

UNDERSTANDING YOUR Prostate Cancer Diagnosis

Important Information For The Newly Diagnosed Patient



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INTRODUCTION

No one is ever really prepared to be told that they have prostate cancer. You're not alone. Prostate cancer is one of the most frequently diagnosed cancer in American men—and it's also one of the most manageable and treatable.¹

According to the American Cancer Society, the overall relative 5-year survival rate for all men with prostate cancer is nearly 100%. However, every man is unique, and statistics can't predict exactly what will happen in your case. Talk with your cancer treatment team if you have questions about your own condition.¹

PROSTATE CANCER DEFINED

The prostate is part of the male reproductive system and produces fluid that makes up a part of semen. Prostate cancer occurs when abnormal cells within the prostate gland grow out of control. Testosterone plays an integral role in the growth and treatment of prostate cancer.¹

WHAT IS A PSA TEST?

A PSA test measures the level of prostate-specific antigen in your bloodstream. PSA levels of over 4 nanograms per millimeter (ng/mL) are considered the upper limit of normal and may indicate a possibility of prostate cancer, especially if risk factors are present. However, up to 25% of men with prostate cancer have a number below 4.0 ng/mL, and 1 out of 4 men with a borderline PSA level between 4 and 10 have a chance at getting prostate cancer.^{2,3}

WHAT DOES THE PRESENCE OF PSA IN THE BLOODSTREAM MEAN?

There are usually small amounts of PSA that escape from the prostate gland into the bloodstream of healthy men. A high level of PSA in the bloodstream is a warning sign that prostate cancer or other prostate disease is present.¹

After treatments such as surgery or radiation, PSA blood levels may drop to a low level. The blood level of PSA in a person with prostate cancer, however, may rise from this low level

after treatment.⁴

PROSTATE CANCER TREATMENT OPTIONS

Every man is unique. Treatment plans will be determined by your age, stage of your disease, any existing medical conditions, and your doctor's recommendation.

The treatment options include:

- watchful waiting/
active surveillance
- hormone therapy
- surgery
- cryotherapy
- radiation therapy
- robotic surgery
- chemotherapy⁴

TIPS for talking with your treatment team

- Make a list of questions before each appointment.
- Take notes or bring another person (spouse, child, or friend) to help you remember your questions and the answers.
- Get the phone number of someone at your doctor's office whom you can call with follow-up questions.
- Keep a folder or notebook with all your medical papers and test results.
- Keep a record of all medical visits and write down medications you have been prescribed.
- Keep a record of any side effects you may experience, including when and where they occur, and report them to your doctor.

SUPPORT GROUPS

As you manage your advanced prostate cancer, you may find support from many sources, including family, friends, doctors, treatment team, and patient advocacy groups. Support groups for prostate cancer give you the opportunity to spend time with men who share similar experiences and can understand firsthand what you're going through.^{1,5}

A prostate cancer support group can give you:

- A chance to talk about your disease and ask questions
- Help coping with advanced prostate cancer, such as how to share news of your disease with others
- Help dealing with practical problems, such as getting to and from doctor visits
- A supportive environment to recognize milestones in treatment

**Us Too International
Prostate Cancer Education
and Support Network**
www.ustoo.org

**Men's Health
Network**
www.menshealthnetwork.org

**MAN TO MAN
American Cancer Society**
[www.cancer.org/treatment/
supportprogram services/
mantoman/index](http://www.cancer.org/treatment/supportprogram/services/mantoman/index)

**ProstateCancer
Facts.com**
www.prostatecancerfacts.com/

GLOSSARY OF MEDICAL TERMS

Advanced prostate cancer: A tumor that has spread outside of the prostate to other areas of your body is considered to be advanced prostate cancer. Your doctor may need to perform additional blood tests in order to confirm that you have advanced prostate cancer. If those tests indicate a rising PSA level, it could mean your prostate cancer has advanced—even without symptoms.^{1,5}

Digital rectal exam (DRE): An exam in which your doctor inserts a lubricated, gloved finger into the rectum to feel your prostate through the rectal wall, checking for hard or lumpy areas.⁴

GnRH agonists: Synthetically made hormones, chemically similar to natural gonadotropin-releasing hormone (GnRH). With continuous use in men, they block the production of the male hormone testosterone by the testicles and are frequently used in the palliative treatment of advanced prostate cancer.⁴

Hormonal therapy: Treatment with drugs that interfere with hormone production or hormone action, or the surgical removal of hormone-producing glands.⁴

Hormone: A chemical substance the body produces to regulate the growth and functioning of certain cells and organs.⁴

Palliative treatment: Treatment that helps alleviate symptoms, rather than cure the disease.²

Prostate-specific antigen (PSA): A protein produced by cells of the prostate gland. PSA levels are used to help identify disorders of the prostate.²

Testosterone: A male sex hormone produced primarily by the testes that is important in male physical and sexual function and development.⁶

Transrectal biopsy: A small tissue sample is removed from your prostate. A pathologist checks the sample for cancer cells.⁴

Transrectal ultrasound: Using sound waves to produce a sonogram, ultrasound allows your doctor to look closely.

References: **1.** American Cancer Society. *Cancer Facts & Figures 2012*. Atlanta, Ga: American Cancer Society; 2012. **2.** Scher HI. Hyperplastic and malignant diseases of the prostate. In: Braunwald E, Fauci AS, Kasper DL, et al, eds. *Harrison's Principles of Internal Medicine*. 15th ed. New York, NY: McGraw-Hill; 2001:608-616. **3.** Carter HB, Partin AW. Diagnosis and staging of prostate cancer. In: Retik AB, Vaughan ED Jr, Wein AJ, eds. *Cambell's Urology*. 8th ed. Philadelphia, Pa: WB Saunders Co; 2002:3055-3079. **4.** Leewansangtong S, Crawford ED. Prostate. In: Haskell CM, ed. *Cancer Treatment*. 5th ed. Philadelphia, Pa: WB Saunders Co; 2001:806-828. **5.** American Cancer Society. *Cancer Facts & Figures 2009*. Atlanta, Ga: American Cancer Society; 2009. **6.** Marieb E. *Human Anatomy & Physiology*. 4th ed. Menlo Park, Calif: Benjamin/Cummings Science Publishing; 1998:1030-1077.

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