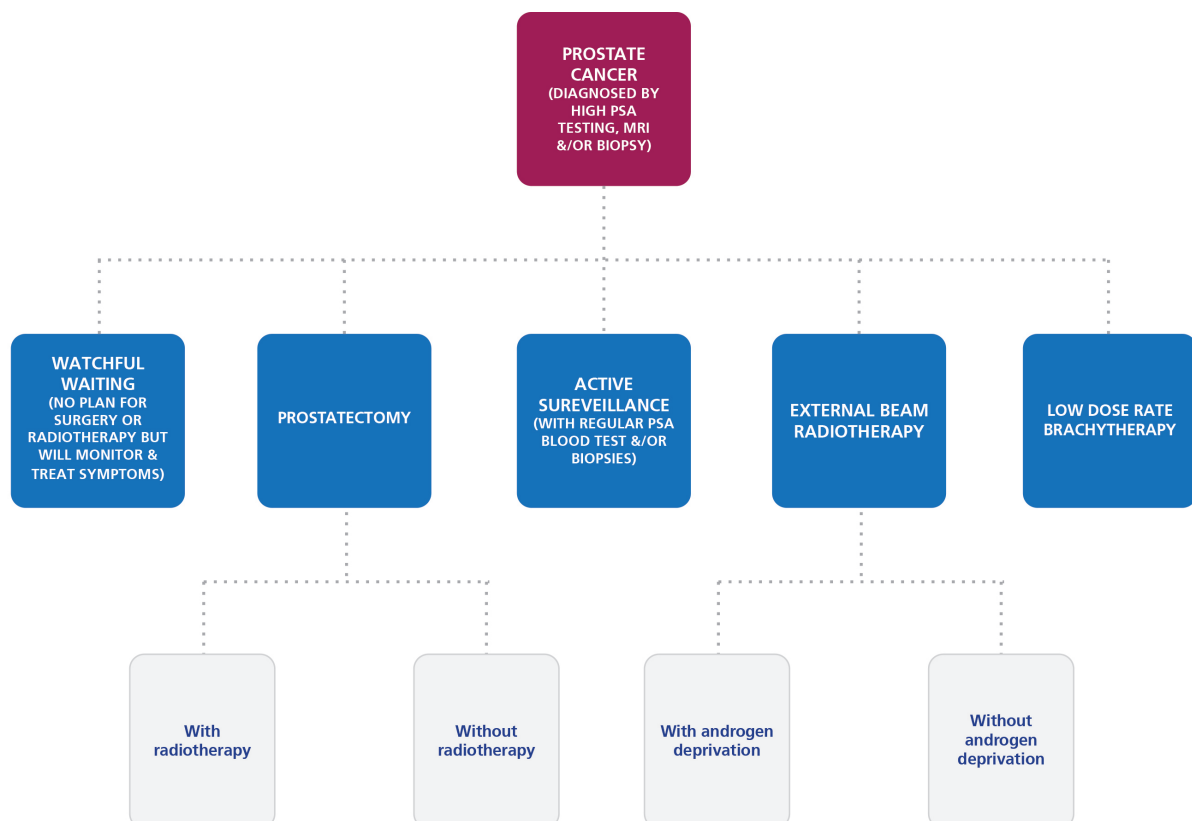


Deciding what to do about localised prostate cancer

This short decision aid is to help you decide what to do about your localised prostate cancer. It's designed for men with low-risk or intermediate-risk prostate cancer that hasn't spread to other parts of the body. You can use it on your own, or with your doctor, to help you make a decision about what's right for you at this time.

The main options for managing your localised prostate cancer are:

- **Watchful waiting**, where you and your doctor do nothing other than watch for symptoms that may mean your cancer is growing. Watchful waiting is an option for men with low-risk or intermediate-risk prostate cancer who have another serious illness or a limited life expectancy. Watchful waiting will not cure or control the spread of cancer.
- **Active surveillance**, a way of closely monitoring localised prostate cancer with regular prostate-specific antigen (PSA) tests, examinations, and biopsies if they are needed. You will be offered radiotherapy or surgery (radical prostatectomy) with the aim of trying to cure your prostate cancer if it gets worse or if you change your mind. Active surveillance is sometimes called active monitoring.
- **External beam radiotherapy**, a treatment that uses radiation (x-rays) to destroy cancer cells. It's often just called radiotherapy.
- **Low-dose rate brachytherapy**, which involves planting very small radioactive 'seeds' or pellets directly in the prostate to destroy cancer cells. It's sometimes called internal radiotherapy.
- **Radical prostatectomy**, an operation to remove all of the prostate. It's sometimes just called surgery.



What are my options?

	Watchful waiting	Active surveillance	External beam radiotherapy	Low-dose rate brachytherapy	Radical prostatectomy
What is the treatment?	<p>Watchful waiting means watching for symptoms that mean your cancer may be growing. Watchful waiting is a long-term approach. You may still have occasional doctor's appointments to attend. You are unlikely to have regular prostate-specific antigen tests or biopsies.</p> <p>Many men who opt for watchful waiting don't have symptoms from their prostate cancer. Symptoms can be treated if they develop, but the treatment is not intended to cure the cancer.</p>	<p>Active surveillance is a way of closely monitoring localised prostate cancer with regular prostate-specific antigen (PSA tests), and biopsies if they are needed. You will be offered radiotherapy, low-dose rate brachytherapy or surgery with the aim of trying to cure your cancer, if the tests show that your prostate cancer is growing. You can choose to switch to other treatment at any point and for any reason.</p>	<p>External beam radiotherapy uses radiation (x-rays) to destroy cancer cells. It's often just called radiotherapy. A machine positioned above the body directs the radiation through the abdomen and into the cells in the prostate. The aim of the treatment is to kill the cancer cells in the prostate so that the cancer can't grow and spread to other parts of the body. Radiotherapy is the most common treatment in the UK for men with localised prostate cancer.[1]</p>	<p>Low-dose rate brachytherapy is a type of radiotherapy. It's sometimes called internal radiotherapy. Very small radioactive 'seeds' are planted directly in or near the cancer in your prostate. The aim is to target and destroy the cancer cells while sparing the healthy cells. The seeds are planted when you are under a general anaesthetic or a spinal anaesthetic.</p>	<p>Radical prostatectomy is an operation to remove the whole prostate gland. Removing the prostate takes away the tumour so that it can't grow or spread. The surgery removes the prostate through a single cut in your abdomen (retropubic surgery) or through a cut in the skin between the anus and testicles (perineal surgery).</p> <p>Keyhole surgery (laparoscopic surgery) can also be used to remove the prostate. This operation uses a series of small cuts (about 4 or 5) to reach and remove your prostate. Not all hospitals offer laparoscopic surgery.</p>

	Watchful waiting	Active surveillance	External beam radiotherapy	Low-dose rate brachytherapy	Radical prostatectomy
What is the effect on stopping cancer returning or spreading?	Watchful waiting doesn't cure or control the spread of cancer. About 6 in 100 men with low-risk localised prostate cancer who have watchful waiting have cancer that spreads to their bones after 12 years.[2]	Active surveillance doesn't cure or control the spread of cancer. You will be offered treatment with the aim of trying to cure your cancer if tests show that the cancer is growing or you are in good health and you decide to stop active surveillance at any point or for any reason. It's likely that the effect of active surveillance would be no worse than watchful waiting and no better than radical prostatectomy.	We don't know whether radiotherapy can stop cancer returning or spreading. There is not enough research on this to be sure. It's likely that the effect of radiotherapy would be no worse than watchful waiting and no better than radical prostatectomy.	We don't know whether low-dose rate brachytherapy can stop cancer returning or spreading. There is not enough research on this to be sure. It's likely that the effect of radiotherapy would be no worse than watchful waiting and no better than radical prostatectomy.	About 3 in 100 men with low-risk localised prostate cancer and 5 in 100 men with intermediate-risk localised prostate cancer who have radical prostatectomy have cancer that spreads to their bones after 12 years.[3]

	Watchful waiting	Active surveillance	External beam radiotherapy	Low-dose rate brachytherapy	Radical prostatectomy
What is the effect on length of life?	Men with low-risk localised prostate cancer are more likely to die from health problems other than their prostate cancer during a 12 year period of watchful waiting.[4] About 3 in 100 men with low-risk localised prostate cancer who have watchful waiting will die from prostate cancer by 12 years.	We don't know what effect active surveillance has on how long people live. There is not enough research on this to be sure. It's likely that the effect of active surveillance would be no worse than watchful waiting and no better than radiotherapy or radical prostatectomy.	About 64 in 100 men with low-risk localised prostate cancer who have external beam radiotherapy are still alive after 10 years.[6] This compares with about 44 in 100 men with intermediate-risk localised prostate cancer. Adding hormone therapy to radiotherapy might help you live longer.[7]	Men who have low-dose rate brachytherapy may live as long as men who have radiotherapy or radical prostatectomy. There is not enough research on this to be sure.	The effect of radical prostatectomy on your length of life may depend in part on your overall health and whether your localised prostate cancer is low-risk or intermediate-risk. About 5 in 100 men with intermediate-risk localised prostate cancer who had a radical prostatectomy died from their prostate cancer by 10 years. This compares with about 11 in 100 men with intermediate-risk localised prostate cancer who had watchful waiting.[5]

	Watchful waiting	Active surveillance	External beam radiotherapy	Low-dose rate brachytherapy	Radical prostatectomy
What other consequences does this treatment have?	<p>Erection problems can happen by chance and are more common as men get older.</p> <p>You won't spend time having treatment or recovering from treatment.</p>	<p>Erection problems can happen by chance and are more common as men get older.</p> <p>You won't spend time having treatment or recovering from treatment, unless you start having symptoms or your tests show your cancer has started to grow.</p>	<p>Some men who have external beam radiotherapy get erection problems. We don't know how common this is. [10] Problems with erections also depend on how good your erections were before radiotherapy.</p> <p>You'll be treated as an outpatient in the hospital every working day for up to seven weeks. [11] Some side effects may be permanent.</p>	<p>About 36 in 100 men who have low-dose rate brachytherapy have erection problems three years after treatment. [12] Problems with erections also depend on how good your erections were before treatment.</p> <p>You may need one or two trips to hospital to have low-dose rate brachytherapy. You are likely to be able to get back to your usual routine within a day or two of treatment. [13]</p>	<p>Men who have radical prostatectomy are likely to have problems getting erections. About 81 in 100 men have erection problems two years after having a radical prostatectomy. [8] Problems with erections also depend on how good your erections were before surgery.</p> <p>Most men will be able to go home between three and seven days after having an open prostatectomy or one to two days after keyhole surgery. [9]</p>

	Watchful waiting	Active surveillance	External beam radiotherapy	Low-dose rate brachytherapy	Radical prostatectomy
Effect on passing urine	<p>Leaking urine (incontinence) or difficulty passing urine can happen by chance and are more common as men get older.</p>	<p>Leaking urine (incontinence) or difficulty passing urine can happen by chance and are more common as men get older.</p>	<p>Radiotherapy can cause incontinence (leakage of urine) and difficulty passing urine. We don't know how often this happens. There is not enough research to be sure.</p>	<p>Low-dose rate brachytherapy can cause incontinence (leakage of urine). About 5 in 100 men have urinary incontinence after three years. [15]</p>	<p>Radical prostatectomy can cause incontinence (leakage of urine). About 17 in 100 men have urinary incontinence two years after surgery. [14]</p>

What are the pros and cons of each option?

People with localised prostate cancer have different experiences about the health problem and views on treatment. Choosing the treatment option that is best for the patient means considering how the consequences of each treatment option will affect their life.

Here are some questions people may want to consider about treatment for localised prostate cancer:

- How important is it to have a treatment that will help them live as long as possible?
- Are they willing to wait and see if their prostate cancer causes them symptoms?
- Are they willing to live with untreated prostate cancer?
- Are they willing to take the risk of serious side effects or complications from treatment?
- Are they willing to spend time in hospital, or having treatment?
- Are they willing to have a treatment that interferes with day-to-day activities or means taking a lot of time off work?