

Facts About Prostate Cancer and Its Treatment

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In 2006, about 235,000 Americans will be diagnosed with prostate cancer, making it the most common cancer among males. If caught early, prostate cancer is very treatable and usually curable.

There often are no signs of the disease, but some men may notice changes in urinary flow, pain when urinating and blood in the urine. At routine physicals, doctors usually take blood to check the level of prostate specific antigen (PSA). If the PSA level is high, the doctor will remove a small piece of prostate tissue to look for cancer.

For cancer that has not spread from the prostate, the main treatments are external beam radiation therapy, brachytherapy and surgery. Hormone therapy may be added to radiation therapy to stop the body from producing hormones that stimulate the growth of new cancer cells.

Here is an overview of the most common approaches.

- **Surgery:** A doctor operates to remove the cancerous prostate.
- **Watchful waiting:** For a very slow growing type of cancer, patients may be able to monitor their condition and not undergo any treatment. This option is for older men, or men who have other health conditions.
- **Brachytherapy:** Often called “seed implants,” this treatment involves placing radioactive sources in, or just next to the tumor to kill the cancer cells. The sources may be left in place permanently or temporarily, depending on the type of cancer and the seeds used.
- **External beam radiation therapy:** During this treatment, a radiation oncologist aims radiation at the tumor to destroy the cancer cells. At UCSD, two sophisticated forms of external beam

radiotherapy are used – IMRT and IGRT. In IMRT, or Intensity Modulated Radiation Therapy, the radiation beam conforms precisely to the shape of the target, something like a shrink wrap, so adjacent healthy tissues are protected. For high-risk prostate cancer, IMRT is combined with hormonal therapy. In IGRT, or Image Guided Radiation Therapy, three to five marker seeds are placed in the prostate to pinpoint its location on daily basis. This technique takes into account daily organ movement, thereby improving the accuracy of treatment delivery and minimizing the exposure of adjacent healthy tissue. Better accuracy also enables the radiation dose to be safely increased, if needed. IGRT is not only used for treating the prostate, but also if radiation therapy is needed for any reason if the prostate was removed. In this situation, after a prostatectomy, surgical clips are visualized daily to pinpoint the target and the prostate bed. Treatments are painless, last about 30 minutes and are scheduled five days a week for several weeks. Most patients are able to continue their normal routines during radiation treatments.

Before undergoing any treatment, talk with several cancer specialists, including a radiation oncologist, about the options available.

The American Society for Therapeutic Radiology and Oncology offers a free brochure on prostate cancer. For a copy, visit www.rtanswers.org.

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