


NO LAUGHING MATTER

Men may make light of **prostate cancer exams**, but the disease itself is no joke. Fortunately, advances in treatment can get your guy laughing again in no time

to investigate the lymph nodes.

Perineal prostatectomy. The prostate is removed through a small U-shaped incision under the scrotum. Because this surgery utilizes a shorter incision than the retropubic version, recovery is quicker.

Laparoscopic and robotic prostatectomies. Both minimally invasive procedures make multiple tiny incisions in the abdomen. A laparoscopic surgeon will use instruments, a scope and a video monitor to navigate inside the body and remove the prostate. In the robotic method, a surgeon controls instruments using robotic arms and wrists and a 3-D viewing system. These procedures mean a faster recovery and less chance of infection.

 **RADIATION TREATMENT**
With radiation treatments, radioactive material is used to kill cancerous cells and tissue. There are two types:

External beam treatment. Here,

high-energy radiation beams target cancerous areas. In recent years, intensity modulated radiation therapy (IMRT) has replaced other methods. With IMRT, precise microbeams are used—instead of four or five large beams—with almost no leakage of radiation into surrounding healthy tissue. “It’s a viable option for people who don’t want or can’t have surgery,” Marks says. There is a time investment—treatment involves five 20- to 30-minute sessions a week for seven weeks.

Interstitial treatment (brachytherapy). Radioactive “seeds” the size of rice grains are implanted in predetermined locations in the affected area; the seeds emit radiation in regulated doses over time, killing cancerous cells. This method, according to Marks, is more aggressive than IMRT but less aggressive than surgery.

 **WATCHFUL WAITING**
This type of treatment, which is

All that poking and prodding ... and my doctor didn't even buy me dinner first!

Ba-dum-dum

On any given Saturday night, there are a host of male comedians railing about the indignities of the dreaded prostate exam. But it’s no joke. The exam is one gauge of a man’s prostate health—and can help to determine if he has prostate cancer, the second most common type in men after skin cancer, according to the American Cancer Society.

About one in six men will be affected by prostate cancer during his lifetime. The good news is that only one in 35 of them will die from it. That’s because men are being diagnosed earlier and treatment options continue to be refined.

Treatment outcomes depend on the severity of the cancer, the man’s health and the prospects for recovery. In some cases, multiple treatments are used to ensure the best chances for recovery. Here are the treatment choices available:



SURGERY

“Surgery is ideally for men with an expected life span of more than a decade,” says Sheldon Marks, M.D., author of *Prostate and Cancer: A Family Guide to Diagnosis, Treatment and Survival* (Da Capo Press, 2003). “Surgery offers the best long-term survival. The downside to surgery is you have to take the risk upfront.” That risk is typically associated with general anesthesia and potential

complications from surgery, including incontinence and erectile dysfunction. But both may be avoided or eased through surgeon selection and treated with medication. There are four basic types of surgery to remove the prostate:

Retropubic prostatectomy. An incision is made from the belly button to the pubic bone. This is the most common radical prostatectomy and is typically the No. 1 choice if the surgeon also wants



commonly referred to by physicians as active surveillance, may be considered no treatment at all, but rather a monitoring of the prostate cancer's growth. It is used for men with low-grade cancer who have some kind of ongoing health problem that precludes aggressive treatment. "It's really not appropriate for young guys or people you anticipate will live seven to 10 years or more," Marks says.


Marks describes a patient who had significant cancer but more significant cardiovascular disease—the heart problems would kill him before the slow-growing cancer would, so aggressive treatment would have hampered his quality of life. Instead, the patient opted for a shorter, albeit better, time.

"If the cancer is not a threat to the man's life—or to his quality of life—then we pursue active surveillance

because we never want the treatment to be worse than the disease," he says.

HORMONE THERAPY

This method can shrink the prostate cancer in advance of surgery or radiation treatment for better results. "The primary use of hormone therapy is to stop cancer growth," Marks says. "The majority of prostate cancers are dependent on testosterone for their growth—it's their fuel. If you eliminate the testosterone, the cancers will stop growing."

Typically, this treatment means a lifelong commitment to injections or pills—otherwise, testosterone levels will begin to increase on their own. Surgical removal of the testicles, which produce male hormones, is also considered hormone therapy, according to the American Cancer Society. 



FREE Prostate Cancer Guide

To download or request a FREE copy of "Report to the Nation on Prostate Cancer: A Guide for Men and Their Families," visit prostatecancerfoundation.org and click "Guide for Men with Prostate Cancer."