

Prostate Cancer: Treatment Choices for Early-Stage Cancer



The treatment choices for prostate cancer depend on several things. These include your age, life expectancy, and overall health, as well as the size, and location of the cancer. Choices also depend on lab test results, the stage, and risk assessment (such as very low risk and low risk) of the cancer. When prostate cancer is only in the prostate or has only spread to nearby areas, it's called early-stage prostate cancer. This means stage I and II, and some stage III prostate cancers. It's also called localized or local prostate cancer.

Learning about your treatment choices

You may have questions and concerns about your treatment choices. For instance, you may want to know if treatment will affect your urinary or sexual function. You may also want to know if you'll have to change your normal activities.

Your healthcare provider is the best person to answer your questions. They can tell you what your treatment choices are, how successful they're expected to be, and what the risks and side effects might be. Your provider may advise a certain treatment or a certain combination of treatments. Or they may offer more than one, giving you a choice. This can be a hard decision to make. Each type of treatment has different benefits and risks. You may want to learn all you can about your cancer and treatment choices so that you can make decisions about your care.

Talk with your provider to get answers to your questions. It's important to take the time to make the best decision for you.

Types of treatment for early-stage prostate cancer

Active surveillance

The goal of active surveillance is to closely keep track of a cancer that is small and growing very slowly. It will not likely do any harm for a long time, if ever. Active surveillance is done because the treatments for prostate cancer can cause more harm than living with the disease. This may be a strategy for you if you are younger in age, and the cancer is only in the prostate, doesn't cause symptoms, is lower risk, and isn't likely to shorten your life. Active surveillance usually involves PSA tests, rectal exams, biopsies, and possibly an MRI scan done on a regular schedule. If the PSA starts to increase, or the cancer starts growing faster or begins to cause symptoms, treatment can be started.

Watchful waiting or observation

Another choice is watchful waiting or observation. This may be a good choice for patients who are older, have a life expectancy of less than 5 years, have other health problems, and don't have symptoms of prostate cancer. It is a less aggressive way to keep track of prostate cancer. You may have a PSA test and physical exam 1 to 2 times per year. This choice doesn't usually include biopsies.

Surgery

The main goal of surgery is to cure the prostate cancer by removing all the cancer cells. This surgery is called a radical prostatectomy. The prostate, nearby tissues, and seminal vesicles are removed. Pelvic lymph nodes may also be removed during the surgery. Often the surgery is done using a minimally invasive surgical method called laparoscopic radical prostatectomy (either with robot-assistance or not) using several small cuts. The surgery can also be done using one large cut but the recovery is longer. The two most common but often temporary side effects of surgery are a change in the ability to hold your urine, and a new difficulty with or inability to have an erection.

Radiation therapy

Radiation therapy uses high-energy radiation using X-rays or other particles to kill or shrink cancer cells. There are two main ways to get radiation therapy. One way sends radiation to the cancer from a source outside your body. This is called external beam radiation therapy (EBRT). For this, a machine sends a beam of radiation to your prostate. The other type of radiation therapy, called internal radiation or brachytherapy, sends radiation to the cancer from a source inside your body. For this, tiny radioactive metal seeds are placed into your prostate using thin, hollow needles. Early-stage prostate cancer treatment may include EBRT alone, brachytherapy alone, or a combination of the two.

Cryotherapy

Cryotherapy or cryosurgery freezes and kills the cancer cells before they have a chance to spread. The healthcare provider makes a tiny cut (incision) and puts a thin, metal, needle-like probe into the prostate so the tip is at the tumor. The probe sends liquid nitrogen into the tumor to freeze the cancer cells. This isn't a common first treatment for prostate cancer.

High-intensity focused ultrasound

This uses heat to treat prostate cancer. An ultrasound probe is placed into the rectum and sound waves are aimed at the prostate. It limits damage to normal tissue. This may not be an option for all people.

Hormone therapy (androgen deprivation therapy)

Hormone therapy is not usually used by itself for the treatment of early-stage prostate cancer. The goal of hormone treatment is to lower or block male hormones (also called androgens), such as testosterone, which can cause the cancer to grow. Hormone therapy may involve hormone shots done once a month or 2 to 4 times a year. Another way is to have surgery to remove the testicles. (The testicles make most of a person's testosterone.) Hormone therapy isn't a common treatment for early-stage cancer. It doesn't cure prostate cancer, but slows its growth. Still, hormone therapy may be used along with radiation therapy in cases where:

- The cancer has grown outside the prostate but hasn't spread to other parts of the body (locally advanced prostate cancer).
- The cancer has a high risk of coming back after treatment.

Talking with your healthcare providers

At first, thinking about treatment choices may seem overwhelming. Talk with your healthcare providers and loved ones. You may even want to consider getting a second opinion. Make a list of questions. Think about the benefits and possible side effects of each choice. Discuss your concerns with your providers before making a decision.

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