

Prostate cancer

Your guide to best cancer care



About this guide

Being told you have prostate cancer or could have prostate cancer can be overwhelming. A lot can happen quickly, and you might have lots of questions. This resource can help to guide you and your family and friends through this experience.

Information and support

Cancer Council: For information and support, call Cancer Council on **13 11 20** to talk to an experienced healthcare professional or visit www.cancer.org.au.

For more information about prostate cancer, look for Cancer Council's Understanding Prostate Cancer booklet on your local Cancer Council website.

Prostate Cancer Foundation of Australia:

For information about prostate cancer and patient support visit www.prostate.org.au.

Translating and Interpreting Service (TIS):

If you need a translator, call TIS on **13 14 50** or visit www.tisnational.gov.au.

Initial tests and referral

Symptoms

Most people with prostate cancer don't have any symptoms.

Prostate cancer may be suspected in men who have a blood test (see PSA testing) and show an abnormal result.

Less commonly, prostate cancer may be suspected because of symptoms you might be having such as bone pain, problems weeing or leg weakness.

Initial tests you may have

Prostate-specific antigen testing (PSA testing). The doctor will take a sample of your blood and check to see how much PSA is in it. PSA is a protein made in the prostate gland. It is normal to have some PSA in your blood. Too much PSA might mean something is wrong.

Measurement of free-to-total PSA ratio. This is an additional test your GP may consider doing to see what the likelihood is of a high PSA number being due to prostate cancer.

Referrals

If your general practitioner (GP) has concerns, you will be referred to a specialist (urologist) at a public hospital or in private practice for more tests. Urologists are doctors who are highly trained in prostate cancer.



You can bring a family member or friend with you to your appointments.



Timeframes

Your specialist appointment should happen **urgently** if you have symptoms and an abnormal PSA test result.

If you don't have symptoms but your GP is concerned about your repeat PSA test results, your specialist appointment should happen **within four weeks** of your GP referral.

If you can't get an appointment within this time, follow up with your GP.



Questions you might want to ask

- Can I choose whether I go to a public hospital or private practice?
- Can I choose the specialist I see?
- How much will appointments cost me?

Diagnosis and staging

The specialist will do more tests to see if you have prostate cancer. This process of working out if you have a medical problem is called making a **diagnosis**. You might have one test or a mix of tests:

Physical check. Your doctor will insert a gloved finger into your bottom (the anus) to check for problems in the prostate. The anus is the part just inside your bottom.

Magnetic resonance imaging (MRI). A scan where a powerful magnet and radio waves are used to make a detailed picture of the prostate gland. It is used to see if there is anything unusual that could suggest cancer in the prostate.

Biopsy. Small samples of your prostate are taken to check under a microscope. Your specialist should talk with you about the benefits and risks of having a prostate biopsy.

If cancer is diagnosed, the specialist may do more tests to see if the cancer is growing, if it has spread and at what stage it is. This is called **staging**. **Staging** helps to work out the best treatment for you. The tests used may be based on the type of cancer found:

Computed tomography (CT) scan. Computers and x-rays are used to make a detailed picture of the body.

Nuclear-medicine scan/Bone scan. A small amount of radioactive material is injected and taken up by areas of bone containing cancer.

PSMA-Positron emission tomography (PET) scan. A small amount of radioactive material is injected and your whole body is scanned to show where the cancer is.



Timeframes

Results should be available **within two weeks** from when you have the tests.



Questions you might want to ask

- What is prostate cancer?
- What tests will I have?
- How much will tests/appointments cost?
- Where should I be treated? Do I have a choice?
- What stage is my cancer?
- What support services are available to me?

Treatment

There are several ways to treat prostate cancer. Your specialist will talk to you about your treatment options.

You will be treated by a team of experts, and you may need more than one treatment type to get the best results. The team will work with you and your family or carer to plan your treatment.

Many prostate cancers are slow growing, so sometimes your specialist will recommend that you don't have treatment straight away:

Active surveillance is where the specialist believes there is a low risk of growth and spread but monitors the cancer carefully to see if it changes over time. No treatment is given straightaway, but regular checks are done to look for changes or growth in the cancer. Treatment may be recommended if the cancer changes or grows.

Watchful waiting is also where no treatment is given or the treatment is not given straightaway. Your team will check the cancer like they would in active surveillance, but it is not as often. This is used if you are older, or if you have other health issues.

If treatment is recommended you might have one treatment or a mix of treatments:

Prostatectomy is a surgery to cut the prostate out. It is used if you have early prostate cancer, or the cancer hasn't spread.

Radiation therapy uses x-rays to kill cancer cells and stop the cancer growing. It is used with or without androgen deprivation therapy. It is used if you have early prostate cancer, or the cancer hasn't spread. For some men radiation therapy may be used following surgery.

Brachytherapy is where a radioactive implant is put inside your body close to or near the cancer. The implant will send out radiation to the nearby cancer, with the aim of killing the cancer cells.

If the cancer has spread outside the prostate gland, various medications may be used to slow its growth:

Androgen deprivation therapy (ADT) is a type of hormone treatment. Hormone therapy stops your body making certain hormones or blocks the way the hormones work in your body. It helps to reduce the size and slow down the spread of the cancer. Your team should talk with you about what will happen and what might happen during your ADT.

Although ADT is used if your prostate cancer has spread to other parts of your body, it is also given in combination with radiation therapy in some people who do not have any spread.

Chemotherapy or drug therapy is where drugs are used to kill cancer cells and stop the cancer growing. It might be used at the same time as ADT. It is used if your prostate cancer has spread to other parts of your body.

For more information visit

www.cancer.org.au/cancer-information/treatment.

Supportive care (treatment or services that support you through a cancer experience) are also available.



Timeframes

If treatment is recommended, it should start **within three months** of diagnosis or **within four weeks** if you are having significant symptoms.



You can ask your GP for a referral to another specialist for a second opinion.

Clinical trials

You may be offered to take part in a clinical trial. Clinical trials are used to test whether new treatments are safe and work better than current treatments. Many people with cancer are now living longer, with a better quality of life, because of clinical trials.

For more information visit www.australiancancertrials.gov.au or www.anzup.org.au.

Complementary therapies

Speak to your healthcare team about any complementary therapies (including dietary supplements like vitamins) you use or would like to use. Something as common as vitamins might not work well with your treatment.



Questions you might want to ask

- What treatment do you recommend?
- Where will I have to go to have treatment?
- What will treatment cost and how much of the cost will I have to pay myself?
- What activities/exercise will help me during and after treatment?
- Can I still work?
- How will the treatment affect my day-to-day life?
- Who are the people in my team and who is my main contact person?
- What side effects could I have from treatment?
- Who do I contact if I am feeling unwell or have any questions?
- Will treatment affect my ability to have a child?



Decisions about cost

You may have to pay for some appointments, tests, medications, accommodation, travel or parking.

Speak with your GP, specialist or private health insurer (if you have one) to understand what is covered and what your out-of-pocket costs may be.

If you have concerns about costs talk to your healthcare team or a social worker about:

- being bulk-billed or being treated in the public system
- help with accommodation during treatment
- the possible financial impact of your treatment.

You can call Cancer Council on **13 11 20** to speak to a healthcare professional about financial support.

For more information about costs, visit www.cancer.org.au/support-and-services/practical-and-financial-assistance and www.cancer.org.au/support-and-services/practical-and-financial-assistance/what-will-i-have-to-pay-for-treatment.

Recovery

Cancer treatment can cause physical and emotional changes.

Follow-up care plan

Your healthcare team will work with you to make a plan for you and your GP. This plan will explain:

- who your main contact person is after treatment
- how often you should have check-ups and what tests this will include
- understanding and dealing with side effects of treatment
- how to get help quickly if you think the cancer has returned or is worse.

Many people worry that the cancer will return. Your specialist and healthcare team will talk with you about your needs and can refer you to other healthcare professionals and community support services.

Other information you may get:

- signs and symptoms to look out for if the cancer returns
- late effects of treatment and the specialists you may need to see
- how to make healthy lifestyle choices to give you the best chance of recovery and staying well.

For more information visit www.cancer.org.au/cancer-information/after-a-diagnosis/after-cancer-treatment.



Questions you might want to ask

- Who should I contact if I am feeling unwell?
- What can I do to be as healthy as possible?
- Where can I get more help?

Living with advanced cancer

If cancer returns

Sometimes cancer can return after treatment. It can come back in the same place or can appear somewhere different in your body.

If cancer returns, you may be referred to the specialist or the hospital where you were first treated, or to a different specialist.

Treatment will depend on how far the cancer has spread, how fast-growing it might be and the symptoms you are experiencing.



Questions you might want to ask

- Where is the cancer and has it spread?
- What are my treatment options?
- What are the chances that the treatment will work this time?
- Is there a clinical trial available?
- Where else can I get support?

Advance care planning

Your GP or healthcare team may talk with you, your family and carer about your future treatment and medical needs.

Advance care directive

Sometimes known as a living will, an advance care directive is a legally binding document that you prepare to let your family and healthcare team know about the treatment and care you might want or not want in case you become too unwell to make those decisions yourself. For more information visit www.advancecareplanning.org.au.

Palliative care

Your specialist may refer you to palliative care services, but this doesn't always mean end-of-life care. Today people can be referred to these services much earlier if they're living with cancer or if their cancer returns. Palliative care can help you to live as well as you can including managing pain and symptoms. This care may be at home, in a hospital or at another location you choose.

Speak to your GP or specialist or visit www.palliativecare.org.au.

Making treatment decisions

You may decide not to have treatment at all, or to only have some treatment to reduce pain and discomfort. You may want to discuss your decision with your healthcare team, GP, family and carer. For more information visit www.cancer.org.au/cancer-information/treatment/advanced-cancer-treatment.



Questions you might want to ask

- What can you do to reduce my symptoms?
- What extra support can I get if my family and friends care for me at home?
- Can you help me to talk to my family about what is happening?
- What support is available for my family or carer?
- Can I be referred to a community support service?

Disclaimer: Always consult your doctor about matters that affect your health. This guide is intended as a general introduction and is not a substitute for professional medical, legal or financial advice. Information about cancer is constantly being updated and revised by the medical and research communities. While all care is taken to ensure accuracy at the time of publication, Cancer Council Australia and its members exclude all liability for any injury, loss or damage incurred by use of or reliance on the information provided above.

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This resource is based on information from the optimal care pathway for men with prostate cancer (2nd edition), available at www.cancer.org.au/OCP.