

UROLOGY CARE FOUNDATION

Prostate Health PLAYBOOK

Urology Care
FOUNDATION™
*The Official Foundation of the
American Urological Association*

**Know
Your
Stats**
About Prostate Cancer®

About the Urology Care Foundation

The Urology Care Foundation is committed to advancing urologic research and education. We work with researchers, healthcare providers, patients and caregivers to improve patients' lives. The Urology Care Foundation is the official foundation of the American



About Prostate Cancer®

urological Association (AUA). **Knowledge is power.** By reading this Playbook, you've started your game plan for prostate health and well-being. The stakes are high. **About 1 in 7 men will be diagnosed with prostate cancer in their lifetime.** Further, **1 in 5 African Americans, and 1 in 3 men with a family history** will be diagnosed.

Don't sit on the sidelines. Know your risks and talk to your healthcare provider to see if you should get tested for prostate cancer.

Know Your Risk. Talk to Your Doctor.

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The National Football League (NFL) and the Urology Care Foundation have teamed up to raise awareness about prostate cancer. The **Know Your Stats About Prostate Cancer**[®] campaign is about understanding your risk. It is especially helpful for the more than 161,000 men who will be diagnosed this year.

This campaign is led by some of our favorite football heroes, like Pro Football Hall of Fame member and prostate cancer survivor Mike Haynes. As a spokesperson for the campaign, Mike and his “Team Haynes” members educate men and women, nationwide, about prostate cancer. Mike’s



story gives hope to men who are diagnosed and in treatment. His story reminds families to talk about their health and get active support from a qualified care team.

After reading this Playbook, go to **KnowYourStats.org** to learn more. There you can learn about prostate health, prostate cancer, treatment and about life after this diagnosis.

Pregame Preparation: What You Should Know About Your Prostate?

Prostate health — much like success in football — depends on key members of your team. In prostate health, the *urologist** is the head coach leading your healthcare team. This team also includes you, your family and your friends to carry out a solid game plan.

Any football fan or player knows that the best defense is a good offense. Learning about your risk for prostate cancer is like learning about your opponent. The more you know, the better you can pick the best plays to keep you in the game – for life.

Start by knowing your body. Only men have a *prostate*. This walnut-shaped gland is part of the male reproductive system. The prostate sits under the *bladder*, in front of the *rectum*. It surrounds the *urethra* (the tube that carries *urine* and *semen* out of the body). The prostate’s main job is to help make fluid for semen to protect and energize *sperm*. The *seminal vesicles*, found next to the prostate, also add fluid to semen. (See pages 7 and 11 for illustrations).

Think of semen as the offensive line. As the sperm run to the end zone (where the female egg is waiting), they are protected by semen. This process lets sperm fertilize the egg and form a new life — touchdown!

The most common prostate health problems are non-cancerous. They are diagnosed as enlarged prostate (*benign prostatic hyperplasia – BPH*) or inflammatory disease (*prostatitis*). These issues can have similar symptoms to prostate cancer. Men with urinary problems should talk to a healthcare provider about their prostate health.

Because of its location inside the *pelvis*, there are no prostate self-exams. Healthcare providers use two tests to check prostate health. They are the *digital rectal examination (DRE)* and a blood test called *prostate-specific antigen (PSA)*. Men who benefit most from these screenings are between the ages of 55 and 69, are African American, have a family history of the disease, and/or have certain symptoms.

Know Your Risk. Talk to Your Doctor.

* All words that appear in italics are explained in the Glossary.



26,730

More than 26,700 men died from prostate cancer last year in the United States. Better screening and more successful treatments are reducing this number each year.

What are Prostatitis and Chronic Pelvic Pain Conditions?

Prostatitis and chronic pelvic pain are common conditions. They can cause urine problems and pain around the *penis* and groin. While these problems are not the end of the game, they can sideline a player. Researchers estimate that 1 in 10 men get prostatitis-like symptoms.

What causes prostatitis and chronic pelvic pain?

Prostatitis means inflammation or an infection, in the prostate. Prostatitis can be acute, and come on suddenly. It can be chronic, and never go away. Or it can be recurrent and keep coming back. These conditions may or may not be caused by bacteria. Sometimes the cause of prostatitis or chronic pelvic pain is simply not known.

What is the game plan to treat prostatitis and chronic pelvic pain?

Treatment is different for each kind of prostatitis. The first step is to make sure other health problems aren't causing the symptoms. Problems such as inflammation of the urethra or bladder, *cystitis* (*urinary tract* infection [UTI]), an enlarged prostate and cancer should be ruled out.

There are tests to help make a clear diagnosis. These include the prostate-specific antigen (PSA) blood test and the digital rectal exam (DRE). A DRE is when your provider feels your prostate for anything abnormal, while the PSA is a blood test. (See Page 11 for more about these tests.) Your healthcare provider may also test samples of urine and prostatic fluid to look for signs of inflammation and infection.

These samples can identify if the problem is in the urethra, bladder or prostate. A urologist may use *cystoscopy* — a small telescope used to see inside the urethra, prostate and bladder. A urologist may also order urine flow studies to measure the strength of your urine flow and to see if there is a blockage.

Your treatment options will be based on the type of prostatitis you have and your symptoms. Your healthcare provider may give you antibiotics or something else to help. While prostatitis can place you on the sidelines, it is not life threatening and you can get relief.

For more information on prostatitis, visit

UrologyHealth.org/Prostatitis.

1 in 10



While prostatitis may place you on the sidelines, it is not life threatening. Treatments are available once you are diagnosed.

Researchers estimate that 1 in 10 men get prostatitis-like symptoms.

Score Your Prostate Symptoms: The American Urological Association (AUA) Symptom Score

Have you noticed any of the following when you have urinated over the past month? Circle your answer and write your score in the right-hand column. Talk with your provider if your total score is 8 or greater or if you are bothered at all.

	Not at all	Less than 1 time in 5	Less than half the time	About half the time	More than half the time	Almost always	Your score
Incomplete emptying — It does not feel like I empty my bladder all the way.	0	1	2	3	4	5	
Frequency — I have to go again less than two hours after I finish urinating.	0	1	2	3	4	5	
Intermittency — I stop and start again several times when I urinate.	0	1	2	3	4	5	
Urgency — It is hard to wait when I have to urinate.	0	1	2	3	4	5	
Weak stream — I have a weak urinary stream.	0	1	2	3	4	5	
Straining — I have to push or strain to begin urination.	0	1	2	3	4	5	
	None	1 time	2 times	3 times	4 times	5 times or more	Your score
Nocturia — I get up to urinate after I go to bed until the time I get up in the morning.	0	1	2	3	4	5	
Total AUA Symptom Score							
Total score: 0–7 mildly symptomatic; 8–19 moderately symptomatic; 20–35 severely symptomatic.							
Quality of life due to urinary symptoms	Delighted	Pleased	Mostly satisfied	Mixed: about equally satisfied and dissatisfied	Mostly dissatisfied	Unhappy	Terrible
If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?	0	1	2	3	4	5	6

What is Enlarged Prostate?

The prostate may become larger and start to cause problems as a man ages. Enlarged prostate is also known as benign prostatic hyperplasia (BPH). The prostate of a 50-year-old man is about the size of a walnut or golf ball. With age, a prostate can grow to the size of a baseball. As the prostate enlarges, it squeezes the urethra.

This can cause lower urinary tract symptoms.

Who is at risk for enlarged prostate?

The biggest known risk factor for an enlarged prostate is simply, aging. Family history, obesity and high blood sugar may also be risk factors.

How is enlarged prostate diagnosed?

The American Urological Association's (AUA) Symptom Score, on page 6, allows men to rate their symptoms. This helps their doctors to understand what's happening. When healthcare providers check for enlarged prostate, they take an in-depth health history. They do a physical exam, including a DRE. Your provider may also test your

urine (a *urinalysis*) and your PSA blood levels. (See page 11, for more on tests.)

When should a man see a doctor about enlarged prostate?

If you have any of the symptoms in the AUA Symptom Score card, see your doctor or a specialist. A specialist in prostate health is a urologist. Pay attention to blood in your urine, lower pelvic pain, burning with urination, or if you can't *urinate* easily. Enlarged prostate is not cancer and cannot lead to cancer. Still, both problems can show similar symptoms or happen at the same time. For this reason, you may be a good candidate for a PSA and other tests.

What is the game plan to treat enlarged prostate problems?

Enlarged prostate can lead to bladder damage, infection and even kidney damage. As men age, enlarged prostates can get worse. One way to tackle an enlarged prostate can be to use prescription drugs. Or, there are minor surgical options that may relieve symptoms. Your urologist can help you decide what the best game plan is for you.

For more information on BPH, visit UrologyHealth.org/BPH.

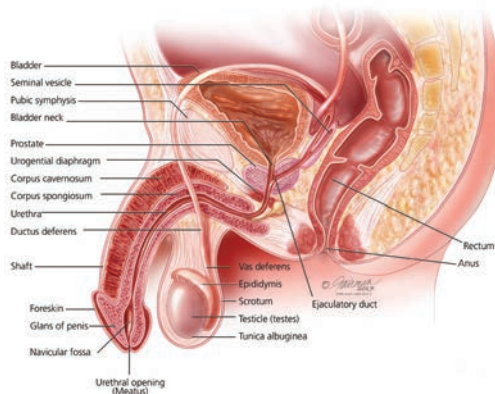


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*All words that appear in italics are explained in the Glossary.



1 *in* 7

About 1 in 7 men
will be diagnosed
with prostate cancer
in his lifetime.

Who is at Risk for Prostate Cancer?

This year more than 161,000 American men will learn they have prostate cancer. To put that statistic into perspective, that is twice the number of fans who fit in MetLife Stadium, home of the NFL's New York Giants and Jets.

Most men find treatments that help, but over 26,000 men died last year in the U.S. from prostate cancer.

Who is at risk for prostate cancer?

For all men, prostate cancer risk grows with age. About 1 in 7 men in the U.S. will face a diagnosis of prostate cancer in his lifetime. African American men face the highest risk. About 1 in 5 African American men will be diagnosed; often, with more deadly forms of the disease.

About 1 in 3 men whose fathers or brothers had prostate cancer will also be diagnosed. This is a larger concern if two or more close relatives have been diagnosed with prostate cancer, and they were younger than age 55 at the time.

To decrease your risk of prostate cancer, it helps to eat a diet low in animal fat and high in fruits and vegetables. Most doctors agree that heart healthy steps also keep your prostate healthy. The primary goals are eating with your health in mind, exercising daily, losing excess weight and quitting smoking.

What are the symptoms of prostate cancer?

In early stages, prostate cancer may cause no symptoms at all. When symptoms do occur, they are similar to an enlarged prostate or BPH (see Page 7). That's why it's vital to talk to your provider when you have urinary symptoms. Things to watch for include: being unable to urinate, pain or burning with urination or a weak flow. Blood

in the urine or semen, and painful *ejaculation* can also be signs. Late stage cancer would cause bone pain in your hips, pelvis, lower back or upper thighs. Also, it would cause a loss of appetite and or unwanted weight loss.

If you have any of these symptoms, talk to your healthcare provider right away about your prostate health.

How do you screen for prostate cancer?

Two tests are done together: the prostate-specific antigen (PSA) blood test (see page 11) and the digital rectal exam (DRE) (see page 11). Screening should be done if you're older than 55 or have a family history, even if you have no symptoms.

What is PSA?

PSA is a protein made only by the prostate gland. A high level of PSA can be a sign of other prostate disease, not just prostate cancer.

For more information about prostate cancer stats and symptoms, visit www.KnowYourStats.org/Resources.



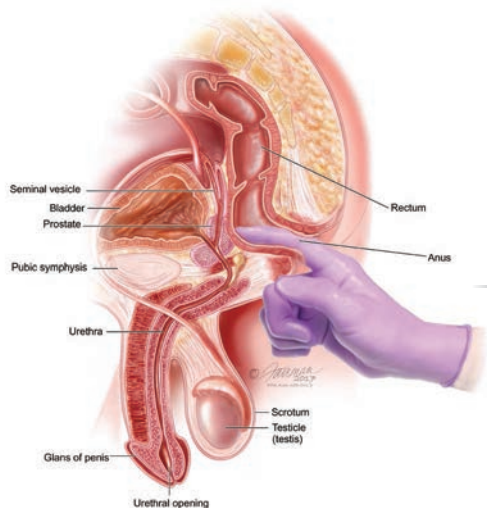
1 in 5

African American men and smokers are more likely to be diagnosed with more deadly forms of prostate cancer disease. Early screening can help!

What is Prostate Cancer Screening?

What is the PSA test?

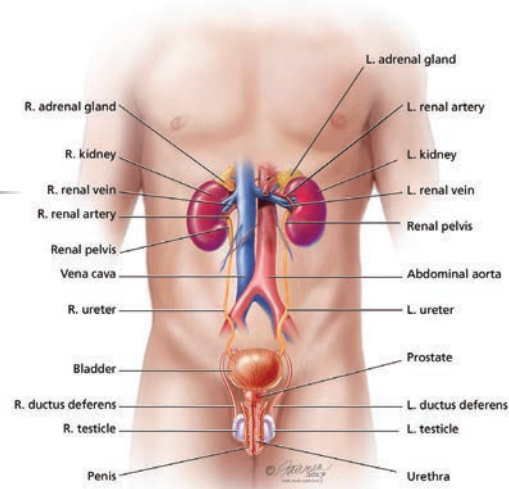
This blood test measures the level of prostate-specific antigen (PSA) in the blood. Keeping your opponent's score low is the name of the game. A low PSA is better for prostate health. A rapid rise in PSA may be a sign of something wrong. It could be from an enlarged prostate or inflammation, called prostatitis. Prostate cancer is the most serious reason for a high PSA result. Talk with your provider about when you should get the PSA test. Changes in your PSA score over time will be followed. This test is not often done alone. The combination of PSA testing and the digital rectal exam (DRE) can help you stay alert and on top of your game.



Digital (Finger) Rectal Exam, or DRE

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**All words that appear in italics are explained in the Glossary.*



The male urinary tract. The prostate surrounds the urethra, the tube that carries urine out of the body.

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What is the DRE?

During a DRE, the healthcare provider puts a lubricated gloved finger into the rectum. It is done to feel for an abnormal shape or thickness in the prostate. The DRE can help the provider find prostate problems.



— in —

One in three men whose fathers or brothers had prostate cancer may also be diagnosed.

Is Prostate Cancer Screening Right for You?

The choice to be screened for prostate cancer is a personal one. Before you decide to have a PSA test, talk with your healthcare provider about your risk for prostate cancer and your screening preferences.

Also talk about the benefits and risks of testing.

Should I be screened for prostate cancer?

Screening is recommended for men with no symptoms who:

- Are between 55–69 years old
- Are African American
- Have a family history of prostate cancer

Men younger than age 55 with urinary symptoms should also get screened. Symptoms may include: being unable to urinate, pain or burning with urination or a weak flow, blood in the urine or semen, and painful ejaculation.

Does a high PSA mean I have prostate cancer?

Not necessarily. Less than one-third of high PSA results are caused by prostate cancer. If a PSA is high or DRE is not normal, your doctor may repeat your PSA or do further blood or urine tests. Or, he/she may want to follow you over time. If there is concern, you may need a *biopsy*. A prostate biopsy (*tissue* sample) is the only way to know for sure if you have cancer. The biopsy removes a small bit of prostate tissue for study.

A *pathologist* is the doctor who identifies disease by looking at tissue samples under a microscope. If cancer cells are found, the pathologist will grade and stage the *tumor*. The grade (Gleason score) and stage defines how quickly the cancer can grow and spread. Other tests may be done to learn more about the cancer location(s) and set a game plan.

Possible benefits of a PSA test:

- A normal PSA test may put your mind at ease.
- A PSA test may find prostate cancer early before it has spread.
- Early cancer treatment can slow the spread of the disease.
- Early cancer treatment helps some men live longer.

Possible risks of a PSA test:

- A normal PSA result may miss prostate cancer (a “false negative” result).
- Sometimes the test results suggest something is wrong when it isn’t (a “false positive”). This can cause unneeded stress.
- A “false positive” PSA result may lead to an unneeded prostate biopsy.
- A positive PSA test may find a prostate cancer that is slow-growing and won’t cause you problems.

Possible risks of biopsy and treatment:

Biopsies can lead to bleeding or infection. Prostate cancer treatment can also cause side effects. For example, erection problems, urine leakage or bowel problems are common.

To help you make a decision about whether prostate cancer screening is right for you, visit www.KnowYourStats.org/Resources.

What are Grading and Staging?

Like the quarters of a football game, prostate cancer is grouped into stages. It's important to understand the different stages as well as grading – that way, you and your doctor can be ready if prostate cancer advances.

Grading

When prostate cancer cells are found in tissue from the core biopsies, the pathologist “grades” it. The grade is a measure of how quickly the cells are likely to grow and spread (how aggressive it is). The most common grading system is called the Gleason grading system. With this system, each tissue piece is given a grade between three (3) and five (5). A grade of less than three (3) means the tissue is close to normal. A grade of three (3) suggests a slow growing tumor. A high grade of five (5) indicates a highly aggressive, high-risk form of prostate cancer.

Grading (with the Gleason Score) and staging defines the progress of cancer and whether it has spread.

Staging

Tumor stage is also measured. Staging describes where the cancer is within the prostate, how extensive it is, and if it has spread to other parts of the body. One can have low stage cancer that is very high risk. Staging the cancer is done by DRE and special imaging studies. The system used for tumor staging is the TNM system. TNM stands for Tumor, Nodes and Metastasis. The “T” stage is found by DRE and other imaging tests such as *ultrasound scan*, *CT scan*, and *MRI*. The imaging tests show if and where the cancer has spread, for example to lymph nodes or bones. These staging imaging tests are generally done for men with a Gleason grade of 7 or higher and a PSA higher than 10. Sometimes follow-up images are needed to evaluate changes seen on the bone scan.



161,360

More than 161,000 men in the United States will be diagnosed with prostate cancer this year.

Your treatment plan should be based on your health and fully discussed with your doctor and family. While every man's plan is different, more men are winning back their lives with successful treatment. Prostate cancer can be managed if caught early and treated well.

What is the Game Plan for Prostate Cancer that Hasn't Spread?

There are many ways to tackle prostate cancer. Your strategy will depend on you and your healthcare provider:

Surveillance

- Most prostate cancers never become life-threatening. You may not need treatment right away. *Active surveillance* is when your doctors track your cancer on a set schedule with regular PSAs and other tests. This is a good strategy for men with no symptoms, a slow-growing cancer, or if active treatment is not a good option. It is also a good choice for older men with no other serious health issues. *Watchful waiting* is a term that urologists use when treatment is less involved. It is used to only monitor the cancer without getting regular tests or biopsies. It is good for men who do not want or cannot have treatment.

Localized Therapy

- **Radical prostatectomy** is done to remove the prostate and nearby vesicles, tissue and *lymph nodes*. The benefit of a radical prostatectomy is that the cancer is removed with the prostate. There are several ways to do radical prostatectomy. Skilled surgeons use *laparoscopic surgery* (through several small incisions) with robotic assistance. The surgeon can also reach the prostate through the lower abdomen (retropubic open) or between the scrotum and the anus (perineal).
- **Radiation therapy** may be offered to kill cancer cells. Radiation can be the primary treatment for prostate cancer (in place of surgery). It can also be used after surgery if cancer remains or returns. Radiation can treat cancer internally, or externally – targeted with imaging tests. Internal radiation, called brachytherapy, uses small, radioactive “seeds” placed inside in the prostate. External beam radiation uses targeted

photon or proton rays from outside the body to treat the prostate.

- **Cryotherapy** freezes prostate tissue to kill cancer cells. During cryosurgery, your doctor places small needles into the prostate with a cold gas to freeze the tumor and nearby tissues. A repeated freezing and thawing cycle kills the cancer cells.
- **High-intensity focused Ultrasound (HIFU)** and Focal Therapy are under investigation to treat prostate cancer with fewer side effects. These methods aim to kill small tumors inside the prostate. Three types are Focal Cryoablation (freezing tumor cells), high-intensity focused ultrasound (HIFU) using sound waves to super heat the tumor cells, and irreversible electroporation, using the “NanoKnife” with electrical currents.

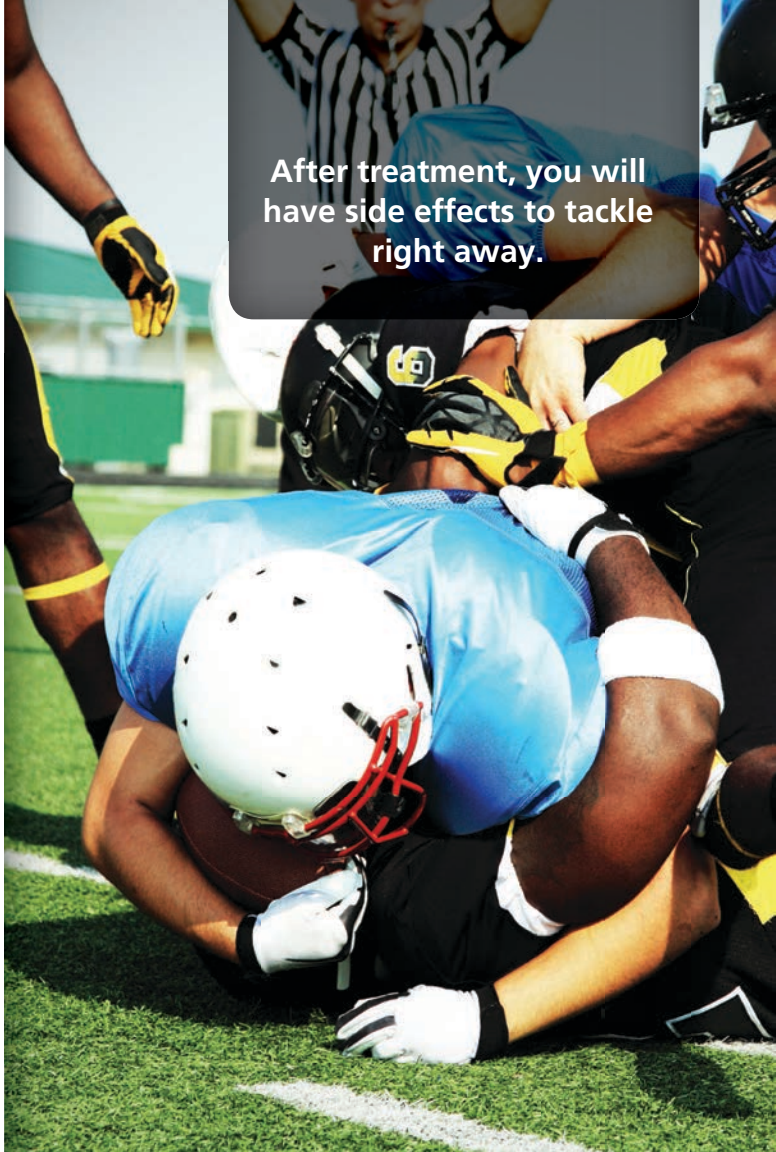
Systemic Therapy

- **Hormone therapy** uses drugs or surgery to lower or block testosterone and other male sex hormones. This can stop or slow the growth and spread of prostate cancer. Different strategies may be used over time to slow cancer growth with hormone therapy.
- **Chemotherapy** uses powerful drugs to destroy cancer cells anywhere in the body.
- **Immunotherapy** is a treatment that can stimulate the body's immune system to find and attack cancer cells. It works like a vaccine.

Get a balanced picture of the pros and cons for each of your treatment options. Learn about side effects and what you can do about them in the short and long term. Check your insurance coverage and other practical steps you may need to take. **Get support.** Other prostate cancer survivors can be excellent sources of support. They can help you as you make treatment decisions or deal with treatment side effects. To find peer support groups near you, contact Us TOO International (www.UsTOO.org or 800-808-7866) or Malecare (www.Malecare.org or 212-673-4920).

What is the game plan after localized prostate cancer treatment?

After treatment, you will have side effects to tackle right away. You may feel like you just scored the game-winning touchdown. You could also feel anxious with thoughts of *recurrence* (your cancer returning). Work with your team. After you know your stats and you've built a solid game plan, you can set your long-term defensive strategy. For more information on treatment for prostate cancer, please visit KnowYourStats.org/Resources.



After treatment, you will have side effects to tackle right away.



2.9 MILLION

There are 2.9 million men in the U.S. who are prostate cancer survivors.

Game Plan After Treatment – Incontinence

After treatment, it's time to think about the postseason. What conditioning do you need?

Many men experience *incontinence* after treatment. This is when you can't control your urine or have issues with leaking. This affects your healing, but can't stop the game.

What kinds of incontinence are there?

- Stress incontinence (SUI) is when urine leaks when coughing, laughing, sneezing or even exercising. It's caused by problems with the muscles or valve that keeps urine in the bladder. Surgery or radiation may harm these muscles or the nerves.
- Overactive bladder (OAB) or urge incontinence is when you suddenly feel the need to urinate, urgently and often. This can happen even when the bladder isn't full. It can happen with or without leaks.
- Mixed incontinence is a blend of these, with symptoms from both SUI and OAB. Rarely, men experience continuous incontinence, or not being able to control urine at any time.

How long can incontinence last after treatment?

After surgery or radiation, it can take several weeks to several months to gain urine control. Every patient is different. Don't hesitate to talk with your doctor about what to expect and what to do about it.

What is the game plan to treat incontinence?

While you may feel embarrassed, incontinence is common and can be treated. Also keep in mind that over 90% of men regain bladder control after treatment for prostate cancer. In the short term, your urologist may suggest *Kegel exercise* to strengthen your bladder control muscles. Ask your doctor to refer you to a physical therapist who can train you in *pelvic floor rehabilitation*. You may also need to change your diet, what you drink or what drugs you take. There are absorbent products that can help you cope. Sometimes drugs for incontinence will be prescribed. Surgery can be a long-term treatment option. For example, collagen (a natural protein) can be injected to tighten the bladder sphincter. Or, surgery may be used to implant a small urethral sling to tighten the bladder neck, or an artificial sphincter to keep the urethra closed. Talk with your urologist and make a game plan.

For more information about incontinence after prostate cancer treatment, visit www.KnowYourStats.org/Resources.

Game Plan After Treatment – Sexual Health

Maintaining a good sexual life is important not only for your health, but also for your relationship with your partner. While *erectile dysfunction (ED)* is common after treatment, it can be tackled.

What causes erection problems after prostate cancer treatment?

Nerves that are involved in an erection surround the prostate gland. Surgeries and radiation may harm nerve bundles that control blood flow to the penis, causing ED. While most experts will aim to protect the nerves, it's not always possible. If nerve damage happens, the brain can no longer send a clear signal to the penis for an erection. Also, there could be less blood flowing to the penis if blood vessels are harmed during surgery or radiation. While blood will still flow to the penis, it may not get erect enough for penetration. Men who take hormone therapy may also notice changes in their libido (sex drive) and/or orgasms.

How long can ED last after treatment?

ED issues, of course, are very specific for each man. Recovery depends on the type of prostate treatment you had and if you had erection problems before treatment. It is important to know that some men may fully recover, but many will not. If you have trouble, your doctor can offer you several treatment choices for your playbook.

What is the game plan to treat erection problems?

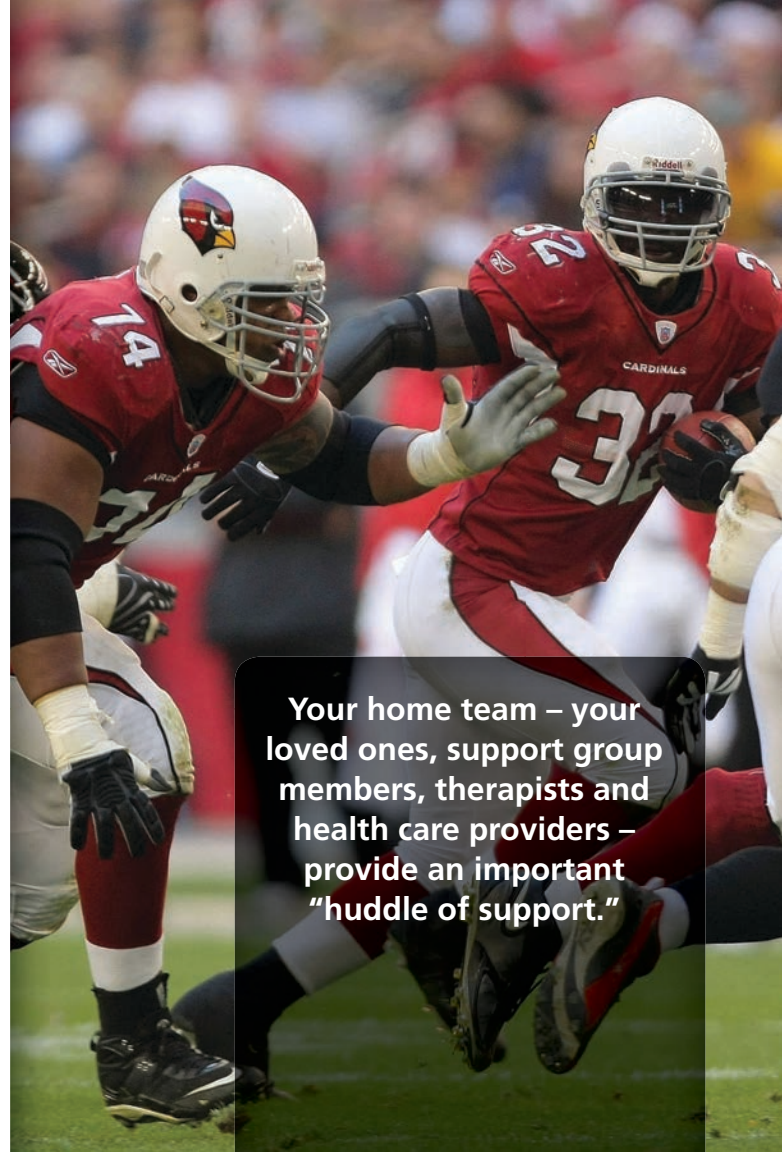
To reach better sexual health, start with an open and honest talk with your doctor. Equally important is to talk openly with your partner, a vital teammate. It's easier to manage this problem together. Some experts have their patients try a few options once the body has healed. Things as simple as moderate exercise and keeping a healthy weight are a first step to improve erection problems. Oral drugs that improve blood flow to the penis are often initially recommended for ED treatment. Another form of ED treatment is a vacuum pump device that helps to create an erection. Injections can also increase blood flow for an erection. If ED continues, a permanent penile implant may be an option. Your doctor can recommend which choice is best for you. What is most important to remember is that you can get help.

Your relationship can move recovery forward.

When a couple works as a team, it's easier to take advantage of erectile aids. It's also easier to regain sexual pleasure. Teamwork can turn the score, and your libido, around. If you have a partner, try to talk about your concerns and hopes to solve problems together. The key to maintaining sexual intimacy is connection.

Many couples benefit from the advice of a counselor. There is no harm in getting some coaching! If you don't have a partner, you can get a counselor to coach you about dating. Your urologist can refer you to someone who specializes in sexual health after prostate cancer. You can also find a certified [sex therapist](#) through the American Association of Sexuality Educators, Counselors and Therapists (www.aasect.org).

For more information about ED after prostate cancer treatment, visit KnowYourStats.org/Resources.



Your home team – your loved ones, support group members, therapists and health care providers – provide an important “huddle of support.”

What is Advanced Prostate Cancer?

How will I know if my prostate cancer is advancing?

Even with treatment, cancer could spread or progress. The best way to know is to watch for changes in your PSA levels with your doctor. A rise in your PSA after treatment can be a sign that things are changing. Over time, other tests or scans may be done to see if the cancer has advanced.

What is the game plan to treat advanced stage prostate cancer?

If your prostate cancer reaches the advanced stage, it is like the fourth quarter of a football game. Making smart moves early in the quarter can help you stay in the game. If your cancer does progress, your doctor will talk with you about next steps. There are many different ways to manage advanced stage prostate cancer. For example, chemotherapy to kill cancer cells; immunotherapy to boost the immune system; new agents to block male hormones (hormone therapy) and radiation therapy and *bone targeted therapy* (including *radiopharmaceuticals*) for cancer in bones. In the past decade, the FDA has approved many new treatments for advanced prostate cancer. Based on your needs and wellbeing, you and your doctor can work together to make a smart play.

Fourth Quarter

The treatment goals for intermediate and advanced stage prostate cancer are based on helping you live longer and feel better. The treatments focus on shrinking the tumor(s) and controlling symptoms. Understand the pros and cons for each treatment option. Learn about side effects up-front and what you can do about them. Decide with your doctor which plan is best for you. Then, stay one step ahead by eating with your health in mind, drinking water and getting more exercise (even gentle exercise to strengthen bones) to help make you feel better.

If you feel pain or other symptoms, speak up. Your healthcare team can help you feel your best. It's common for men to feel extra tired (fatigued), have hot flashes and have other issues from cancer drugs. ED and incontinence are also common (see page 20). There are ways to ease these problems. Controlling bothersome symptoms is a primary goal for your healthcare team.

Working as a Team

At any stage of prostate cancer, it's important to always be in communication with your healthcare team. Arming yourself with knowledge and understanding your treatment options throughout the journey can help you make the best moves against advanced prostate cancer.

Remember, you're not alone!



New treatments for advanced prostate cancer offer hope. Research is finding ways to improve wellbeing and to extend life for men with high risk prostate cancer.

The Prostate Health Playbook Glossary

Active surveillance: Watching prostate cancer closely using PSA, DRE, other tests and possibly biopsies on a set schedule

Benign prostatic hyperplasia (BPH):

Enlarged prostate not caused by cancer; symptoms include problems urinating because as the prostate grows, it squeezes the urethra

Biopsy: Samples of prostate tissue are removed for review under a microscope to see if they contain cancer or other abnormal cells

Bladder: The balloon-shaped pouch of thin, flexible muscle in which urine is stored before leaving the body through the urethra

Bone-Targeted Therapy: Treatments to help strengthen bones, to keep bones healthy, and to decrease the number of skeletal-related events

Chemotherapy: The use of medications to kill prostate cancer cells that have spread throughout the body

Cryotherapy: Killing prostate cancer cells through freezing

CT Scan: The use of X-rays and computer calculations to see and evaluate cross-sectional slices of tissue and organs

Cystitis: Urinary tract infection (UTI) that causes inflammation of the bladder and results in pain and a burning feeling in the pelvis or urethra

Cystoscopy: Passing a narrow, tube-like device through the urethra to see the inside of the bladder and urinary tract

Digital Rectal Examination (DRE): The insertion of a gloved, lubricated finger into the rectum to feel the prostate and check for anything abnormal

Ejaculation: Release of semen from the penis during sexual climax

Erectile Dysfunction: Problems getting or keeping an erection

Immunotherapy: A treatment that boosts the ability of the immune system to fight prostate cancer

Incontinence: The leakage of urine that you can't control ranging from stress, overflow, urge, mixed and continuous types

High-Intensity focused ultrasound (HIFU): A treatment that uses sound waves to heat the prostate to very high temperatures, causing it to shrink

Hormone therapy: Use of medications that decrease or block testosterone and other

male hormones to stop or slow the growth of prostate cancer

Kegel exercise: Exercise to strengthen bladder control by tensing and relaxing certain pelvic floor muscles

Laparoscopic surgery: Surgery done with thin, tube-like instruments that allow several small incisions to be made, rather than one large incision

Lymph nodes: Rounded masses of tissue that produce cells to fight invading germs or cancer

MRI: Magnetic resonance imaging (MRI) uses radio waves and a strong magnetic field to create highly detailed pictures

Pathologist: A doctor who identifies diseases by studying cells and tissues under a microscope

Pelvic floor rehabilitation: Physical therapy that is designed to help regain bladder control

Pelvis: The lower part of the abdomen, between the hip bones

Penis: The male organ used for urination and sex

Prostate: In men, a walnut-shaped gland below the bladder that surrounds the urethra that makes fluid for semen

The Prostate Health Playbook Glossary

Prostatitis: Inflammation or infection of the prostate. Chronic prostatitis is repeated inflammation of the prostate

Prostate-specific antigen (PSA): A protein made only by the prostate. High levels of PSA in the blood may be a sign of cancer or other prostate health issues

Radiation therapy: Use of radiation to treat prostate cancer; two options include brachytherapy (small radioactive “seeds” implanted in the prostate) and external beam radiation (rays targeted at the tumor from outside the body)

Radiopharmaceuticals: Drugs with radioactivity that can target radiation to the exact areas where cancer cells are growing in the bones

Radical prostatectomy: Surgery to remove the entire prostate and cancerous tissues; includes two approaches: retropubic and perineal (See Page 13)

Rectum: The lower part of the bowel, ending in the anal opening

Recurrence: The return of cancer after treatment in the same location or another part of the body

Semen: The fluid that protects and energizes the sperm; also known as seminal fluid or ejaculate fluid

Seminal vesicles: A gland that helps produce semen

Sex therapist or counselor: A specially trained counselor who can help men and couples maintain or improve sexual intimacy

Sperm: Also called spermatozoa. Male reproductive cells made in the testicles that can fertilize a female partner’s eggs

Tissue: Group of cells in an organism that is similar in form and function

Tumor: An abnormal mass of tissue or growth of cells

Ultrasound: The use of high-frequency sound waves to create real-time images to look at many organs

Urethra: A narrow tube through which urine leaves the body. In males, semen travels through this tube during ejaculation. Extends from the bladder to the tip of the penis

Urinalysis: Urine test to assess general health of the body

Urinary tract: Organs of the body that make and void urine. These include the kidneys, ureters, bladder and urethra

Urinate: To pass or void urine

Urine: Liquid waste filtered from the blood by the kidneys, stored in the bladder and removed from the body through the urethra by the act

of urinating (voiding)

Urologist: A doctor who specializes in problems of the urinary tract and male sex organs

Watchful waiting: Looking for signs of prostate cancer without active surveillance with the knowledge that treatment may happen in the future

Postgame Wrap Up

Prostate health is important for all men. Winning the battle against prostate diseases involves a team approach. Your urologist can be a solid head coach leading the way. Other healthcare providers your family and your friends make up the team to put you on the path to victory. When a prostate problem arises, be sure to huddle up with your entire team and move into formation. Keep your head up as you advance toward your treatment plan, leading to a cure ... touchdown and the extra point!

Urology Care Foundation

The Urology Care Foundation provides this information based on current medical and scientific knowledge. This information is not a tool for self-diagnosis or a substitute for professional medical advice, and should not be used or relied upon as such. Please see your urologist or other healthcare provider regarding any health concerns, and always consult a healthcare provider before you start or stop any treatments, including medications.

Know Your Risk. Talk to Your Doctor.

Visit KnowYourStats.org for:

- Information on your risk for prostate cancer
- A quiz to rate your urinary symptoms
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- Information on treatments and life after treatment
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Notes

Any football fan knows the best offense is a good defense.

Urology Care Foundation

Prostate Health PLAYBOOK

Now that you know the plays, please help us get the word out in your community! The Urology Care Foundation is committed to helping the 1 in 7 men who will develop prostate cancer in their lifetime. Please help today by making a donation in support of this vital educational outreach program and join the team at KYS.org.

Visit [KnowYourStats.org/Donate](https://www.kys.org/Donate) to make a donation today.

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1000 Corporate Blvd.
Linthicum, MD 21090
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The NFL has teamed up with the Urology Care Foundation to bring you the *Know Your Stats About Prostate Cancer*® campaign.

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