

PROSTATE CANCER CENTRE

Treatment selector

This guide is designed to help patients choose the optimal treatment for themselves. It is important to remember that rarely is there only one treatment option available for an individual and prostate cancer is a slow growing disease. Therefore it is important that each patient takes sufficient time to explore all their treatment options before coming to a considered choice, rather than rushing into the first treatment offered.

In determining the severity of a patients prostate cancer it is sometimes helpful to categorise the condition into High, Intermediate or Low risk disease. The risk of the disease relates to its chance of cancer spreading outside of the prostate gland and potentially becoming a lethal disease.

Patients with Low Risk disease have a PSA level below 10ng/ml, and a Gleason Score of six or less. On rectal examination the prostate gland feels either normal (Stage 1) or as though the cancer is confined to only one side (left or right) of the gland (Stage 2A or 2B). The urologist will be able to tell the patient of their clinical stage.

Intermediate Risk disease patients have either PSA level above 10ng/ml, or a Gleason Score of 7 or more or on rectal examination the prostate cancer is felt on both sides of the gland (Stage 2C) or to be extending outside the prostate (Stage 3).

Patients with High Risk disease have two or all three of these adverse risk factors present; i.e. a PSA over 10ng/ml and or a Gleason Score of 7 or more and or the prostate cancer feels present on both sides of the gland (Stage 2C) or to be extending outside the prostate (Stage 3).

Table 1 indicates the suitability of a patient with different parameters for different treatment options. It should be noted that the best available medical evidence would suggest that there is no discernible difference in the cure rates for patients with similar risk prostate cancer treated either by radical prostatectomy, brachytherapy or conformal beam radiotherapy (the latest machines allowing radiation doses of 72Gy or more to be given).

Table 2 indicates the likelihood of side effects occurring with a particular treatment option. The risk of such side effects developing can be very variable and dependent on the skill and experience of the treating clinicians. Patients should enquire about the complication rates at the actual hospital they are considering being treated at.

TABLE 1

The suitability of a treatment for a newly diagnosed prostate cancer is indicated by the number of **green dots** * present.

- Desirable treatment option
- Acceptable treatment option
- Possible treatment option
- Avoid treatment option

Patient parameter	Radical Prostatectomy	Brachytherapy	Brachytherapy with External Beam Radiotherapy	Conformal External Beam Radiotherapy	Cryotherapy	HIFU
Low risk cancer	•••	•••	•	•	•	•
Intermediate risk cancer	•••	•••	•••	••	•	•
High risk cancer	•	•	••	•••	•	•

Patient Age

45 - 55 yrs	●●●	●●	●●	●	●	●
55 - 65 yrs	●●●	●●●	●●●	●●	●	●
65 - 75 yrs	●●	●●●	●●●	●●●	●	●
75+ yrs	●	●●●	●●	●●	●	●

Pre-treatment urinary symptoms

IPSS < 15/35	●●●	●●●	●●●	●●●	●●●	●
IPSS > 15/35	●●●	●	●	●●●	●	●

Prostate gland size

10 - 60 cc	●●●	●●●	●●●	●●●	●●●	●
60 - 80 cc	●●●	●●	●●	●●●	●	●
+80 cc	●●●	●	●	●●●	●	●

Recent prostate operation;
(i.e.TURP)



Previous inflammatory bowel disease
i.e: Crohns Disease etc.



Medically obese



Medically in poor health



TABLE 2

The suitability of a treatment for a recurrent localised prostate cancer following radiotherapy treatment. Patients will normally have been re-investigated by and MRI and bone scan to ensure that there is no evidence that the cancer has spread outside the gland.

The suitability of each second-line or salvage treatment is indicated by the number of **green dots** • present.

- Desirable treatment option
- Acceptable treatment option
- Possible treatment option
- **Avoid treatment option**

Patient parameter	Radical Prostatectomy	Cryotherapy	HIFU
Low risk cancer	•	•••	•
Intermediate risk cancer	•	•••	•
High risk cancer	•	•	•

Patient Age

45 - 55 yrs	•	•••	•
55 - 65 yrs	•	•••	•
65 - 75 yrs	•	•••	•
75+ yrs	•	•	•

Pre-treatment urinary symptoms

IPSS < 15/35	•	•••	•
IPSS > 15/35	•••	•	•

Prostate gland size

10 - 60 cc	•	•••	•
60 - 80 cc	••	•	•
+80 cc	•••	•	

Recent prostate operation; (i.e.TURP)

Recent prostate operation; (i.e.TURP)	•••	•	••
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Previous inflammatory
bowel disease i.e: Crohns
Disease etc



Medically obese



Medically in poor health



TABLE 3

The possibility of a treatment to cause a specific side effect when treating a newly diagnosed prostate cancer is indicated by the number of **blue dots** • present.

- Common side effect, occurring in 30-60% of patients
- Likely side effect, occurring in 10-30% of patients
- Possible side effect, occurring in 1-10% of patients
- Rare side effect, occurring in less than 1% of patients

Patient parameter	Conventional Radical Prostatectomy	Laparoscopic Radical Prostatectomy	Brachytherapy	Brachytherapy with External Beam Radiotherapy	Conformal External Beam Radiotherapy	Cryotherapy	HIFU
Dying from procedure	•	•	•	•	•	•	•

Impotence

Unable to get
an erection
one year after
treatment

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**Urinary
incontinence**

1 month after
treatment

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1 year after
treatment

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**Difficulty with
urination**

1 month after
treatment

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1 year after
treatment

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Diarrhoea and urgency of bowels

1 month after treatment
1 year after treatment



Time off work

< 1 week
1 - 4 weeks
4 - 12 weeks

