



YOUR GUIDE TO PROSTATE CANCER CARE

Understanding prostate
cancer treatment after a
new diagnosis



WE'RE HERE WITH YOU. EVERY STEP OF THE WAY.

We understand that a prostate cancer diagnosis is confronting and that searching for the answers to your questions can be stressful and confusing.

We hope the information you find here will bring you some peace of mind and help you gain a better understanding as you navigate your diagnosis.

THE BEST CARE POSSIBLE, AS CLOSE TO HOME AS POSSIBLE.

As Australia's largest dedicated cancer care provider, we live our vision every day – to deliver the best cancer care possible, as close to home as possible. It's our goal to help you understand the process and approach each step of treatment with confidence.

With more than 30 cancer treatment centres across Australia, we proudly provide the best possible care with no wait list.

If you have questions about becoming a patient at one of our centres, we're here to help.

Visit iconcancercentre.com.au/cancer-patients/becoming-a-patient to get started.

The Icon Team



TABLE OF CONTENTS

Starting treatment	4
Prostate cancer staging explained	4
Common types of prostate cancer treatments	5
Radiation therapy for prostate cancer	6
Your cancer care team: Who's who?	8
Questions to ask your doctor	8
Caring for yourself during treatment	10
Self-care during treatment	11
10 ways for carers to support someone with prostate cancer	12
Cancer support services	13
Understanding cancer	14
Common questions	14
Key terms	16





STARTING TREATMENT

When you are first diagnosed with prostate cancer, you will have a series of tests that will help your doctor to determine the stage of your cancer. This describes the location of your cancer, if it has spread to other parts of the body and which parts of the body it has spread to.

Your most suitable treatment options may be different based on whether your cancer is detected early or at a more advanced stage.

Prostate cancer is given a stage between I and IV.

- Stage I - The tumour is in half or less than half of the prostate, and has not spread
- Stage IIA - The tumour is in more than half of the prostate and has not spread

- Stage IIB - The tumour has not spread outside of the prostate
- Stage III - The tumour has spread beyond the outer layer of the prostate, but not into the surrounding lymph nodes
- Stage IV - The tumour has spread to nearby tissues, lymph nodes or other organs

Along with the TNM information, your doctor will also take into consideration your PSA [prostate specific antigen] level from a blood test, as well as your Gleason score to help determine the stage of your cancer. The Gleason score is usually based on the results of a biopsy of the prostate, and it provides an indication of how quickly the cancer will grow and spread.

COMMON TYPES OF PROSTATE CANCER TREATMENTS

Treatment of prostate cancer depends on the stage of your cancer and your individual needs. There is usually more than one 'good' option, so the choice can come down to your preference. It is important that you consider the full range of options to find the treatment option that is right for you.

Talking with both a urologist and a radiation oncologist can help you weigh up the advantages and disadvantages of different treatment options, including possible side effects like incontinence and erectile dysfunction, to help you make an informed decision about the best treatment for you.



Surgery is a common treatment for prostate cancer that has not spread beyond the prostate. This typically involves a radical prostatectomy (removal of the entire prostate, part of the urethra and seminal vesicles). Surrounding lymph nodes may also be removed in a procedure known as a pelvic lymph node dissection. They will then be analysed under a microscope for the presence of any prostate cancer cells to detect if your cancer has spread from the prostate.



Radiation therapy, or radiotherapy, is often used in men with early prostate cancer that hasn't spread, although it can also be used in combination with other treatments or if your cancer has returned.



Chemotherapy uses a range of drugs to kill and slow the growth of prostate cancer cells. It may be used to treat prostate cancer which has spread beyond the prostate cancer, and for more advanced prostate cancers which have not responded to hormone therapy treatment. The kind of drugs given, and how often they're needed, will depend on your individual needs and how your body and cancer cells respond to treatment.



Hormone therapy treatment for prostate cancer is also known as Androgen Deprivation Therapy (ADT) and is used to reduce the amount of testosterone in the body to stop your prostate cancer from growing or returning. It may be delivered before, during or after other treatments such as radiation therapy or chemotherapy and is commonly given as a tablet or injection.



Active surveillance focuses on avoiding or delaying progression to active cancer treatment by monitoring the growth and spread of low-risk prostate cancer which isn't causing symptoms. It typically involves ongoing tests to monitor the prostate cancer, including PSA tests, digital rectal exams, MRI scans and biopsies. If the results show that your prostate cancer is beginning to grow and spread, your doctor may recommend that you begin active treatment.



Cryotherapy, or cryosurgery/ cryoablation, is a less common treatment for prostate cancer which uses a needle-thin probe and low temperature gases to destroy prostate cancer tumours by freezing them. It may be used if your prostate cancer has come back following radiation therapy treatment, or as an alternative to surgery or radiation therapy for men with low-risk, early-stage prostate cancer.



Watchful waiting is an option for men with small, early-stage prostate cancer which is slow-growing and isn't causing symptoms. It's typically used for older people who are diagnosed with prostate cancer which isn't expected to require treatment during their lifetime or for men with serious pre-existing health conditions. In some cases, it may also be offered as an alternative to active cancer treatments such as surgery or radiation therapy. Watchful waiting involves monitoring the prostate cancer through regular PSA tests, with treatment only occurring to help manage symptoms if the cancer progresses.

RADIATION THERAPY FOR PROSTATE CANCER

Radiation oncologists use radiation therapy for prostate cancer to destroy cancer cells, reduce their growth or to relieve symptoms of the cancer. Radiation therapy treatment can involve different techniques to treat prostate cancer, including external beam radiation therapy, stereotactic radiation therapy and brachytherapy.

STEREOTACTIC RADIATION THERAPY

- **Stereotactic radiation therapy** is an advanced technique used to treat small tumours with well-defined edges and is different to conventional radiation therapy for prostate cancer, where the whole prostate is generally treated. Stereotactic radiation therapy can be used to treat early and advanced prostate cancer.

BRACHYTHERAPY

- **Brachytherapy** has been used to treat prostate cancer for many years and involves the insertion of small radioactive seeds into the prostate, which deliver radiation over a period of time.
- **Focal brachytherapy** uses the same technique, however offers even greater precision by placing the radioactive source into the tumour itself rather than the whole prostate, preserving the rest of the prostate gland.



SIDE EFFECTS OF RADIATION THERAPY

What are the side effects of radiation therapy to the prostate?

People who receive radiation therapy may experience:

Bladder irritation

As you progress through treatment, radiation therapy can irritate the bladder lining and the urethra and the lower part of your bowel. This can cause symptoms such as a need to urinate more often including overnight, a sudden urge to empty your bladder or a change or reduction in your urine flow.

Sexual function

Prostate cancer treatments including surgery, radiation therapy and hormone therapy can affect your sexual function to some degree, and this is a common concern amongst men and their families when choosing treatment for prostate cancer.

The effect of radiation therapy on sexual function can be different for everyone. Radiation therapy can damage the nerves that control erections and this may affect your ability to maintain an erection. This side effect doesn't usually happen immediately after radiation therapy treatment, but may develop over time and be ongoing.

Fatigue

Fatigue or a feeling of exhaustion that does not improve with rest. Your level of fatigue will also depend on whether you are undergoing other treatments, such as chemotherapy.



Although most side effects go away after radiation therapy has finished, some long-term effects may occur.





YOUR CANCER CARE TEAM: WHO'S WHO?

Here are some members of the team and the role they play in your care.

- **Medical oncologists** specialise in diagnosing and treating cancer using chemotherapy drugs, immunotherapy and hormone therapies. They also develop and continually review treatment plans and, in most cases, lead and manage your overall care
- **Medical physicists** play an important role in quality assurance to make sure radiation treatment machines are maintained to the highest safety standards
- **Oncology nurses** are here to support you in symptom management and your nursing care
- **Pharmacy staff** are committed to supporting your care and work alongside doctors and nurses to make sure treatment is optimal and safe
- **Radiation oncologists** prescribe radiation therapy treatment for all types of cancer and oversee the management of your care
- **Radiation therapists** are responsible for planning and delivering radiation therapy treatments
- **Surgeons, also known as urologists**, are responsible for the surgical removal of cancerous tissue.



TIP: Allied health professionals, such as dietitians or physiotherapists, can help manage side effects of cancer treatment. See the Caring for Yourself During Treatment section in this booklet for further information.

QUESTIONS TO ASK YOUR DOCTOR

Cancer treatment can feel overwhelming and there can be a lot to remember. The more you know about your health, the better prepared you will feel throughout treatment. Everyone in your care team is there to help you understand your diagnosis and prepare for your treatment.



TIP: Having a family member or friend come with you to your appointments, or dial in on the phone, can be a huge help. They can offer company and support by asking questions and taking notes.



1. What is the stage of my prostate cancer?
2. What are my treatment options?
3. What type of treatments do you recommend and why?
4. If I need more than one type of treatment, what are they and in what order?
5. What is the goal of treatment?
6. How does this compare with other treatments in terms of outcomes, side effects and limitations?
7. How will treatment affect my daily life? Will I be able to work, exercise, etc.?
8. How will treatment affect my fertility?
9. How will cancer affect my sexuality and intimacy with my partner?
10. What long-term side effects may be associated with my cancer treatment?
11. Who can provide me with information about the cost of my treatment?
12. Is there a clinical trial I might be eligible for?
13. Who can I call if I have questions or problems, or would like a second opinion?
14. Are there any medications or therapies I need to stop? [e.g., natural supplements, massage therapy, etc].
15. Are there any other important questions that I haven't asked?

CARING FOR YOURSELF DURING TREATMENT

A PROSTATE CANCER DIAGNOSIS CAN AFFECT YOU PHYSICALLY AND EMOTIONALLY.

Receiving a prostate cancer diagnosis can be an emotional time and affect both your physical and mental wellbeing, which is why it's important to look after your whole wellbeing. Understanding the changes you may go through, how to take care of yourself, and knowing how and where to access support are all important aspects of your self-care.



SELF-CARE DURING TREATMENT

NUTRITION

Maintaining good nutrition during cancer treatment can help you manage side effects, like nausea and weight loss, and keep up your energy throughout the day.



TIP: Family and friends can help with meal preparation ahead of time. It can also be helpful to set reminders to eat at regular mealtimes. You may like to consider meeting with a dietitian to ensure you are meeting your recommended nutritional intake.

DAILY LIFE

During cancer treatment you may find that your body has difficulty completing some of your usual activities, like performing daily tasks, or you may experience memory loss or fatigue. Remember this is normal! Your body is working hard to battle your cancer, so treat yourself with kindness.



TIP: Consider meeting with an occupational therapist. They can help enhance your quality of life and maintain your independence.

EMOTIONAL HEALTH

Understandably, a prostate cancer diagnosis can be taxing on your emotional and mental wellbeing. In some cases, you may have difficulty concentrating and paying attention, or you may simply find comfort in additional emotional support.



TIP: Lean on family and friends. Be open about how you're feeling and what you need. If you are more comfortable speaking with someone outside your immediate support group, psychologists may be able to help.

SEXUALITY & INTIMACY

You may go through physical and emotional changes during prostate cancer treatment. Understandably, these changes can impact your sexuality. Be open with your partner about these changes and if needed, seek professional advice on ways to develop and maintain your intimate relationships.



TIP: Sexual therapists can assist you to explore any issues you are having and provide practical advice and support.

PHYSICAL HEALTH

Keeping up with exercise can help manage certain treatment-related side effects and build strength. Exercise is also great for mental health!



TIP: Participate in a gentle exercise routine a few times per week. Having a friend exercise with you can keep you motivated. You can also meet with a physiotherapist to develop a safe and effective exercise program designed for your fitness level during and after treatment.

10 WAYS TO SUPPORT SOMEONE THROUGH CANCER TREATMENT

1. **Be there for them and tell them that you care**

Phone or reach out with a message or note to let them know you are here and that you are thinking about them. You may be worried about whether you are intruding or what the right thing to say might be, but it is better to say 'I don't know what to say, but I do care and I want to be there for you' than to avoid someone or say nothing at all.

2. **Listen**

Let them express their feelings or allow them to be silent if they feel like saying nothing. Don't compare their cancer to others or tell people what they should do to try to cure it.

3. **Try to treat them the way you always have**

Give them the space to talk about their prostate cancer, but don't forget to talk about the other common interests that you share too.

4. **Offer to keep them company during treatment**

Having someone with you during certain treatments such as chemotherapy can be a welcome distraction. Bring a book or puzzle and keep them company. You might like to bring a small gift to lift their spirits or something practical such as warm socks to give them comfort.

5. **Provide practical support**

Ask whether they would appreciate your help by driving them to and from appointments or to collect prescriptions.

6. **Help with meals**

Good nutrition is important during cancer treatment and some people might experience changes in their taste and smell that can affect their appetite. Send a care package or make a supply of homemade meals to keep in the freezer. You could start a cooking roster with friends and family or do the grocery shopping.

7. **Assist with the house cleaning, laundry or gardening**

It's common for people with cancer to experience fatigue, so helping with household chores and other errands can be a big relief for them and their families.

8. **Support their family**

Managing cancer treatment alongside family commitments can be very difficult. You may like to offer to help with childcare or by picking their children up from school and other activities.

9. **Look after their pets**

Consider helping to look after the other cherished members of their family – their pets! You can help by feeding or walking their pets, or taking care of them in your home while they take some time to recover.

10. **Continue to check in**

Even after their active cancer treatment finishes, keep in touch by calling for a chat and let them know you're there, or reach out with a message and ask if they are okay.

CANCER SUPPORT SERVICES

There are many reputable websites, books and social media sites that provide information on prostate cancer and its treatment, and complementary and alternative medicines.

It is important to only look for current information from trustworthy providers, as it is easy to become confused by misleading and incorrect sources. Icon Cancer Centre is proud to partner with Cancer Council, one of the many exemplary cancer agencies that offer a range of support services to cancer patients across Australia. We recommend starting your search for additional support services through the below online databases: their online database including;

- **Cancer Council** | www.cancer.org.au/support-and-services
- **Prostate Cancer Foundation of Australia (PCFA)** | www.prostate.org.au/support/

MORE ABOUT CANCER COUNCIL

Cancer Council offer a wide range of information, support services and groups, advice, accommodation options and practical assistance for those with cancer, in addition to a free telephone information and support service.

13 11 20 | cancer.org.au

MORE ABOUT PCFA

Prostate Cancer Foundation of Australia (PCFA) is a broad-based community organisation and the peak national body for prostate cancer in Australia.

1800 220 099 | prostate.org.au/

SUPPORT FOR CARERS

The role of a carer or support person is rewarding yet demanding. Whether you're new to the responsibilities of providing care or you've been doing it for some time, it's important to take the time to look after yourself. Just as there are many services available to those with cancer, as a carer you can also access professional services and support programs to help make things a little easier.

YOUNG CARERS

1800 242 636
youngcarersnetwork.com.au

Supports young people (25 and under) who care for a family member or friend. Run by state and territory Carers Associations, the program offers information, support and opportunities.

CARER GATEWAY

1800 422 737
carergateway.gov.au

Practical information and resources for carers, and links to support services in your local area.

CARERS AUSTRALIA

800 242 636
carersaustralia.com.au

The national body representing Australia's carers. Carers Associations are available in each state and territory, and can help with referrals, counselling and support.

UNDERSTANDING PROSTATE CANCER

COMMON QUESTIONS

PROSTATE CANCER QUESTIONS

What causes prostate cancer?

There's no single cause of prostate cancer. Rather, it's a combination of genetic, lifestyle and environmental factors that can increase your risk. These include being over 50 years old, having higher levels of testosterone and having a family history of hormonal cancers (including breast, ovarian and prostate cancer).

How common is prostate cancer?

Prostate cancer is relatively common among Australian men as the second most diagnosed cancer. Approximately one in every seven men will be diagnosed with prostate cancer by the time they are 85 years old.

RADIATION THERAPY QUESTIONS

Does radiation therapy make you radioactive?

Radiation does not make you radioactive and it is perfectly safe for you to be with and around other people, including children, throughout your treatment.

Can I miss a radiation therapy treatment appointment?

Your individual radiation therapy treatment plan is carefully calculated, so it's important that you don't miss any appointments. However, if missing an appointment is unavoidable, be sure to discuss this with your radiation therapist as soon as you can.

Does radiation therapy hurt?

Radiation therapy is typically painless. Most patients will feel little to no discomfort during treatment. You will not see or feel the radiation, but you may hear noise from the equipment.

Can I drive after treatment?

Yes, it is safe for you to drive after you receive radiation therapy treatment. However, if you feel unfit or unwell to do so, please advise a member of your care team.

Can I father children during radiation therapy?

For men having radiation therapy to their pelvic region, it is advised that you do not father children during treatment. Radiation therapy may damage your sperm, which can lead to birth abnormalities. If you wish to father children after this treatment, please discuss this with your radiation oncologist before commencing treatment.

How long does radiation therapy treatment take?

Treatment is usually given in daily intervals (Monday to Friday) for several days or weeks. A treatment session may last between 15 and 20 minutes.

What are the side effects of radiation therapy?

People who receive radiation therapy may experience skin dryness, itching, blistering or peeling in the treatment area. These usually resolve a few weeks after treatment has finished. A common side effect is fatigue, a feeling of exhaustion that does not improve with rest. Your level of fatigue will also depend on whether you are undergoing other treatments, such as chemotherapy. Although most side effects go away after radiation therapy has finished, some long-term effects may occur. As radiation therapy is localised to an area of the body, you may only experience side effects in this area.

CHEMOTHERAPY QUESTIONS

How does chemotherapy work?

Chemotherapy works by destroying cells that are rapidly dividing, such as cancer cells. However, chemotherapy also destroys normal cells that are rapidly dividing. Unlike cancer cells, normal cells can repair the damage and can recover.

Will I lose my hair as a result of treatment?

Some people receiving chemotherapy may lose their hair, depending on the type of drugs you receive. Your doctor or nurse will be able to tell you whether your particular treatment will cause hair loss.

Am I able to take vitamins and complementary medicines?

Some vitamins and medicines can interfere with the effects of chemotherapy. Ensure to provide your doctor with a list of the medicines you are currently taking, including over-the-counter medicines.

Can I exercise during my treatment?

It's recommended you do some light exercise, such as walking, to help manage fatigue and improve wellbeing. Studies have shown that exercising during your treatment is associated with an improved outcome.

Can I continue to work while I'm being treated?

Your ability to continue to work will depend on the nature of your work, your type of treatment and how well you feel during your treatment. Please discuss this with your doctor.

Should I avoid people who are unwell while I'm being treated?

Chemotherapy can affect the production of blood cells in your body, including your white blood cells, which protect against infection. When your white blood cells are low, you are more at risk of developing a cold or infection. During this time, it's important to avoid people who are unwell.



KEY TERMS

Acute

refers to symptoms that start and worsen quickly but do not last over a long period of time.

Benign

refers to a tumour that is not cancer. The tumour does not usually invade nearby tissue or spread to other parts of the body.

Biopsy

is the removal of a small amount of tissue for examination under a microscope. Other tests can suggest that cancer is present, but only a biopsy can make a definite diagnosis.

Brachytherapy

is a special form of radiation which is delivered internally. Brachytherapy involves the use of a radioactive source which is placed directly inside the tumour or area of disease. The radiation is emitted directly to the targeted area while minimising the radiation dose to surrounding tissue.

Cells

are the basic units that make up the human body.

Central Venous Access Devices (CVADs)

are intravenous catheters which are inserted into a major vein in the body. CVADs allow for short- or long-term venous access to deliver therapies into the bloodstream safely and effectively.

Chemotherapy

are drugs that kill cancer cells.

Chronic

refers to a disease or condition that persists, often slowly, over a long period of time.

CT scan

is an x-ray machine that uses a computer to produce pictures of the head or body. It shows the soft tissues and bones in more detail than an ordinary x-ray.

External beam radiation therapy (EBRT)

is a type of radiation therapy which is delivered externally from a machine called a linear accelerator. EBRT uses one or more high energy x-ray beams directed towards the tumour or tumour bed. The highly targeted beams of radiation are carefully placed to destroy cancer cells while sparing surrounding healthy tissue.

Fractions

refers to the total number of treatments you require for your radiation therapy.

Image guided radiation therapy (IGRT)

is used to accurately confirm the position of the patient prior to each radiation therapy treatment. Image guidance uses the linear accelerator to produce either plain x-ray images or a set of CT scans to determine the accurate positioning of the radiation beam for treatment delivery.

Intravenous Cannula (IV)

is a small flexible tube inserted into a peripheral vein that is used for intravenous treatment such as the administration of medications, chemotherapy, fluids and/or blood products. Once inserted, the intravenous cannula can also be utilised to obtain a blood sample.

Invasive cancer

refers to cancer that has spread outside the layer of tissue in which it started and has the potential to grow into other parts of the body.

Localised cancer

is confined to the area where it started and has not spread to other parts of the body.

Lymph nodes

are tiny, bean-shaped organs that help fight infection and are part of the lymphatic system.

Malignant

refers to a tumour that is cancerous. It may invade nearby healthy tissue or spread to other parts of the body.

Mass

refers to a lump in the body, that can be cancerous or benign.

Metastasis

is the spread of cancer from the place where the cancer began to another part of the body. Cancer cells can break away from the primary tumour and travel through the blood or the lymphatic system to the lymph nodes, brain, lungs, bones, liver, or other organs.

MRI

is a scanner which produces cross sectional soft tissue images of any area of your body.

Primary cancer

describes the original cancer.

Prognosis

refers to the chance of recovery; a prediction of the outcome of a disease.

Radiation marks

refer to small permanent or temporary marks, about the size of a freckle, that are made on a patient's skin by their radiation therapists. Radiation marks are used as definitive surface points to assist with treatment accuracy.

Radiation planning

is the process that occurs between your simulation appointment and treatment appointment. The planning process involves your radiation oncologist, radiation therapists and medical physicists. During this process the radiation treatment is personalised for each patient to meet the goals set by the radiation oncologist.

Radiation therapy

or radiotherapy, is the use of radiation to destroy malignant cells for the treatment and management of cancer. Radiation therapy may be used alone or in conjunction with other forms of treatment.

Simulation

or CT simulation, refers to the appointment session prior to your first treatment. This simulation session involves getting the patient in the desired treatment position, and in most cases conducting a CT scan so the scan images can be used to accurately plan the radiation beams for treatment delivery.

Staging

is a way of describing cancer, such as where it is located, whether or where it has spread, and whether it is affecting the functions of other organs in the body.

Stereotactic radiation therapy (SABR/SBRT)

is a highly specialised, complex and advanced radiation therapy technique which is used to treat very small tumours.

Tumour

is a mass formed when normal cells begin to change and grow uncontrollably. A tumour can be benign (non-cancerous) or malignant (cancerous, meaning it can spread to other parts of the body). Also called a nodule or mass.

Ultrasound

uses high frequency sound waves and a computer to produce pictures of most parts of the body.



WE'RE HERE FOR YOU. EVERY STEP OF THE WAY.

At Icon, care is more than a word – it's a promise. We believe in a personal approach to cancer care tailored to your needs and those of your loved one in the toughest of times. While a cancer diagnosis can be confronting, you can feel confident knowing we're here to support you through your journey with compassion and knowledge.

WHO IS ICON?

Icon Cancer Centre is part of Icon Group, Australia's largest dedicated cancer care provider. Icon Group delivers a true end-to-end cancer care service both in Australia and globally, offering medical oncology, radiation oncology, haematology, pharmacy and chemotherapy compounding.

At Icon, the patient is at the heart of everything we do; our vision is strong but simple – deliver the best care possible, to as many people as possible, as close to home as possible.

FIND OUT MORE

iconcancercentre.com.au

BECOME A PATIENT

iconcancercentre.com.au/cancer-patients/becoming-a-patient/

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