cancer.

Know Your Risk. Talk to Your Doctor.

Table of Contents

Pregame Preparation	Pg. 4
What is Prostatitis?	Pg. 7
Score Your Prostate Symptoms	Pg. 8
What is an Enlarged Prostate or BPH?	Pg. 9
What is Prostate Cancer?	Pg. 11
What is Prostate Cancer Screening?	Pg. 12
Is Prostate Cancer Screening Right for You?	Pg. 15
What are Grading and Staging?	Pg. 16
What is the Game Plan for Prostate Cancer that Hasn't Spread?	Pg. 18
Game Plan After Treatment – Incontinence	Pg. 20
Game Plan After Treatment – Sexual Health	Pg. 22
What is Advanced Prostate Cancer?	Pg. 24
The Prostate Health Playbook Glossary	Pg. 26

Pregame Preparation: What You Should Know About Your Prostate.

Prostate health — much like success in football — depends on key members of your team. In prostate health, the *urologist** is the head coach leading your health care team.

Any football fan or player knows the best offense is a good defense. Learning about your risk for prostate cancer is like learning about your opponent. The more you know, the better you can pick the best plays to stay in the game – for life.

Start by knowing your body. A *prostate* is a walnut-shaped gland and is part of the male reproductive system. The prostate sits under the *bladder*, in front of the *rectum*. It surrounds the urethra (the tube that carries urine and *semen* out of the body). The prostate's main job is to help make fluid for semen to protect and energize *sperm*.

As you age, your prostate can become larger. It's a normal part of aging for most men. By the time you reach age 40, your prostate may have gone from the size of a walnut to the size of a golf ball. By the time you reach 60, it might be the size of a lemon. How quickly your prostate grows depends on things that are specific to you, like your age and your genes.

The most common prostate health related problems are non-cancerous. They are an enlarged prostate (*benign prostatic hyperplasia – BPH*) or an infection or inflammation of the prostate (*prostatitis*). Men with urinary problems should also talk to a health care provider about their prostate health, as they could be a symptom of one of these conditions.

Health care providers use two tests to check the health of the prostate. They are the *digital rectal exam (DRE)* and a blood test called *prostate-specific antigen (PSA)*.

A DRE is when your provider feels your prostate for anything abnormal, while the PSA is a blood test. (See Page 12 for more about these tests.)

* All words that appear in italics are explained in the Glossary.

IN PROSTATE HEALTH, THE *UROLOGIST* IS THE HEAD COACH LEADING YOUR HEALTH CARE TEAM.



MANY MEN GET PROSTATITIS-LIKE SYMPTOMS.



What is Prostatitis?

While prostatitis may put you on the sidelines, it is not life-threatening. Prostatitis is an infection or inflammation of the prostate. Treatments are available once you are diagnosed.

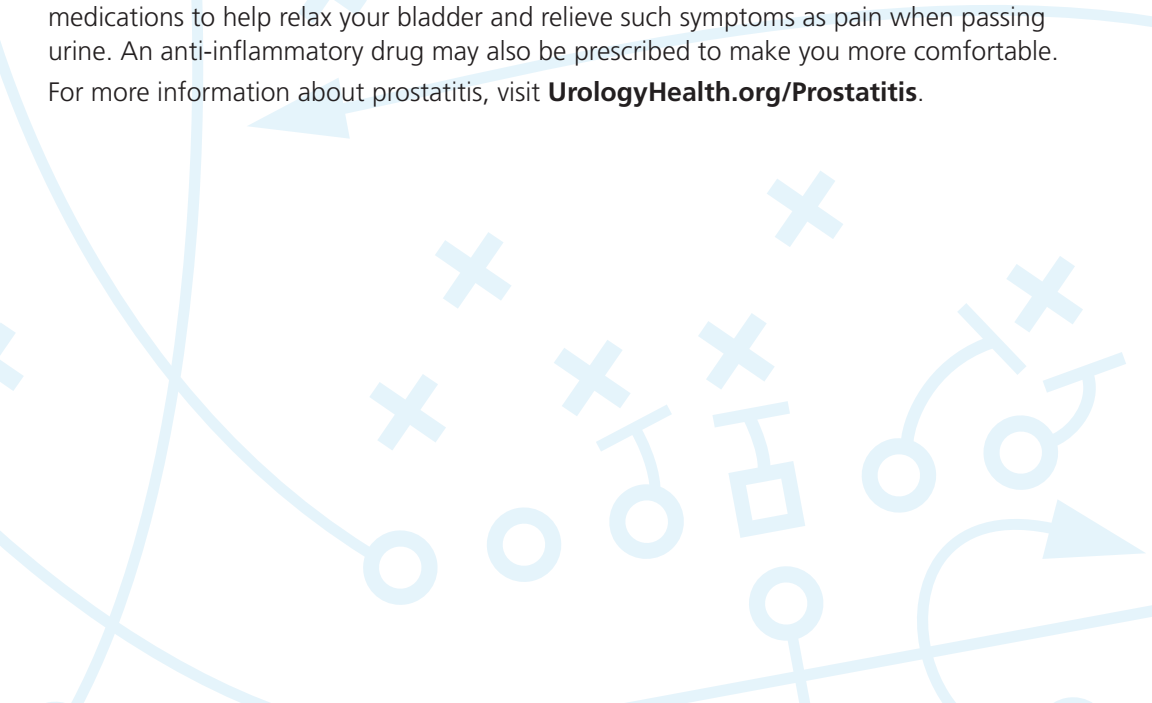
What causes prostatitis?

Prostatitis can be bacterial or nonbacterial. Bacterial prostatitis can be acute or chronic. When it's acute, symptoms can come on suddenly and include fever, chills, urinary changes, ejaculatory pain and pain in the *pelvis* or surrounding areas. With chronic prostatitis, symptoms are often more gradual and may include pain in the pelvis, urinary symptoms and/or ejaculatory pain. Nonbacterial prostatitis has no signs of bacteria in the urine or semen, and the pain is caused from an inflammation of the prostate from stress, nerve irritation, injuries or past urinary tract infections.

What is the game plan to treat prostatitis?

Your treatment will depend on your symptoms, lab tests and findings during your doctor visit to rule out other conditions and to find out what kind of prostatitis you have. Your doctor will ask about your medical history and your symptoms. He or she will also do a physical exam and urine testing.

Treatment is different for each form of prostatitis. If you have bacterial prostatitis, antibiotics are the main course of treatment. Other prostatitis treatment options may include medications to help relax your bladder and relieve such symptoms as pain when passing urine. An anti-inflammatory drug may also be prescribed to make you more comfortable. For more information about prostatitis, visit UrologyHealth.org/Prostatitis.



Score Your Prostate Symptoms: The American Urological Association (AUA) Symptom Score

Have you noticed any of the following when you have passed urine over the past month? Circle your answer and write your score in the right-hand column. Talk with your provider if your score is 8 or greater or if you are bothered by your urination.

	Not at all	Less than 1 time in 5	Less than half the time	About half the time	More than half the time	Almost always	Your score
Incomplete emptying — It does not feel like I empty my bladder all the way.	0	1	2	3	4	5	
Frequency — I have to go again less than two hours after I finish urinating.	0	1	2	3	4	5	
Intermittency — I stop and start again several times when I urinate.	0	1	2	3	4	5	
Urgency — It is hard to wait when I have to urinate.	0	1	2	3	4	5	
Weak stream — I have a weak urine stream.	0	1	2	3	4	5	
Straining — I have to push or strain to begin urination.	0	1	2	3	4	5	
	None	1 time	2 times	3 times	4 times	5 times or more	Your score
Nocturia — I get up to pass urine after I go to bed until the time I get up in the morning.	0	1	2	3	4	5	
Total AUA Symptom Score							
Total score: 0–7 mildly symptomatic; 8–19 moderately symptomatic; 20–35 severely symptomatic.							
Quality of life due to urinary symptoms	Delighted	Pleased	Mostly satisfied	Mixed: about equally satisfied and dissatisfied	Mostly dissatisfied	Unhappy	Terrible
If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?	0	1	2	3	4	5	6

What is an Enlarged Prostate or BPH?

Knowing the size of a golf ball and a baseball can help get your head in the game.

By age 40, a prostate can grow from the size of a walnut to the size of a golf ball and by age 60, it might be the size of a baseball. As the prostate enlarges, it squeezes the urethra. This can cause lower urinary tract symptoms (LUTS) such as weak urine stream, pushing to pass urine or passing urine a lot.

Who is at risk for an enlarged prostate?

An enlarged prostate is also known as Benign Prostatic Hyperplasia (BPH). The biggest known risk factor for an enlarged prostate is aging. Family history (your genes), obesity and high blood sugar may also be risk factors.

How is an enlarged prostate diagnosed?

The American Urological Association's (AUA) Symptom Score, on page 8, allows men to rate their symptoms. This helps your doctors understand what's happening when you pass urine. When you see a health care provider, they will take an in-depth health history. They may do a physical exam, including a DRE. Your provider may also test your urine (a urinalysis) and your PSA blood levels. (See page 12 for more on tests.)

When should a man see a doctor about enlarged prostate?

If you have any of the symptoms in the AUA Symptom Score, you may want to see your doctor or a specialist. A specialist in prostate health is a urologist. Pay attention to blood in your urine, pelvic pain, burning when passing urine or if it is not easy for you to pass urine. An enlarged prostate is usually not cancer, but your medical provider may still check you for prostate cancer with an exam and a PSA test.

What is the game plan to treat enlarged prostate problems?

As men age, enlarged prostates can get worse. One way to tackle an enlarged prostate is with prescription drugs. There are also many effective surgeries or in-office procedures that may relieve symptoms. Your urologist can help you decide what the best game plan is for you.

For more information on BPH, visit UrologyHealth.org/BPH.

PROSTATE CANCER RISK GROWS WITH AGE.



What is Prostate Cancer?

Timeouts can be used to go over the game plan. With prostate health, it is worth taking the time to learn about this cancer that begins in the prostate gland and develops when abnormal cells form and grow.

Who is at risk for prostate cancer?

In football, your age and background can make an impact in the game. With prostate cancer, there are also factors that can impact the game. Your prostate cancer risk increases with age, if you have a family history of prostate cancer, if you are African American or if you have inherited mutations of the BRCA1 or BRCA2 genes. Sometimes where you work can also increase your risk of prostate cancer.

Age matters. Prostate cancer risks increase with age. More than half of all prostate cancer is found in men older than 65. Prostate cancer is rare in men under the age of 50.

Race and ethnicity play a role. African American men and Caribbean men of African ancestry face a higher risk of having prostate cancer. They are also more likely to be diagnosed with prostate cancer at a younger age. It is not clear why prostate cancer affects African American men more than other racial/ethnic groups, but it is of great value to be aware of these health differences to know your risk.

Genes count because the risk of prostate cancer more than doubles in men with a family history of prostate cancer including your father, grandfather or your brothers. Having family members with breast and ovarian cancer also raises a man's risk for prostate cancer because breast, ovarian and prostate cancers share some of the same genes, including BRCA1 and BRCA2.

Your work may put you at risk for getting prostate cancer. Being exposed to harmful chemicals may put you at risk for certain cancer like prostate cancer. Some special groups may be at higher risk to include those who work in farming, factories, fire and rescue, research labs as well as those who are veterans or in active duty with the military.

Decrease the risk of prostate cancer by striving to eat a diet low in animal fat and high in fruits and vegetables. Your primary goals are eating with health in mind, daily workouts, losing excess weight and quitting smoking.

What are the symptoms of prostate cancer?

In early stages, prostate cancer usually causes no symptoms at all. When symptoms do occur, they are similar to an enlarged prostate or BPH (see Page 9). Late-stage cancer can cause bone pain and may also cause a loss of appetite and/or unwanted weight loss.

If you have any of these symptoms, talk to your health care provider about your prostate health.

For more information about prostate cancer, visit

UrologyHealth.org/ProstateCancer.

What is Prostate Cancer Screening?

Different doctors have different opinions on when you should check men for prostate cancer. It is important to tell your doctor your health care goals and ask them why they recommend screening (or not screening) for prostate cancer.

When screening or checking men for prostate cancer, two tests are done together: the PSA blood test and the DRE. When to start screening depends on you. Urologists recommend starting screening when you are 55 years old but may want to start screening earlier depending on your family history or if you have certain medical conditions. It is important to talk to your doctor about whether prostate cancer screening is right for you. If you and your provider don't agree on screening for prostate cancer, you can choose to see a different provider.

What is PSA?

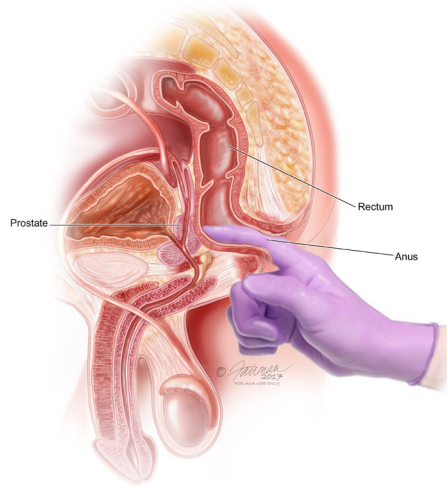
PSA is a protein made only by the prostate gland. A lower PSA means a lower prostate cancer risk but a high level of PSA can be a sign of other prostate problems, not just prostate cancer.

What is the PSA test?

This blood test measures the level of PSA in the blood. Keeping your opponent's score low is the name of the game. A low PSA means you are less likely to have prostate cancer. A rapid rise in PSA may be a sign of something wrong. It could be from an enlarged prostate or prostatitis. Prostate cancer is the most serious reason for a high PSA. Talk with your provider about when you should get the PSA test. Changes in your PSA score over time will be followed by your doctor. The combination of PSA testing and the DRE can help you stay on top of your game.

What is the DRE?

During a DRE, the health care provider puts a lubricated gloved finger into the rectum. It is done to feel for any lumps, bumps or an abnormal shape or thickness in the prostate. The DRE can help the provider find prostate problems. The test doesn't take long and is not painful for most men.



Digital Rectal Exam, or DRE

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RISK OF PROSTATE CANCER FOR AFRICAN AMERICAN MEN



African American men are more likely to be diagnosed with prostate cancer and at a younger age.
Early screening can help!

RISK OF PROSTATE CANCER FOR MEN WITH A FAMILY HISTORY



Having a father, grandfather or brother with prostate cancer more than doubles a man's risk. **Early screening can help!**

Is Prostate Cancer Screening Right for You?

A screen pass in football uses the team to stay in the game. Screening for prostate cancer with your health care team should be considered if you're 55 or older. Men who have a family history of prostate cancer or are African American or Caribbean men of African descent may need to be screened earlier.

Should I be screened for prostate cancer?

Men between the ages of 55–69 benefit most from prostate cancer screening and should talk to their doctor about whether PSA testing is right for them. If you are younger than 55, talk to your doctor about prostate cancer screening if you:

- are African American
- are a Caribbean man of African descent
- have a family history of prostate cancer

Does a high PSA mean I have prostate cancer?

Not necessarily. Less than one-third of high PSA results are caused by prostate cancer. If a PSA is high or DRE is not normal, your doctor may repeat your PSA or do further blood or urine tests to check the accuracy of the test. Or your health care team may want to follow you over time. If there is concern, you may need a prostate biopsy. A prostate biopsy (tissue sample) is the only way to know for sure if you have cancer.

Possible benefits of a PSA test:

- A normal PSA test may put your mind at ease.
- A PSA test may find prostate cancer early before it has spread.

Possible risks of a PSA test:

- A normal PSA result may miss prostate cancer (a "false negative" result).
- Sometimes the test results suggest something is wrong when there isn't a problem (a "false positive"). This can cause unneeded stress. A "false positive" PSA result may lead to an unneeded prostate biopsy.

The choice to be screened for prostate cancer is a personal one. Before you decide to have a PSA test, talk with your health care team about your risk for prostate cancer and the risks and benefits of testing.

Know Your Risk. Talk to Your Doctor.

What are Grading and Staging?

Like the quarters of a football game, prostate cancer is grouped into stages. It's important to understand the different stages as well as grading – that way, you and your doctor can create a solid game plan.

Grading

Grading (with the Gleason Score) and staging define how aggressive the cancer is and whether it is likely to spread. When prostate cancer cells are found in tissue from the core biopsies, a *pathologist* “grades” it based on how it looks under the microscope. The grade is a measure of how aggressive or quickly the cells are likely to grow and spread outside of the prostate.

The most common grading system is called the Gleason grading system. With this system, each tissue piece is given a pattern number between three (3) and five (5). The two pattern numbers are added together to give you a “score” or “grade group”.

A Gleason “score” of six (6) is low risk with a score of ten (10) being high risk.

Your doctor may also discuss your “grade group”. These are a little more complicated but follow the same pattern in that a lower number is better and less likely to cause you problems. Grade group 1 is low risk and grade group 5 is the highest risk.

Overall, your cancer is more likely to cause you problems if it is a higher grade or grade group.


Staging

Staging describes how extensive the cancer is in the prostate and where it has spread to other parts of the body. The system used for tumor staging is the TNM (Tumor, Nodes, Metastasis) system.

The overall stage is determined by the DRE, the biopsy results and if the imaging tests find that the cancer has spread outside of the prostate. These staging imaging tests are generally done for men with a Gleason grade of 7 or higher (grade group 2 or higher) and/or a PSA higher than 10.

** All words that appear in italics are explained in the Glossary.*

GRADING AND STAGING MAY HELP YOUR TREATMENT PLAN.



Your treatment plan should be based on your health and fully discussed with your doctor and family. While every man's plan is different, more men are winning back their lives with successful treatment. Prostate cancer can be managed if caught early.

THERE ARE MILLIONS OF PROSTATE CANCER SURVIVORS!

What is the Game Plan for Prostate Cancer that Hasn't Spread?

Early-stage prostate cancer is cancer that has grown in the prostate, but not escaped beyond it to other parts of the body, like lymph nodes or bones. There is a very good chance of survival. Your strategy will depend on what you and your health care team decide together:

Active Surveillance can be used for prostate cancer because most prostate cancers never become life-threatening. You may not need treatment right away (or possibly ever). *Active surveillance* is when your doctor tracks your cancer on a set schedule with regular PSAs and other tests. This is a good strategy for men with low-risk and slow growing cancer, or if active treatment is not a good option. It is also a good choice for older men with no other serious health issues. *Watchful waiting* is less involved than active surveillance. Your doctor observes the cancer without regular testing and does not treat it unless symptoms appear. It is good for men who do not want, or cannot have, treatment.

Surgery to remove the entire prostate and seminal vesicles along with nearby *lymph nodes* is called a *radical prostatectomy*. There are four types:

- *Robotic Assisted Laparoscopic Radical Prostatectomy (RALP)* uses a video camera and small surgical tools that fit through small incisions in the belly. The tools are attached to robotic arms. Your surgeon controls the robot arms to remove the prostate.
- *Laparoscopic Radical Prostatectomy* surgery uses a video camera and small surgical tools that fit through small incisions in the belly to remove the prostate.
- *Retropubic Open Radical Prostatectomy* is when a surgeon makes an incision in your lower belly to remove the prostate.
- *Perineal Open Radical Prostatectomy* is when the prostate is removed through a cut between the anus and scrotum.

Radiation therapy uses high-energy rays to kill the cancer cells. Radiation can be the primary treatment for prostate cancer (instead of surgery). It can also be used after surgery if cancer remains or returns. Brachytherapy uses small, radioactive "seeds" placed inside in the prostate during a procedure. External beam radiation uses targeted energy rays from outside the body to treat the prostate.

Cryotherapy for prostate cancer is the controlled freezing of the prostate gland. The freezing kills cancer cells. During cryosurgery, your doctor places small needles into the prostate to freeze the tumor cells.

Focal Therapy and HIFU

Focal therapy is a treatment under investigation for men with prostate cancer. Small tumors inside the prostate are targeted and destroyed without having to remove or radiate the whole prostate. The types of focal therapy currently available are:

- Focal cryoablation which freezes tumor cells
- High-intensity focused *ultrasound* (HIFU) which uses sound waves to super heat the tumor cells
- Irreversible electroporation (IE) which uses small electrical currents to kill tumor cells

Get a balanced picture of the pros and cons for each of your treatment options. Learn about their side effects and what you can do about them in the short- and long-term. Check your insurance coverage and other practical steps you may need to take. Get support. Other prostate cancer survivors can be excellent sources of support. They can help you as you make treatment decisions or deal with any treatment side effects.

What is the game plan after early-stage prostate cancer treatment?

After treatment, you may have side effects to tackle right away. You may feel like you just scored the game-winning touchdown or you could also feel anxious with thoughts of *recurrence* (your cancer returning). Work with your team. After you know your stats and you've built a solid game plan, you can set your long-term strategy.

For more information on treatment for prostate cancer, please visit

UrologyHealth.org/ProstateCancer.

Game Plan After Treatment – Incontinence

After treatment, it's time to think about the postseason. A common condition many men experience after prostate cancer treatment is *incontinence*.

This is when you can't control your bladder and leak urine.

This affects your healing but won't stop the game.

What kinds of incontinence are there?

- Stress urinary incontinence (SUI) is when urine leaks when coughing, laughing, sneezing or even during workouts. It's caused by problems with the muscles that keep urine in the bladder.
- Overactive bladder (OAB) or urge incontinence is when you suddenly feel the need to pass urine and can't stop it from happening. This can happen even when the bladder isn't full.
- Mixed incontinence is a blend of these, with symptoms from both SUI and OAB. Rarely, men experience continuous incontinence, or not being able to control urine at any time.

How long can incontinence last after treatment?

After surgery or radiation, it can take several weeks to several months to regain full urine control. Every patient is different but most men will be able to regain full control. Don't hesitate to talk with your doctor about what to expect and what to do about it.

What is the game plan to treat incontinence?

While you may feel embarrassed, incontinence is very common and is treatable. In the short-term, your urologist may suggest Kegel exercises to strengthen your bladder control muscles. Ask your doctor to refer you to a physical therapist who can train you in pelvic floor rehabilitation to learn how to better control and strengthen those muscles.

You may also need to change your diet, what you drink or what drugs you take. There are absorbent products that can help you manage the urine. Sometimes medications will be prescribed. Surgery might be an option if needed but isn't recommended early after cancer treatment as many men will improve with time.

Surgery may be recommended to implant a urethral sling to tighten the bladder neck or an artificial sphincter to squeeze the urethra closed. Make a game plan with your urologist if you are having urine leakage after your prostate cancer treatment.

For more information about incontinence after prostate cancer treatment, visit

UrologyHealth.org/ProstateCancer.

**AFTER TREATMENT, STRIVE TO
HAVE A GAME PLAN TO HELP
WITH ANY SIDE EFFECTS.**



YOUR HOME TEAM – YOUR LOVED ONES, SUPPORT GROUP MEMBERS, THERAPISTS AND HEALTH CARE PROVIDERS – PROVIDE AN IMPORTANT “HUDDLE OF SUPPORT.”

TREATMENTS FOR ADVANCED PROSTATE CANCER MAY OFFER HOPE FOR MEN WITH HIGH RISK PROSTATE CANCER.

Game Plan After Treatment – Sexual Health

Sexual recovery after prostate cancer treatment can take time. *Erectile dysfunction (ED)* is common after prostate cancer treatment. There are many options that can help you get back in the game.

What causes erection problems after prostate cancer treatment?

Nerves that are involved in an erection surround the prostate gland. Surgeries and radiation may harm the nerves or the blood flow to the penis, causing ED. While most experts will aim to protect the nerves during surgery, it's not always possible depending on your cancer. If nerves are damaged, the brain can no longer send a clear signal to the penis for an erection. While blood will still flow to the penis, it may not get erect enough for sex. Men who take hormone therapy may also notice changes in their libido (sex drive) and/or orgasms.

How long can ED last after treatment?

Recovery depends on the type of prostate cancer treatment you had and if you had erection problems before your treatment. It is important to know that many men may fully recover, but some will not. Your doctor can offer you many treatment choices.

What is the game plan to treat erection problems?

To reach better sexual health, start with an open and honest talk with your doctor so they can understand your game plan or goals. It also helps to talk openly with your partner, a vital teammate. It can be easier to manage this concern together. Some experts have their patients try a few options once the body has healed. Things as simple as moderate exercise and keeping a healthy weight are the first steps to improve erection concerns. Oral drugs that improve blood flow to the penis can also be used for ED treatment. Another form of ED treatment is a vacuum erection device (VED) that helps to create an erection by pulling blood into the penis. Injections can also increase blood flow into the penis for an erection.

Some men choose surgery to place a penile implant to create firm erections. You should work with your doctor to find which choice is best for you. What is most important to remember is that you have options.

Your team can help you move forward

When you have prostate cancer your team can help offer hope and improve your quality of life. Taking care of your mental and emotional health is just as vital as the health of your body. Learning you have cancer can be stressful. It can impact you and your loved ones in many ways. It is of great value to know there is help to those needing to navigate their prostate cancer journey. Help can include local support groups, work and financial coaching, help with rides to health care visits and mental health therapist who focus on giving support to those impacted by cancer.

Mental health can involve emotional, psychological, and social well-being. Start building your team by visiting trusted websites. To learn more about:

- Mental Health help, visit [samhsa.gov/find-help/national-helpline](https://www.samhsa.gov/find-help/national-helpline)
- Prostate Cancer information, visit UrologyHealth.org/ProstateCancer
- Prostate Cancer support, visit ZeroCancer.org/get-support
- Sexual Health help, visit aasect.org
- Veteran programs, visit ZeroCancer.org/get-support/zero-prostate-cancer-veterans
- Work/Financial help, visit PatientAdvocate.org

Teamwork can turn the score around. Try to talk about your concerns and hopes to solve problems as part of a team.

What is Advanced Prostate Cancer?

How will I know if my prostate cancer is advanced?

Even with treatment, cancer could spread or progress. The best way to know is to watch for changes in your PSA levels. A rise in your PSA after treatment can be a sign that things are changing. Over time, other tests or scans may be done to see if the cancer has advanced.

What is the game plan to treat advanced prostate cancer?

If your prostate cancer reaches the advanced stage, it is like the fourth quarter of a football game. Making smart moves early in the quarter can help you stay in the game. There are many ways to manage advanced stage prostate cancer. Which treatment to use, and when, will depend on talks with your doctor. Here are treatments you may want to discuss with your doctor about advanced prostate cancer.

Hormone Therapy uses drugs or surgery to help lower a man's testosterone, or hormone, levels. This therapy is also called androgen deprivation therapy (ADT). Testosterone, a male sex hormone, is needed for most prostate cancer cells to grow. Reducing its levels (through surgery or medicine) may slow the growth of those cells in men with advanced disease. Hormone therapy may help slow prostate cancer growth in men when prostate cancer has metastasized (spread) away from the prostate or returned after other treatments.

There are many types of hormone therapy for high-risk and advanced prostate cancer treatment, and your doctor may prescribe a variety of therapies over time.

- **Orchiectomy** is a surgery to remove the testicles to stop the body from making testosterone. This is a surgical type of castration.
- **Agonists (analogues)** are given as shots or as small pellets placed under the skin, trick your brain into thinking it does not need to produce testosterone.
- **Antagonists** may be taken as a pill by mouth or injected (shot) under the skin and help block the signal to produce testosterone.
- **Antiandrogen** drugs are taken as a pill by mouth and inhibit receptors so testosterone cannot "feed" the prostate.
- **CAB (combined androgen reducing treatment, with antiandrogens)** blends surgical or medical castration with antiandrogen drugs.
- **Androgen synthesis inhibitors** may be taken as a pill by mouth to help stop the body from releasing chemicals in order to reduce levels of testosterone and other androgens.
- **Androgen receptor binding inhibitors** block testosterone from linking to prostate cancer cells and may be taken as pills by mouth.

Chemotherapy can slow the growth of cancer, may reduce symptoms and extend life and is an option when cancer has spread to other parts of the body. Or it may ease pain and symptoms by shrinking tumors. During chemotherapy, drugs move throughout the body to kill quickly growing cancer cells and non-cancer cells. Chemotherapy is not the main therapy

for prostate cancer, but it may be used for men whose cancer has spread.

Immunotherapy uses the body's immune system to fight cancer. It may be a choice for men with no symptoms or only mild symptoms. If the cancer returns and spreads, your doctor may offer a cancer vaccine to boost your immune system so it can attack the cancer cells. Immunotherapy may be given to patients before chemotherapy, or it may be used along with chemotherapy.

Bone-targeted therapy may help men with prostate cancer that has spread to the bones. If you have advanced prostate cancer or are taking hormone therapy, your provider may suggest calcium, vitamin D or other drugs for your bones. Radiopharmaceuticals give off small amounts of radiation that go to the exact areas where cancer cells are growing and may also be used for cancer in bones.

Radiation uses high-energy beams to kill tumors. Prostate cancer often spreads to the bones. Radiation can help ease pain or prevent fractures caused by cancer spreading to the bone. Radiation may be given once or over several visits. The treatment is like having a high-energy x-ray. It uses radiation beams to kill tumors.

Active Surveillance is mainly used to delay or avoid aggressive prostate cancer treatment. It may be a choice for men who do not have symptoms or want to avoid sexual, urinary or bowel side effects for as long as possible. Others may choose surveillance due to their age or overall health.

Fourth Quarter

The treatment goals in this stage of prostate cancer are based on helping you live longer and feel better. The treatments focus on shrinking the tumor(s) and controlling symptoms. Learn up-front about side effects and what you can do about them. Decide with your doctor which plan is best for you. Then stay one step ahead by eating with your health in mind, drinking water and getting more exercise. Even gentle exercise to strengthen bones may help you feel better.

If you feel pain or other symptoms, **speak up** as this may help your health care team know what is going on so they can help you feel your best. It's common for men to feel extra tired, have hot flashes and other issues from prostate cancer treatments. ED and incontinence are also common (see page 20). There are ways to ease these problems and that will be a primary goal for your health care team. Be sure to communicate with your team!

Working as a Team

Based on your needs, you and your health care team can work together on a smart play to help you make the best moves against prostate cancer.

Remember, you're not alone!

The Prostate Health Playbook Glossary

Active surveillance: Watching low-risk prostate cancer closely using PSA, DRE, other tests and possibly biopsies on a set schedule.

Benign prostatic hyperplasia (BPH): Enlarged prostate not caused by cancer; symptoms include problems urinating because as the prostate grows, it squeezes the urethra.

Biopsy: Samples of prostate tissue are removed through a needle for review under a microscope to see if they contain cancer or other abnormal cells.

Bladder: A pouch shaped organ in your pelvis in which urine is stored before leaving the body through the urethra.

Bone-Targeted Therapy: Treatments to help strengthen bones, to keep bones healthy and to decrease the number of skeletal-related events.

CT Scan: An imaging test using radiation that can evaluate tissue and organs to see if there are abnormalities.

Digital Rectal Examination (DRE): The insertion of a gloved, lubricated finger into the rectum to feel the prostate.

Ejaculation: Release of semen from the penis during orgasm.

Erectile Dysfunction: Problems getting or keeping an erection.

Incontinence: Unwanted leakage of urine.

Kegel exercises: Exercises to strengthen the muscles of the pelvis that control urine flow.

Laparoscopic surgery: Surgery done with thin, tube-like instruments that allow several small incisions to be made, rather than one large incision. Often done with the help of a robot.

Laparoscopic Radical Prostatectomy: Laparoscopic surgery where the entire prostate is removed as part of a cancer operation.

Lymph nodes: Rounded masses of tissue that can become enlarged when cancer spreads to them.

MRI: An imaging test done with a strong magnet that can evaluate tissues and organs to find abnormalities. Usually has a more precise picture than a CT scan.

Pathologist: A doctor who identifies diseases by studying cells and tissues under a microscope.

Pelvic floor rehabilitation: Physical therapy designed to help regain bladder control by strengthening the muscles of the pelvis.

Pelvis: The lower part of the torso, between the hip bones.

Perineal Open Radical Prostatectomy: The prostate is removed through a cut between the anus and scrotum.

Prostate: A walnut-shaped gland that surrounds the urethra and makes fluid for semen. Only found (below the bladder) in men.

Prostatitis: Inflammation or infection of the prostate. Might be acute or chronic.

Prostate-specific antigen (PSA): A protein made only by the prostate. High levels of PSA in the blood may be a sign of cancer or other prostate issues.

Radical Prostatectomy: Surgery to remove the entire prostate and cancerous tissues.

Radiopharmaceuticals: Drugs with radioactivity that can target radiation to the exact areas where cancer cells are growing in the bones.

Rectum: The lower part of the bowel, ending in the anal opening (anus).

Recurrence: The return of cancer after treatment in the same location or another part of the body.

Retropubic Open Radical Prostatectomy: A surgeon will make a cut in the lower belly to remove the prostate.

Robotic Assisted Laparoscopic Radical Prostatectomy (RALP): Laparoscopic surgery with thin, tube-like instruments connected to robotic arms. The robot is controlled by your doctor to remove the prostate.

Semen: The fluid that protects and energizes the sperm; also known as seminal fluid or ejaculate.

Sex therapist or counselor: A specially trained counselor who can help men and couples maintain or improve sexual intimacy.

Sperm: Also called spermatozoa. Male reproductive cells made in the testicles that can fertilize a female partner's eggs.

Tissue: Group of cells similar in form and function found within an organism.

Ultrasound: The use of sound waves to create real-time images to look at organs.

Urethra: A narrow tube through which urine leaves the body. Extends from the bladder to the tip of the penis. In males, semen travels through this tube during ejaculation.

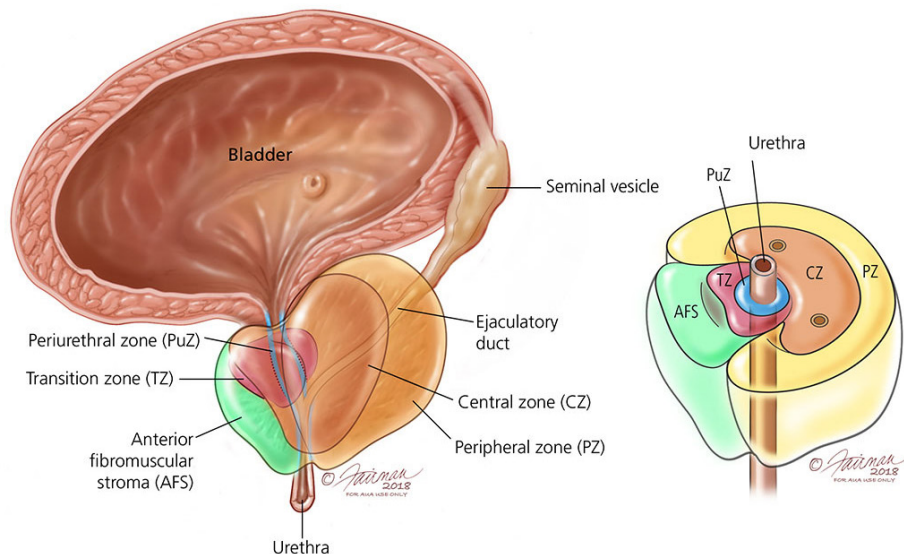
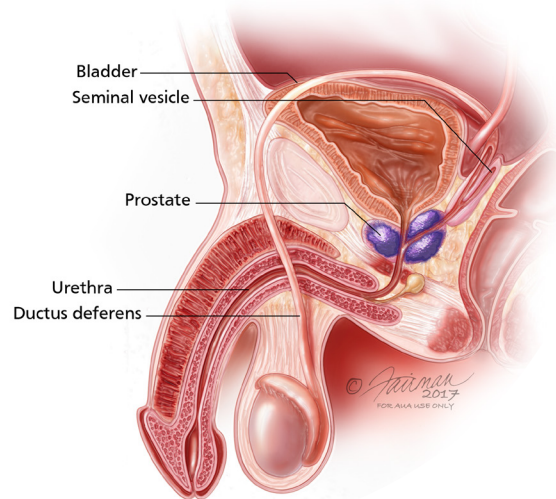
Urinalysis: Urine test to assess the presence of cells, chemicals or infection.

Urine: Liquid waste filtered from the blood by the kidneys, stored in the bladder and removed from the body through the urethra by the act of urinating (voiding).

Urologist: A doctor who specializes in problems of the urinary tract and male sex organs.

Watchful waiting: Not using a standardized monitoring program and not giving treatment unless signs or symptoms of a disease appear.

MEDICAL IMAGES



The male urinary tract. The prostate surrounds the urethra, the tube that carries urine out of the body.

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Postgame Wrap Up

Prostate health is important for all men. Winning the battle against prostate diseases involves a team approach. Your urologist can be your head coach leading the way. Other health care providers, your family and your friends make up the rest of your team to put you on the path to victory. When a prostate problem arises, be sure to huddle up with your entire team and move into formation.

Urology Care Foundation

The Urology Care Foundation is the world's leading urologic foundation – and the official foundation of the American Urological Association. We provide information for those actively managing their urologic health and those ready to make health changes. Our information is based on the American Urological Association resources and is reviewed by medical experts.

To learn more, visit the Urology Care Foundation's website,


UrologyHealth.org/UrologicConditions or go to **UrologyHealth.org/FindAUrologist** to find a doctor near you.

Disclaimer

This information is not a tool for self-diagnosis or a substitute for professional medical advice. It is not to be used or relied on for that purpose. Please talk to your urologist or healthcare provider about your health concerns. Always consult a health care provider before you start or stop any treatments, including medications. For more information, visit **UrologyHealth.org/Download** or call 800-828-7866.

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