



Frequently Asked Questions about Prostate Cancer

The underlined terms are listed in the glossary.

General questions

What is prostate cancer?

Prostate cancer is a malignant tumour in the prostate. There are several stages of prostate cancer. Your treatment and experience depend on the specific characteristics of the tumour and the expertise of your medical team.

Most prostate cancers develop slowly and do not cause any symptoms. Fast-growing prostate cancer is less common. The risk of getting prostate cancer increases with age. The average age for diagnosis of prostate cancer is 69.

Prostate cancer is the most common cancer in elderly men in Europe. The survival rate for prostate cancer in Europe is relatively high and is still going up.

What is the prostate?

The prostate is a gland located in the lower urinary tract, under the bladder and around the urethra. Only men have a prostate. It produces part of the fluid which carries semen. The prostate contains smooth

muscles which help to push out the semen during ejaculation.

A healthy prostate is about the size of a large walnut and has a volume of 15-25 millilitres. The prostate slowly grows as men grow older.

What are the symptoms of prostate cancer?

Prostate cancer is generally asymptomatic, which means that there are no clear symptoms to indicate it. In most cases, symptoms are caused by benign prostatic enlargement (BPE), or an infection. If prostate cancer does cause symptoms it is usually a sign that the disease has advanced. Because of this it is important that you see a doctor to understand what causes the symptoms.

The symptoms may include:

- Urinary symptoms such as urinary frequency or a weak stream of urine
- Blood in the urine
- Erection problems
- Urinary incontinence
- Loss of bowel control
- Pain in the hips, back, chest, or legs
- Weak legs

Bone pain could be a sign that the cancer has spread through the body. This is known as metastatic disease.

Which tests are done to diagnose prostate cancer?

The most common tool to detect prostate cancer is a test to check the level of prostate-specific antigen (PSA) in your blood. If the PSA level in your blood is too high, this suggests that the cells in the prostate are behaving unusually. This could be because of a tumour in the prostate, but also because of an infection or a benign enlargement of the prostate.

Your doctor will use the test results, together with your age and your family history, to estimate the risk of you having prostate cancer. If the risk is high, you may need a biopsy of prostate tissue. This test is done to confirm if you have a tumour or not. During a prostate biopsy, between 8 and 12 samples of prostate tissue are taken. The tissue samples are analysed by the pathologist in order to help with the diagnosis and determine future treatment.

What is PSA testing?

Prostate cancer is generally asymptomatic but there are several known risk factors. These are increasing age, family history of prostate cancer, and your ethnicity. If you are at increased risk of having prostate cancer your doctor can recommend a test to measure the level of prostate-specific antigen (PSA) in your blood. This is known as PSA testing.

The main advantage of PSA testing is that men who are at higher risk of developing prostate cancer are tested regularly. This means that tumours may be found earlier, and there is a better chance of curing them.

The main setback of PSA testing is that tumours that would not have caused major health problems are also found. Treating these tumours can lead to unpleasant physical side effects. A cancer diagnosis may also lead to anxiety and stress. To prevent what is called over-treatment, some urologists oppose screening for prostate cancer with regular PSA testing.

Discuss with your doctor the pros and cons of PSA testing, and if it is right for you.

How are prostate tumours classified?

Prostate tumours are classified according to the tumour stage and the grade of aggressiveness of the tumour cells. The tumour stage tells how advanced the tumour is, and whether or not the cancer has spread to the lymph nodes or other organs.

The other element of classification is the Gleason score. The Gleason score gives information about the aggressiveness of the cells, and how fast the tumour grows. Tumours with a higher score are more aggressive and more difficult to cure.

How should I prepare for a consultation?

Preparing for a consultation can be very useful. It will help you and your doctor to better address your questions and concerns. Here are some things you can try:

- Write down the questions you would like to ask the doctor. This will help you remember things that you want to ask. Writing down questions can also help you organize your thoughts
- If you can, take someone with you to the visit. It is good to have someone to discuss what the doctor said and you probably remember different things
- Ask for information about your specific type of cancer and possible treatment options
- If the doctor uses words you do not understand, ask for an explanation

Questions about treatment

How is prostate cancer treated?

All decisions about the right treatment pathway for you are taken after careful consideration of the classification of the tumour, your prognosis, your general state of health, the availability of treatment options in your hospital, and your personal preferences and values. The most important factor for selecting treatment are the stage and the aggressiveness of the disease.

Prostate cancer can be treated by:

- Radical prostatectomy
- Radiation therapy
- Hormonal therapy
- Active surveillance
- Watchful waiting
- New experimental techniques

What is radical prostatectomy?

Radical prostatectomy is the surgical treatment in which the entire prostate and the seminal vesicles are removed.

What is radiation therapy?

Radiation therapy is a type of cancer treatment to control and kill cancer cells. Prostate cancer cells are generally responsive to radiation therapy.

What is hormonal therapy?

Hormonal therapy for prostate cancer aims to stop the production or block the action of male sex hormones that help the tumour grow. Another name for hormonal therapy is androgen deprivation therapy (ADT).

To block the action of the hormones, known as androgens, your doctor will prescribe anti-androgen drugs. The production of androgens can be stopped with a surgery to remove both testicles, or with drugs which cause chemical castration. When effective, hormonal therapy stops the growth of the tumour.

What is active surveillance?

Active surveillance is a type of treatment for prostate cancer in which the doctor monitors the tumour and its growth, based on a strict visiting schedule. During each visit, several tests are done including a test to check the level of prostate-specific antigen (PSA) in the blood. The aim is to switch to other treatment options if there are signs that the disease is progressing.

Active surveillance is a treatment pathway to cure localized prostate cancer. If the tumour has grown out of the prostate and invaded other tissue in the lower urinary tract, other treatments will be recommended.

What is watchful waiting?

Watchful waiting is a form of symptom-guided treatment for prostate cancer. The aim is to switch to other treatment options only when symptoms appear. Watchful waiting is part of a palliative care approach.

What is CSAP?

Cryosurgery of the prostate (CSAP) is an experimental technique to treat prostate cancer. It is a minimally-invasive surgery in which freezing temperatures are applied directly to the tumour cells to kill them.

What is HIFU?

High-intensity focussed ultrasound (HIFU) is an experimental technique to treat prostate cancer. It uses the energy of high-frequency sound waves to heat the cancer cells and kill them.

What is focal therapy?

Focal therapy is a term for several experimental techniques to destroy only small tumours in the prostate, without treating the entire gland. Because the treatment is focused directly on the tumour cells, there is not much damage to other tissue in the prostate or the lower urinary tract.

What is castration-resistant prostate cancer and how is it managed?

Castration-resistant prostate cancer is a type of prostate cancer that usually develops during treatment for metastatic disease. These tumours need much lower levels of androgens to progress. This means that even when your body produces almost no androgens, the tumour continues to grow. These cancers are called castration-resistant, because they no longer respond to hormonal castration treatment.

It is important to realize that castration-resistant prostate cancer cannot be cured. Instead, your doctor will try to reduce the size of the tumours. This will give you the chance to live longer and have fewer symptoms.

Research on castration-resistant prostate cancer is ongoing and treatment options change quickly. Your doctor may recommend:

- New hormonal agents
- Chemotherapy
- Immunotherapy

What are new hormonal agents?

New hormonal agents are drugs for castration-resistant prostate cancer when standard hormonal treatment is no longer effective. The most common hormonal agents for prostate cancer are abiraterone acetate and enzalutamide.

What is chemotherapy?

Chemotherapy is a type of cancer treatment that uses chemicals to destroy cancer cells. Chemotherapy drugs can be injected into the bloodstream to attack cells throughout the body. They can also be applied directly to the tumour. Docetaxel is the most commonly used chemotherapy drug for prostate cancer.

What is immunotherapy?

Immunotherapy is a type of treatment that uses your own immune system to fight the tumour cells. In prostate cancer the drug Sipuleucel-T is used as immunotherapy.

Questions about support

What is the impact of prostate cancer on my life?

Getting diagnosed with cancer has a great impact on your life and the lives of your loved ones. It can cause feelings of anxiety, uncertainty, fear, or even depression. Undergoing treatment for cancer is intense and will affect your work and social life. To find support, approach your doctor or nurse at the hospital, or your family doctor. They will be able to give you contact information about patient organizations or others who can help you with psychological support, or practical matters such as financial advice.

You may worry about your prognosis, the impact of treatment on your work, social life, or financial situation. Most people who have been diagnosed with cancer, or their loved ones, will probably have these worries. You can ask the doctor about psychological support if you feel you need to have someone to talk to. A patient organization can also offer support.

During treatment you will be away from your work. Talk to your boss about the best way for you to get back to work. Perhaps you could work part time, or in a different function.

Discuss with your health care team the possible financial consequences of your treatment. They might be able to direct you to people or places where you can get advice about your economic situation or even financial help.

Cancer treatment can affect your sexuality. You may experience erectile dysfunction after radical prostatectomy. Hormonal therapy can lower your sex drive. Feelings of depression and fatigue can also have a negative effect on your sexual life. It is important that you talk to your partner about your feelings. There are many ways in which you can be intimate. If it is difficult to be sexually active, be near each other, touch each other, give and take hugs, and just sit or lay down close to each other.

What if my prostate cancer cannot be cured?

Sometimes recovery from prostate cancer is not possible. Together with your doctor you can discuss palliative care.

Palliative care is a concept of care with the goal to optimize your quality of life if you cannot recover from your illness. During palliative care you and your loved ones are supported by a multidisciplinary team. Together you address physical, psychological, social, and spiritual questions. Palliative care includes controlling your symptoms and medical treatment for pain management.

Where can I find support and other information resources?

Contact a local patient organization to get support and more information about your disease or practical matters. Ask your doctor or nurse at the hospital, or your family doctor about a patient group near you. You can also search the internet. Be aware that not all information you find online is reliable.

I have a family member or friend who has prostate cancer, how can I help?

A cancer diagnosis not only affects the patient, but also the people around them. You can offer support in many different ways. Sometimes you can help with practical things like laundry, gardening, or grocery shopping.

It may also be helpful to go to the doctor together. You could offer to drive to the visit or help formulate questions to ask during consultation. Being there for the consult can also be good. You may remember different things or focus on other details, which you can later discuss together. You could also ask the doctor how the treatment may impact your lives in terms of caregiving and psychological effects. Patient organizations can also help with more practical matters and financial support.

I have a family member or friend who has prostate cancer, where can I get support?

The cancer diagnosis and treatment can be very emotional. Cancer treatment is intense and your life may change suddenly. Questions about prognosis, effects of the treatment, and even the possibility of dying may come up. As family or friends you can be there and listen. You don't need to have the answers.

If you feel you need somebody to talk to, approach your family doctor or the medical team to get support. Patient organizations also offer support for family members or friends of people who have been diagnosed with cancer.

My partner has prostate cancer, where can I get support?

A cancer diagnosis can put pressure on your relationship. Often, talking to each other becomes more difficult because of the time and energy spent on treatment. You could decide to discuss any difficulties with a therapist.

You may experience a similar degree of stress, anger, and depression as your partner. You could feel exhausted, both physically and emotionally. This can be a result of the responsibilities of caring for your partner, and taking on extra tasks around the house. Be sure to make time for yourself and think about your own needs and wishes.

Your partner's cancer treatment can affect your sex life. Try to talk to your partner about your feelings. There are many ways in which you can be intimate. Be near each other, touch each other, give and take hugs, and just sit or lay down close to each other.

It is normal to worry about being left alone. If you feel you need somebody to talk to, approach your family doctor or your spiritual advisor. Patient organizations also offer support for partners.

How to find a patient organization nearby

Patient organizations can be very helpful. To find one close to you, ask your family doctor, nurse, or doctor at the hospital. You can also search the Internet for a patient group.

This information was updated in January 2015.

This leaflet is part of EAU Patient Information on Prostate Cancer. It contains general information about this disease. If you have any specific questions about your individual medical situation you should consult your doctor or other professional healthcare provider. No leaflet can replace a personal conversation with your doctor.

This information was produced by the European Association of Urology (EAU) in collaboration with the EAU Section of Uro-Oncology (ESOU), the Young Academic Urologists (YAU), the European Association of Urology Nurses (EAUN), and Europa Uomo.

The content of this leaflet is in line with the EAU Guidelines.

You can find this and other information on urological diseases at our website: <http://patients.uroweb.org>

Series contributors:

| | |
|--------------------------------|--------------------------|
| Dr. Roderick van den Bergh | Utrecht, The Netherlands |
| Prof. Dr. Zoran Culig | Innsbruck, Austria |
| Prof. Dr. Louis Denis | Antwerp, Belgium |
| Prof. Bob Djavan | Vienna, Austria |
| Mr. Enzo Federico | Trieste, Italy |
| Mr. Günter Feick | Pohlheim, Germany |
| Dr. Pirus Ghadjar | Berlin, Germany |
| Dr. Alexander Kretschmer | Munich, Germany |
| Prof. Dr. Feliksas Jankevičius | Vilnius, Lithuania |
| Prof. Dr. Nicolas Mottet | Saint-Étienne, France |
| Dr. Bernardo Rocco | Milan, Italy |
| Ms. Maria Russo | Orbassano, Italy |