

Prostate Cancer Matepukupuku Repeure



A guide for men with prostate cancer



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Publications Statement

The Cancer Society's aim is to provide easy-to-understand and accurate information on cancer and its treatments and the support available. Our cancer information booklets are reviewed every four years by cancer doctors, specialist nurses and other relevant health professionals to ensure the medical information is reliable, evidence-based and up-to-date. The booklets are also reviewed by consumers to ensure they meet the needs of people with cancer.

This edition of *Prostate Cancer/Matepukupuku Repeure* includes new features in response to suggestions from those who review our booklets, and to meet the needs of our readers.

Our key messages and important sections have been translated into te Reo Māori.

Our translations have been provided by Hohepa MacDougall of Wharehuna Māori Consultancy Services and have been peer reviewed by his colleagues.

Other titles from the Cancer Society of New Zealand/Te Kāhui Matepukupuku o Aotearoa

Booklets

Advanced Cancer/Matepukupuku Maukaha
Bowel Cancer/Matepukupuku Puku Hamuti
Bowel Cancer and Bowel Function: Practical advice
Breast Cancer/Te Matepukupuku o nga Ū
Breast Cancer in Men: From one man to another
Cancer Clinical Trials
Cancer in the Family: Talking to your children
Chemotherapy/Hahau
Complementary and Alternative Medicine
Eating Well during Cancer Treatment/Kia Pai te Kai i te wā Maimoatanga Matepukupuku
Emotions and Cancer
Got Water?/He Wai?
Kanesa o le susu/Breast Cancer (Samoan)
Lung Cancer/Matepukupuku Pūkahukahu
Melanoma/Tonapuku
Radiation Treatment/Haumanu Iraruke
Secondary Breast Cancer/Matepukupuku Tuarua ā-Ū
Sexuality and Cancer/Hōkakatanga me te Matepukupuku
Understanding Grief/Te Mate Pāmamae

Brochures

Being Active When You Have Cancer
Being Breast Aware
Bowel Cancer Awareness
Gynaecological Cancers
Questions You May Wish To Ask
Talking to a Friend with Cancer
Thermography

'Kia ita!'
Te Taura Whiri i te Reo Māori
MAORI LANGUAGE COMMISSION



Introduction

This booklet has been prepared to help you understand more about prostate cancer – a cancer of the prostate gland. The prostate gland is found only in men.

The booklet provides information about diagnosis and treatment.

We suggest you also read our booklet *Coping with Cancer: Your guide to support and practical help.*

We hope this information will answer some of the questions you may have.

We cannot tell you the best way of managing or treating your prostate cancer. You need to discuss this with your own doctors.

The words in **bold** in the text are explained in the glossary at the end of this booklet.

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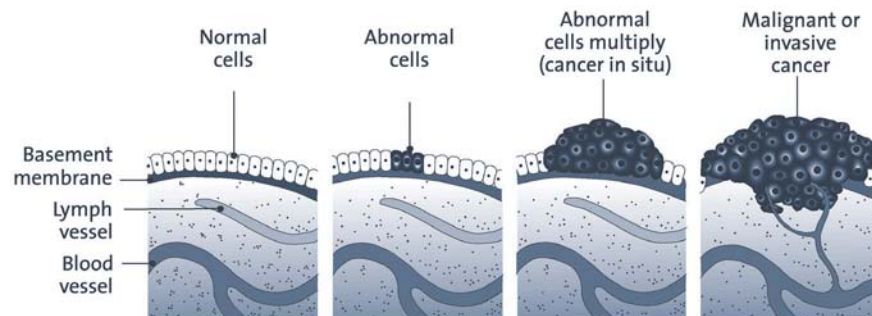
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What is cancer?

Cancer is a disease of the body's **cells**. It starts in our **genes**. Our bodies are constantly making new cells: to enable us to grow, to replace worn-out cells or to heal damaged cells after an injury. All cancers are caused by damage to some genes.

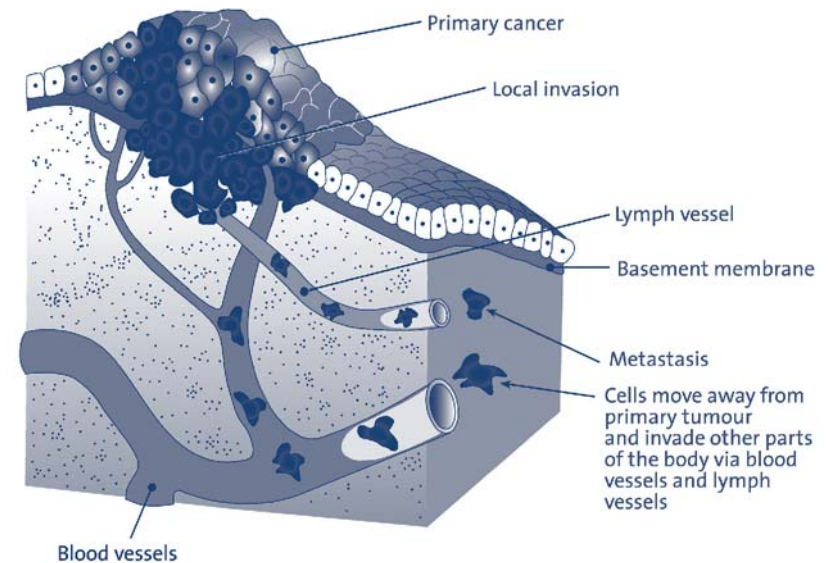
This damage usually happens during our lifetime, although a small number of people inherit a damaged gene from a parent when they are born. Normally, cells grow and multiply in an orderly way. However, damaged genes can cause them to change. They may grow into a lump which is called a **tumour**.

The beginnings of cancer



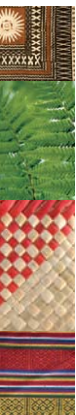
Tumours can be **benign** (not cancerous) or **malignant** (cancerous). Benign tumours do not spread to other parts of the body.

How cancer spreads



A malignant tumour is made up of cancer cells. When it first develops, a malignant tumour may be confined to its original site. If these cells are not treated they may spread beyond their normal boundaries and into surrounding tissues which is called invasive cancer.

Sometimes, cells move away from the original (primary) cancer through the blood or **lymphatic systems** and invade other organs. When these cells reach a new site they may form another tumour. This is called a secondary cancer or **metastasis**. For example, if prostate cancer spreads to the bone, it is called a bone secondary (or metastasis).



Your cancer doctor will still refer to it as prostate cancer even though it has spread to another part of your body.

The sort of treatment you are offered for cancer depends on the type of cancer, where it began and whether it has spread.

Your cancer doctor will also take into account other things about you, such as your age and general health.

Treatment for cancer includes surgery, radiation treatment, hormone treatment or chemotherapy (drug treatment).

Immune therapy or targeted treatments, which are now used to treat some cancers, will become increasingly important in the future.

Sometimes only one of these methods of treatment is used for a cancer. Sometimes more than one is used.

He aha te matepukupuku?

He mate te matepukupuku ka pa ki ngā pūtau o te tinana. Ka tīmata ki roto i ō tātou ira. E kore e mutu te mahi a te tinana ki te hanga pūtau hou; kia tipu ai tātou, hei whakahou i ngā pūtau kua ruha, ki te whakaora hoki i ngā pūtau kua hē i ngā wharanga kino noa. Ka puta katoa ngā matepukupuku nā runga i ngā tukinotanga ki ētahi momo ira.

Ka pā ēnei tūkinotanga huri noa i te wā o tō tātou oranga, heoi, arā ētahi tāngata torutoru nei, heke tuku iho ai tētahi ira kua tūkinotia mai i tētahi o ō rātou mātua ka whānau ana.





Key messages

The prostate

The prostate is a small gland, normally about the size of a ping pong ball. It sits just below the **bladder** and surrounds the upper part of the **urethra** – the tube that carries urine from the bladder and semen from the **testicles** to the outside of the body through the penis.

Early prostate cancer causes no symptoms.

A **biopsy** of the prostate is the only way cancer can be diagnosed.

If your biopsy sample contains cancer it is graded to show how active the cancer is.

The results of the tests are used to work out the stage of your cancer – how large it is and whether it has spread.

Treatments for prostate cancer

- active surveillance
- surgery
- **radiation treatment**
- hormone therapy.

If the cancer has not spread beyond the prostate, the whole gland can be surgically removed.

Radiation treatment is the use of high-energy radiation to destroy cancer cells or prevent them from reproducing.

There are three types of radiation treatment for prostate cancer:

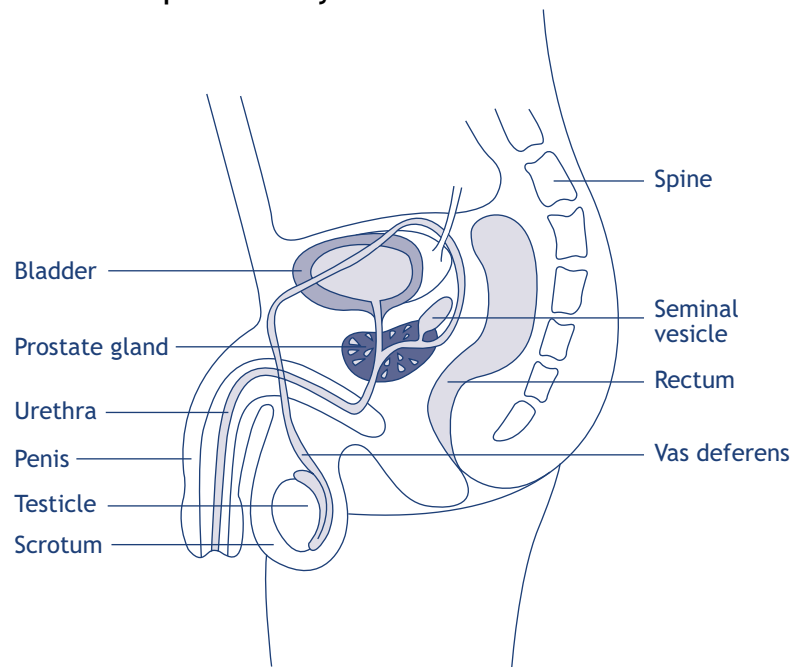
- external beam
- low-dose rate **brachytherapy**
- high-dose rate brachytherapy.

Prostate cancer needs the male hormone **testosterone** to grow. There are a number of different ways to slow down or shrink the cancer by reducing the body's testosterone levels.

The prostate

The prostate is a small gland, normally about the size of a ping pong ball. It sits just below the bladder and surrounds the upper part of the urethra – the tube that carries urine from the bladder and semen from the testicles to the outside of the body through the penis.

The male reproductive system

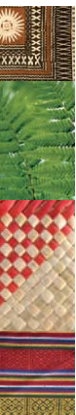


The prostate produces most of the fluid that makes up semen. The growth and development of the prostate depends on the male sex hormone, testosterone, which is produced by the testicles. It is common for the prostate gland to get larger as men grow older.

This increase in size is called **benign prostatic hyperplasia (BPH)**. BPH is the usual cause of the urinary symptoms that older men complain about. Prostate cancer is only occasionally responsible for these symptoms.

Te repe tātea

He repe pakupaku te repe tātea, ka āhua pērā te rahi ki te pōro poikōpiko. Ka noho ki raro iho i te tōngāmimi me tana pōkai i te wāhanga whakarunga o te taiawa mimi – te ngongo kawē i te mimi mai i te tōngāmimi me te tātea mai i ngā raho ki waho o te tinana mā te ure.



Prostate cancer

Early prostate cancers are contained within the prostate gland and are called localised cancers.

Spread of the cancer through the capsule (the outer covering) of the prostate is known as extracapsular spread or locally advanced cancer.

Some prostate cancers spread to other parts of the body, such as the bones and lymph glands. This is called metastatic, secondary or advanced cancer. Cancer cells can move through the lymphatic system or blood stream.

Matepukupuku repe tātēa

Noho ai ngā matepukupuku repeure ka puta moata, ki roto i te repeure, kīia ai he matepukupuku ka noho ki taua wāhi.

Ka hōrapa ana te matepukupuku mā te capsule (te ūhi whakawaho) o te repe tātēa ka kīia tērā he hōrapa extracapsular, he matepukupuku maukaha noho ki taua wāhi.

Ka hōrapa ētahi matepukupuku repeure ki wāhi kē o te tinana, pērā ki ngā kōiwi, ki ngā repe waitinana hoki. Kīia ai tēnei he metastatic, he matepukupuku tuarua, maukaha rānei.

“Cancer turned my world upside-down.”

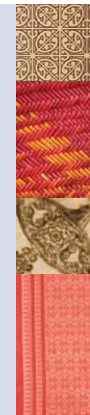
Ross

How common is prostate cancer?

Prostate cancer occurs most commonly in men aged over 50 years and is the most common cancer among New Zealand men. Around 3,000 men are diagnosed with prostate cancer in New Zealand each year.

Pēhea te whānui o te pā o te matepukupuku repeure?

Ka puta te whānui te matepukupuku repeure ki ngā tāne e 50 tau te pakeke, neke atu rānei, ā, koia te matepukupuku kitea noatia ana i te nuinga o te wā, ki roto i ngā tāne o Aotearoa. Āhua 3,000 ngā tāne ki Aotearoa i ia tau, ia tau, e whakatauria ana kua pāngia ki te matepukupuku repeure.





Causes of prostate cancer

The causes of prostate cancer are not yet fully understood. The chance of getting prostate cancer increases as you get older. You have a greater chance of getting prostate cancer if other family members have had it.

Prostate symptoms

Men with early prostate cancer are unlikely to have any symptoms, as these only occur when the cancer is large enough to put pressure on the urethra (the tube that drains urine from the bladder).

In men over the age of 50, the prostate gland often gets larger due to a non-cancerous condition called benign prostatic hyperplasia (BPH) (see page 11).

The symptoms of both benign enlargement of the prostate gland and malignant tumours (cancer) are similar and can include any of the following:

- difficulty passing urine
- passing urine more frequently than usual, especially at night
- pain when passing urine
- blood in the urine (this is not common).

Occasionally, these symptoms may be due to prostate cancer.

If you have any of these symptoms it's important to get them checked by your doctor.



Ngā tohumate repetatea

Kāore pea e puta he tohumate ki ngā tāne kua pāngia moata ki te matepukupuku repeure i te mea, ka puta noa iho ngā tohumate i te wā kua rahi rawa te tipu o te matepukupuku ā, kua pēhi i te awa mimi (te ngongo kawē i te mimi mai i te tōngāmimi).

Mō ngā tāne e 50 tau te pakeke, neke atu rānei, he nui ngā wā ka āhua rahi ake te tipu o te repe tātea nā runga i tētahi momo mate kore-matepukupuku e kīia ana ko te benign prostatic hyperplasia (BPH).

He ōrite ngā tohumate o te whakarahinga mārire o te repe tātea me ngā puku marere (matepukupuku) me te whai pea i ētahi o ēnei āhuatanga:

- uaua te mahi mimi
- ka nui ake ngā wā mimi, tae noa ki ngā wā o te pō
- ka mamae i ngā wā mimi
- ka puta he toto i roto i te mimi (kāore e tino kitea ana tēnei).

I etahi wā, tērā pea nā te matepukupuku repeure i puta ai ēnei tohumate.

Ki te whai koe i ētahi o ēnei tohumate, he mea nui kia tirohia koe e tō rata.

Diagnosing prostate cancer

You may have some or all of the following tests.

Digital rectal examination (DRE)

The doctor puts a gloved finger into your **rectum** (back passage) and feels the prostate through the rectal wall. If your doctor finds a change in the shape, size or texture of the prostate, a biopsy may be arranged (see page 19).


A blood test for prostate-specific antigen (PSA)

PSA is a chemical (glycoprotein) produced by the prostate and carried in the semen and a small amount gets into the blood. PSA levels may rise due to benign enlargement of the prostate, inflammation or infection of the gland (**prostatitis**) and prostate cancer.

A raised PSA test indicates that your risk of having prostate cancer is higher compared with a person with a normal PSA. A general rule of thumb is that if you have a PSA higher than four, a biopsy should be considered. In older men, a small rise in PSA level may be normal.

Some men can have prostate cancer with a normal PSA.

For men with prostate cancer, the PSA level can be used to monitor how effective treatment has been. If your treatment is active surveillance (see page 32) your PSA level will be monitored closely.



“It’s hard to think about talking when you are diagnosed. You feel so overwhelmed with your own feelings that it is hard to share the diagnosis in a calm and controlled way. Try to allow yourself time to collect your thoughts.”

Arama

He whakamātau toto mō te repe tātea-tauwhaiti antigen (prostate-specific antigen – PSA)

Tērā pea ka piki ngā taumata PSA nā runga i te whakarahinga mārire o te repe tātea, te kakā, te mate whakapokenga rānei o te repe (te prostatitis), nā te matepukupuku repeure.

He tohu te whakamātau PSA kei te nui ake tō noho mōrea ki te putanga o te matepukupuku repeure ki te whakataurite ki te tangata e whai ana i te PSA rōnaki.

Ultrasound examination and biopsy

A biopsy of the prostate is the only way cancer can be diagnosed. The information from the biopsy will help you and your cancer doctor make decisions about management of your prostate cancer.

A biopsy is a small sample of tissue removed from the body. Local anaesthetic is injected around the prostate and the man is awake through the procedure.

Most men find their biopsy mildly uncomfortable. A biopsy of the prostate is done using a needle which is directed into the prostate, either through the wall of the rectum (this is called **transrectal ultrasound** or **TRUS**) or through the skin of the perineum (the area between the rectum and the scrotum). Ultrasound is used to guide the needle. After a prostate biopsy, many men have blood in their urine for a few days. Some men may have blood in their semen. Antibiotics are given before and after the biopsy to prevent infection. An anti-inflammatory pill may prevent discomfort.

The pathologist will assess the tissue that has been removed to see if there is any prostate cancer present. If prostate cancer is present, the pathologist will assess how active the cancer is and how likely it is to spread. This is called **grading**.

Whakamātau pāorooro me te unuhanga

Mā te unuhanga o te repeure anake e taea ai te whakatau i te matepukupuku. Ka āwhina ngā mōhiotia o te unuhanga i a koe me tō rata whakarite whakataunga mō te whakahaere o te matepukupuku repeure.

Grading

If your biopsy sample contains cancer it is graded to show how active the cancer is. The pathologist looks at the pattern made by the cancer cells and gives that pattern a grade from 1 to 5. This is called Gleason grading.

The current thinking is that grade 1 is not cancer and grade 2 is very rarely found. Cancer cells are graded 3 to 5.

The pathologist may see more than one grade of cancer, so the grade of the two most common patterns in the biopsy samples are added together to give a **Gleason score**. For example, if the biopsy shows that most of the cancer is grade 3 and the second most common pattern seen is grade 4 the Gleason score will be 3 + 4, and the Gleason score will be 7. The higher the Gleason score the more active the cancer and the more likely it is to spread. Pathologists give a Gleason grade of 3 or more for each pattern, so your Gleason score can be between 6 and 10.

Mahi whakataumata

Mehemea he matepukupuku kei roto i te tauira unuhanga ka whakataumatatia ki te whakaatu i te kaha mahi a te matepukupuku. Ka tiro te kaimātai tahumaero ki te hoahoa ka puta nā runga i ngā pūtau matepukupuku, katahi ka hoatuna he tohu mai i te 1 ki te 5. Ki taua hoahoa. Kīia ai tēnei ko te whakataumata Gleason.

Gleason chart

Gleason score	Description of the two patterns
3+3	All of the cancer cells found in the biopsy are likely to grow slowly.
<i>Note the difference between 3+4 and 4+3</i>	
3+4	Most of the cancer found in the biopsy looks likely to grow slowly. There were some cancer cells that look more likely to grow at a more moderate rate.
4+3	Most of the cancer cells found in the biopsy look likely to grow at a moderate rate. There were some cancer cells that look likely to grow slowly.
4+4	All of the cancer cells found in the biopsy look likely to grow at a moderately quick rate.
<i>Note the difference between 4+5 and 5+4</i>	
4+5	Most of the cancer cells found in the biopsy look likely to grow at a moderately quick rate. There were some cancer cells that are likely to grow more quickly.
5+4	Most of the cancer cells found in the biopsy look likely to grow quickly.
5+5	All of the cancer cells found in the biopsy look likely to grow quickly.

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Other tests

If the cancer seems to be a more active type, other tests will be done to see if the cancer has spread. These include:

Bone scan

A bone scan may be used to look for any spread of cancer to your bones. A very small dose of radioactive material is injected into a vein to highlight any change in the bone, which may be due to cancer (often called a 'hot spot'). The injection may make you feel hot and flushed for a minute or two.

A scanning machine is then used to see if the radioactive material collects in any areas of your bones.

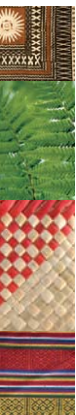
X-rays

X-rays of the chest and bones may be done to find out whether or not the cancer has spread to these areas.

CT scan

The **computerised tomography (CT)** scan is a special type of X-ray that gives a three-dimensional picture of the inside of your body (including any cancer). It usually takes about 30 to 40 minutes to complete this painless test.





MRI

This is a scan using magnetism to build a picture of the organs inside the body. The MRI machine is a long cylinder (tube) and when scanning is taking place it is noisy. Some people feel claustrophobic (closed in) when they are having a scan. If you think this may happen to you, let them know at the time when you book your appointment so a mild sedative can be given.

Staging the cancer

The results of the tests above are used to work out the stage of your cancer – how large it is and whether it has spread.

A cancer may be:

- confined to the prostate – also called localised prostate cancer
- locally advanced, which means it has extended beyond the prostate to nearby areas
- metastatic, which means it has spread to other parts of the body.

While the Gleason score tells us what the cancer looks like under the microscope, the stage of the cancer tells us where the cancer is found.

Te whakawāhanga i te matepukupuku

Ka whakamahia ngā hua o te whakamātau ki te whakarite i te wāhanga o te matepukupuku-tōna rahi, mēna kua hōpara hoki.

Tērā pea ka pēnei te matepukupuku:

- ka noho apiapi ki te repe tātea kīia ai hoki i ētahi wā, he matepukupuku repeure noho ki taua wāhi
- kua maukaha ki taua wāhi, nā reira ko te tikanga kua hōrapa ki tua atu o te repe tātea ki ngā wāhi noho tata
- kua noho metastatic, ko te tikanga kua hōrapa ki wāhi kē o te tinana.



TNM staging of prostate cancer

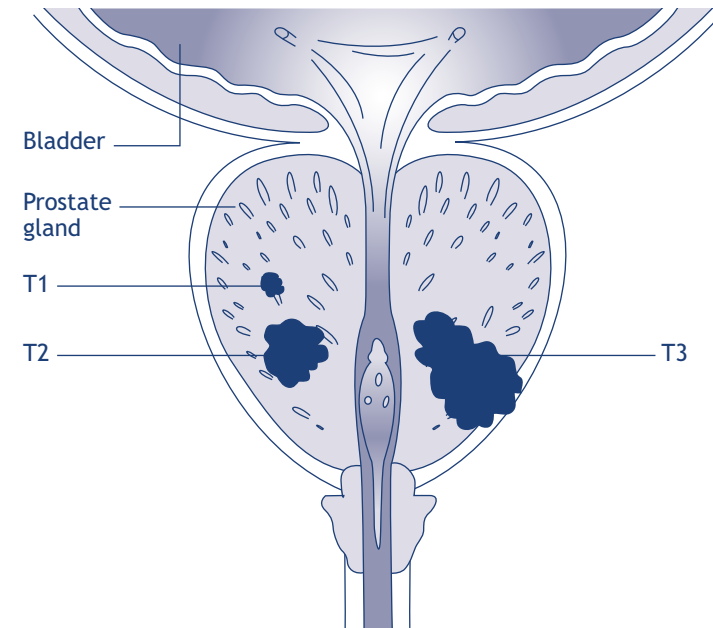
Prostate cancer is staged using the TNM system. This is used all over the world. It separately assesses the tumour (T), **lymph nodes** (N) and secondary cancer metastases (M).

Prostate cancer stages

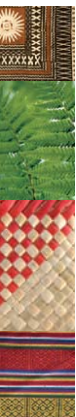
Stage	How far the cancer has spread
T1	The tumour cannot be felt by the doctor or detected on ultrasound.
T2	The doctor can feel the cancer but it does not appear to have spread beyond the prostate.
T3	The cancer feels as though it has spread outside the prostate into surrounding tissues.
T4	The cancer has grown into surrounding organs such as the bladder or the rectum.

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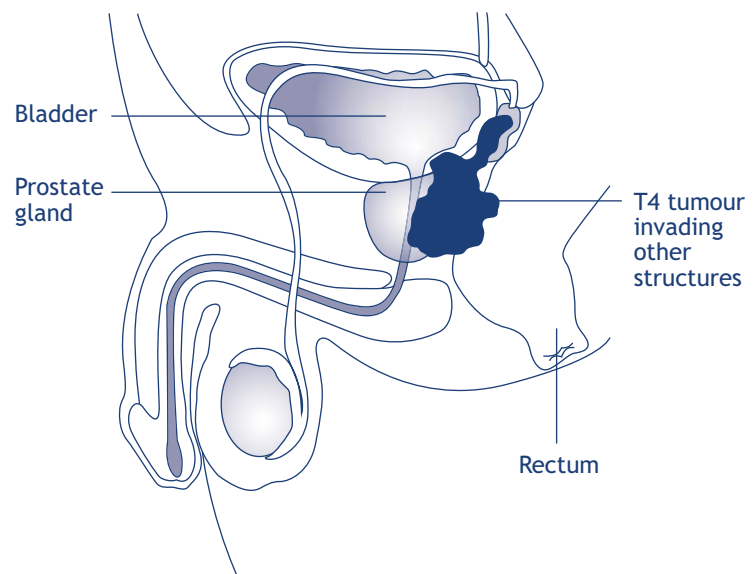
T1-3 stages of prostate cancer



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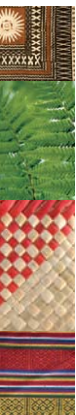


T4 stage of prostate cancer



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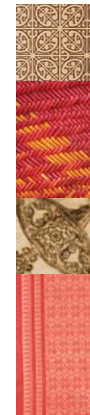
Managing and treating your prostate cancer

The treatment choices you are offered will be based on all the information the cancer doctor has about your cancer and what is right for you. This information will include:

- the size of the prostate
- the Gleason score
- the PSA level
- your urinary function
- the area where the cancer is located
- your general health
- your age
- your preferred treatment
- treatment options available in your area.

Treatments your doctor will consider include:

- active surveillance
- surgery
- radiation treatment
- hormone therapy
- chemotherapy
- immunotherapy (still experimental)
- a combination of the treatments listed above.



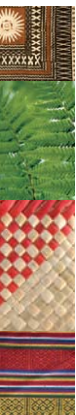
Te whakahaere me te maimoa i tō matepukupuku repeure

Ka hāngai ngā kōwhiringa maimoatanga ka hoatuna ki a koe, i runga i ngā mōhiohio katoa kei te pupuri tō rata mō tō matepukupuku me te huarahi e tika ana mōu Ko ētahi o ngā mōhiohio kei roto ko enei:

- te rahi o te repe tātea
- te māka Gleason
- te taumata o te PSA
- te mahi a tō tōngāmimi
- te wāhi noho ai te matepukupuku
- tō hauora whānui
- tō pakeke
- te maimoatanga e hiahia ana koe
- ngā kōwhiringa maimoatanga e wātea ana i tō rohe.

Kei roto i ngā maimoatanga ka whakaarohia e tō rata ko enei:

- tiro tiro ngangahau
- hāparapara
- maimoa iraruke
- haumanu taiaki
- mahi hahau
- immunotherapy (ke te whakamātauria tonu tēnei)
- he kōwhiringa o ngā maimoatanga kua rāngitia ki runga nei.



Active surveillance

Patients with cancers at very low risk or low risk of spreading may be offered active surveillance. This is a management strategy where the cancer is not immediately treated but is very closely monitored (regular PSA and repeat biopsy). It is only treated if it shows evidence of changes in the cancer. This approach is becoming increasingly used as urologists realise that many low-risk cancers prove a very low threat to the health of men.

If active surveillance is suggested for you, ask your doctor:

- how often you will need to schedule check-up appointments
- which tests will be done and at what intervals.

Tirotiro ngangahau

Tērā pea ka hoatuna ko te tirotiro ngangahau ki ngā tūroro whai matepukupuku e noho paku rawa ana te mōrea ki te hōrapa haere. He rautaki whakahaerenga tēnei kāore e tere huri ki te maimoa i te matepukupuku, engari ka ata aroturukihia (he nui te PSA me he unuhanga tārua).

Surgery

If the cancer has not spread beyond the prostate, the whole gland can be surgically removed. This is called **radical prostatectomy**, and the operation is done to try to cure the cancer. Surgery is performed through an incision in the lower abdomen and the entire prostate is removed from the body, with the bladder being joined back on to the urethra. This operation requires a stay of a few days in hospital. It would be usual to go home with a **urinary catheter** in place for about one week. You should be able to resume normal activities within six weeks.

For information on starting to have sex again, see the section on “Sex and prostate cancer” on page 60.

Sometimes radical prostatectomy is done using laparoscopic (keyhole) surgery. The surgeon may use robotic tools during the operation. Recovery is quicker after keyhole surgery. Robot-assisted surgery is only available in the private sector.

Hāparapara

Mehemea kāore anō te matepukupuku i hōrapa ki tua atu i te repe tātea, ka taea te tango i te repe katoa mā te mahi hāparapara.





Advantages of radical prostatectomy

- The cancer can be completely removed by surgery.
- The pathologist can examine the removed prostate gland and pelvic lymph nodes, which means your cancer doctor can give you an accurate prognosis (outlook).
- The PSA level should be undetectable (not seen in a blood test) following surgery. If it is found, there may be cancer remaining.
- If the PSA increases following surgery, cancer cells may remain in the pelvis where the prostate was. Radiation treatment can be given to this area. The aim is to get rid of any remaining cancer cells.
- Surgery does not cause long-term bowel complications.

Side effects of radical prostatectomy

It is normal to have **urinary incontinence** (loss of bladder control) for a short time after your catheter is removed. This usually improves over time, particularly if you do regular pelvic floor exercises (see page 59 for Kegel exercises).

The New Zealand Continence Association's website (www.continence.org.nz) has useful information you may like to read titled "Continence and Prostate – A guide for men undergoing prostate surgery".

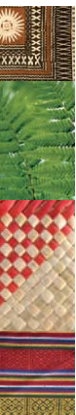
Some men will have some degree of erectile dysfunction (**impotence**) after this surgery. Men who had good sexual function before the operation, are younger, had a small cancer and have a nerve-sparing operation are less likely to have problems with erections after surgery. Your ability to have an erection may take up to two years to recover. This can be improved by the regular use of erectile rehabilitation therapies. See page 63 for managing these side effects.

Talk to your surgeon about your chances of having these side effects.

Good and bad points of surgery

Good points	Bad points
You may be able to remove all of your cancer.	Many men will have problems with erections afterwards.
Side effects usually get better with time.	Infertility (not able to father a child).
	Moderate rates of incontinence, particularly in the early post-operative stage.
	A small number of men will have ongoing incontinence.





Radiation treatment

Radiation treatment is the use of high-energy radiation to destroy cancer cells or prevent them from reproducing. Radiation treatment only affects the part of the body at which the beam(s) is aimed, so is very localised. This form of treatment works best when the cancer is confined to the prostate.

Radiation treatment may be used as an alternative or additional treatment to surgery. Treatment is carefully planned to do as little harm as possible to your normal body tissue. The length of treatment will depend on the size and type of the cancer and on your general health.

Radiation treatment may also be used to relieve pain caused by secondary cancers in the bones, or to shrink obstructions in your lymphatic or urinary systems.

In New Zealand, radiation treatment is only available in the major cities.

Advantages of radiation treatment

Radiation treatment may cure prostate cancer that is localised to the prostate. It avoids removal of the prostate. Men receiving brachytherapy are able to return to usual activities soon after the implant (see page 42).

There are three types of radiation treatment for prostate cancer:

- external beam (EBRT)
- low-dose rate brachytherapy
- high-dose rate brachytherapy.

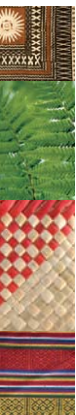
Maimoatanga iraruke

Ko te whakamahi i te iraruke pūngao nui te maimoatanga iraruke hei whakamate i ngā pūtau matepukupuku, ki te ārai rānei i tō rātou hanga hou.

E toru ngā momo maimoa iraruke mō te matepukupuku repeure:

- hihi ā-waho (EBRT)
- brachytherapy auau horopeta iti
- brachytherapy auau horopeta nui.





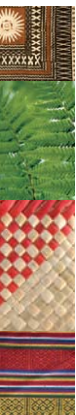
External beam radiation

External beam radiation is where a radiation beam is focused from a machine outside the body onto the area affected by cancer. To read more about how radiation treatment works, ask for a copy of the Society's booklet *Radiation Treatment*, which is available at your local Cancer Society, by contacting the **Cancer Information Helpline 0800 CANCER (226 237)** or by viewing the booklet on the Society's website (www.cancernz.org.nz).

Treatment is usually given daily, for five days each week, for a period of seven to eight weeks. The machine is on for only a few minutes. The total amount of time spent in the treatment room is usually 10 to 20 minutes.



Image above: Radiation therapists will position you for your radiation treatment – lie still and breathe normally. (a), (b): Feet stocks and knee rests for both immobilisation and comfort.



Side effects of radiation treatment (external beam)

Some men may experience the following side effects when undergoing radiation treatment:

- tiredness
- urinary changes, such as increased frequency and a burning sensation while urinating (discuss these symptoms with your cancer doctor)
- a number of men find they slowly develop problems with erectile function after they have radiation treatment (50 percent within five years of treatment)
- occasionally, bowel symptoms, such as pain and bleeding from proctitis (inflammation of the rectum) and diarrhoea. Although these symptoms usually disappear after the end of treatment, a small number of men may continue to experience bleeding from the bowel. With modern radiation techniques, bowel problems are much less common.

Good and bad points for external beam radiation

Good points	Bad points
There is less chance you'll be impotent, compared with surgery when the nerves are not able to be spared.	It takes longer to see a result (PSA drops slowly).
There is less chance you'll be incontinent of urine.	You may get some bowel side effects months or even years after treatment.
There is a chance that it will kill any cancer that has spread just outside your prostate.	Surgery can't be done after radiation treatment if some cancer remains.
	Infertility (not able to father a child).
	You may have to travel a long way for treatment.
	Problems with erections.





Low-dose rate brachytherapy

Low-dose rate brachytherapy is suitable for low-risk cancers that are confined to the prostate gland. Radioactive seeds are inserted permanently into the prostate gland.

Side effects of brachytherapy

Common side effects include:

- bladder irritation (needing to go frequently and urgently; for most men this doesn't last long)
- painful urination for a few days after treatment
- bowel problems
- problems with erections
- poor urine flow and, very occasionally, urinary retention (can't pee).

Blockages of the urethra can occur due to swelling of the prostate soon after treatment. This is very uncommon.

In the long term, very occasionally, temporary blockages can occur due to a narrowing of the urethra.

While the seeds will gradually lose their radioactivity, there is little or no risk to other people. However, the following suggestions are recommended:

- If you are resuming sexual intercourse, use condoms for your first two to three ejaculations after the seeds have been implanted.


- Do not sit babies or children on your lap for the first two months after the implant. You may continue to greet or hug them as usual and they may stay in the same room as you.

Source: Prostate Cancer Permanent Seed Prostate Brachytherapy: Information for patients. (2007) Oncura. info@oncure.com.

- Pregnant women should not sit close to you for longer than a few minutes a day in the first two months but it is perfectly safe for them to be in the same room.
- Other adults are not at risk and restrictions on time and activities are not necessary.

For more information, speak to your cancer doctor.

Low-dose rate brachytherapy is currently only available in the private system through private hospitals.



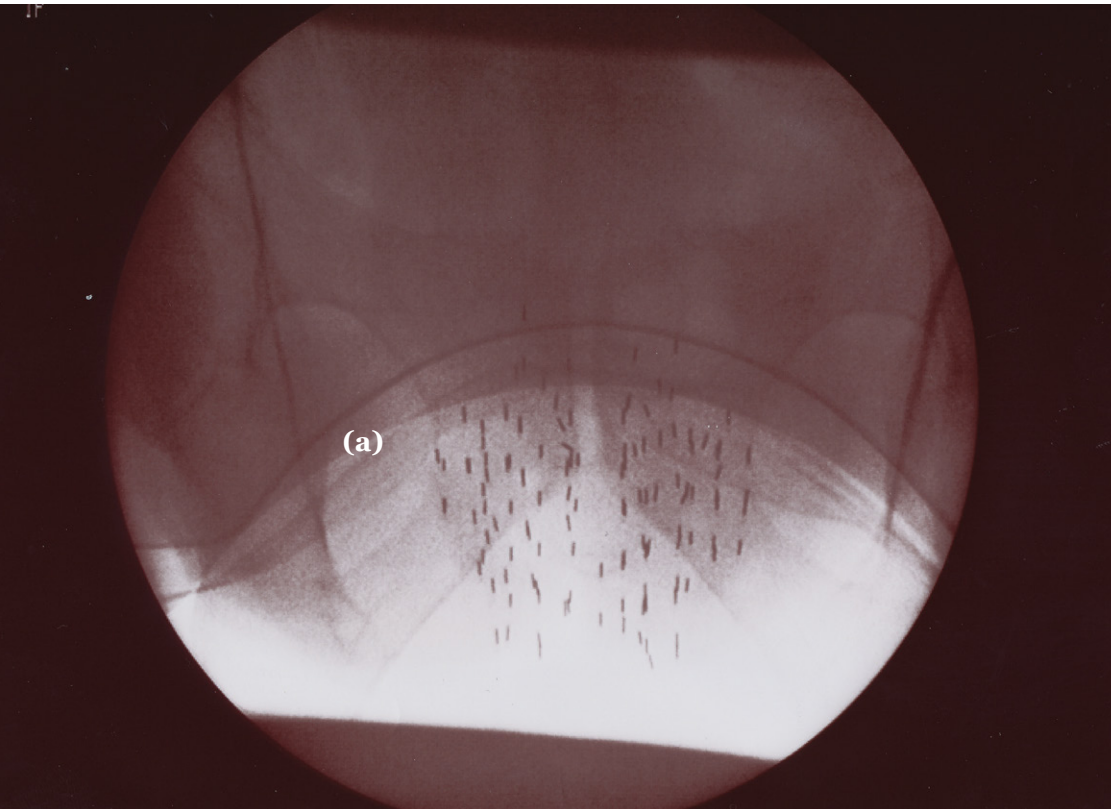


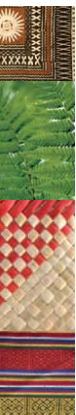
Image above: This X-ray shows permanent radioactive seeds used for low-dose rate brachytherapy in the prostate gland. (a): Multiple strands of seeds evenly spaced throughout the prostate gland.

“I can’t believe they put 123 of those little seeds at different strengths at different locations in something the size of a ping pong ball.”

Paul

Good and bad points of low-dose rate brachytherapy

Good points	Bad points
There is a lower chance of problems with erections than with other treatments.	You may get some side effects months or years after treatment.
Treatment involves two visits to hospital, with short recovery time.	You may be infertile (not able to father a child). There is a greater risk of having bladder problems compared with external beam radiation treatment (EBRT).
	High cost.



High-dose rate brachytherapy

With high-dose rate brachytherapy, needles are placed in the prostate and radioactive sources can then be temporarily placed into the prostate down the hollow needles.

High-dose rate brachytherapy is always used after a shortened course of external beam radiation. It is usually used for higher-risk prostate cancer.

Hormone treatment

Hormones are substances that occur naturally in the body. They control the growth and activity of cells and may be used to treat prostate cancer.

Prostate cancer needs the male hormone testosterone to grow. There are a number of different ways to slow down or shrink the cancer by reducing the body's testosterone levels.

- **Luteinising hormone-blocking therapy**

Luteinising hormone-blocking hormones, also called luteinising hormone releasing hormones (LHRH), lowers the amount of testosterone in the body. LHRH therapy is usually given as a monthly or three-monthly injection.

- **Anti-androgen therapy**

Anti-androgens block the ability of testosterone to stimulate the growth of prostate cancer. The advantage of this type of therapy is that some men maintain their erections and sexual drive.

This is normally used when LHRH therapy is becoming less effective (when the PSA level is rising).

- **Orchidectomy**

Orchidectomy or (**orchietomy** [American spelling]) is a procedure where the testicles are surgically removed through a cut in the scrotum. An orchidectomy permanently deprives the body of testosterone.

The advantage of orchidectomy is that it is a one-off procedure, but the disadvantage is that any side effects are permanent. Side effects of orchidectomy are similar to those of LHRH therapy.





“Through the treatment I lost all my sex drive. It’s a real downer. Luckily I can talk to my wife about this.”

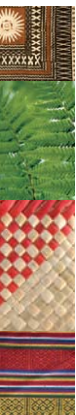
Brent

Side effects of hormone treatment

Hormone treatment for prostate cancer can cause loss of interest in sex, weight gain, hot flashes, mood changes and a risk of depression.

A possible side effect of long-term anti-androgen therapy is osteoporosis (weakening of the bone due to the loss of bone density). Men on this therapy should discuss with their doctors ways to preserve bone density (for example, getting regular exercise).





Maimoatanga taiaki

He mea puta noa ngā taiaki i roto i te tinana. Ka whakahaere rātou i te tipu me te mahi a ngā pūtau ā, tērā pea ka taea te whakamahi hei maimoa i te matepukupuku repeure. Me whai rawa te matepukupuku repeure i te testosterone taiaki tāne e tipu ai ia. He maha tonu ngā ara hei whakatōmuri i te tipu haere, hei tīngongo rānei i te matepukupuku mā te whakaiti i ngā taumata testosterone o te tinana.

Combined treatment

For men with locally advanced or high-risk prostate cancer, it is becoming more common to give hormone treatment to shrink the cancer before giving radiation treatment. This is known as **neo-adjuvant treatment** and may last around six months.

Hormone treatment may be given after surgery or radiation treatment. This is known as **adjuvant treatment**.


New treatments

Chemotherapy

Chemotherapy may benefit men with advanced prostate cancer when hormone therapies are no longer working. Chemotherapy is the use of drugs that kill cancer cells while doing the least possible harm to normal cells. These are usually given intravenously (into the bloodstream). The aim of chemotherapy is to treat cancer-related symptoms and it may help men with advanced cancer live longer. Common side effects of chemotherapy include tiredness, hair loss and risk of serious infection. LHRH therapy (see page 46) should be continued while on chemotherapy.

Chemotherapy is not used in early prostate cancer, although clinical trials are happening to see if there are any benefits for men with early prostate cancer.





“I used numbers. I had 30 days of radiation treatment. I used it like a football score. It was 1-29 tomorrow, then it was 2-28, 3-27 and as I got over half way I started to come right.”

Chris

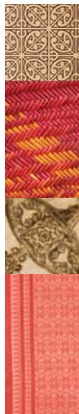
Immunotherapy

Cancer immunotherapy is the use of the immune system to reject or kill cancer cells. The man is given a cancer vaccine which stimulates his own immune system to recognise and destroy prostate cancer cells. It is possible that immunotherapy will become an important treatment option in the future.

Treatment for advanced prostate cancer

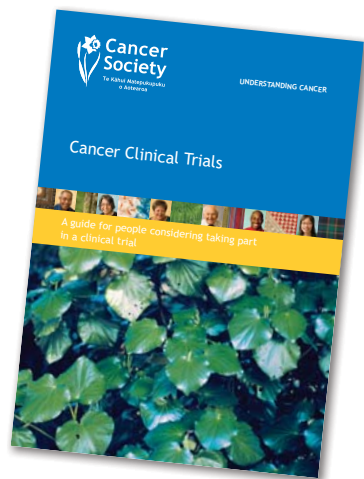
If the cancer has spread, your cancer doctor will discuss treatment for specific problems caused by your cancer.

These may include:

- surgery called **transurethral resection of prostate (TURP)** which is the removal of prostate tissue that is pressing on the urethra and causing an obstruction
 - radiation treatment to painful areas in the bone
 - bone strengthening treatments
 - orchidectomy (see page 47), or other hormone treatments to relieve symptoms and improve quality of life.
- 

Clinical trials

If it is suggested that you take part in a clinical trial, make sure that you fully understand the trial and what it means for you. For more information, see the *Cancer Clinical Trials* booklet, which is available from your local Cancer Society, by phoning the **Cancer Information Helpline 0800 CANCER (226 237)** or by reading or downloading the booklet from the Society's website (www.cancernz.org.nz).



Complementary and alternative therapies

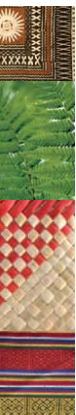
Often, people with cancer seek out complementary and alternative therapies. Many people feel it gives them a greater sense of control over their illness, and that it's 'natural' and low-risk, or they just want to try everything that seems promising.

Complementary therapies include massage, meditation, acupuncture and other relaxation methods, which are used alongside medical treatments used by your cancer doctor. They may help you feel better and cope better with your cancer treatment.

Alternative therapies include some herbal and dietary therapies, which are used instead of medical treatment. Most have not been tested scientifically. Those that have been tested have not worked, or have been harmful, especially if you:

- use them instead of medical treatment
- use herbs or other therapies that make your medical treatment less effective.

Be aware that many unproven therapies are advertised on the internet and elsewhere without any control or regulation.



Traditional healing

Traditional healing includes rongoā, Pacific medicine, Ayurveda and Chinese medicine.

For more information on complementary and alternative medicine we recommend you read the following Cancer Society booklet and information sheet:

- *Complementary and Alternative Cancer Medicine: For people with cancer, their family and friends* (booklet)
- “Complementary and Alternative Medicine” (information sheet).

You can find out about what scientific research has been done into specific herbs, supplements and other products on:

- the Memorial Sloan-Kettering website (<http://www.mskcc.org/>)
- the US National Center for Complementary and Alternative Medicines (NCCAM) website (<http://nccam.nih.gov/>)
- Quack-watch (www.quackwatch.com).

Before using a complementary or alternative remedy or traditional healing, it is recommended you discuss it with your cancer doctor.

Making decisions about treatment

Sometimes it is difficult to make decisions about treatment. You may feel that everything is happening so fast that you do not have time to think things through. However, it is important not to be rushed into a decision – it must be the right one for you. Talking to your cancer doctors a few times before making a decision on treatment can help. Ideally, talking to a surgeon (urologist) and an oncologist is helpful.

If you are unsure about the advice given to you by your cancer doctors you can ask for a second opinion from another specialist.

It can be helpful to talk to other men who have had to make decisions about the different prostate cancer treatments. The Cancer Society’s **Cancer Connect Service** can arrange this for you. Phone the **Cancer Information Helpline 0800 CANCER (226 237)**.

Ngā mahi whakatau i te maimoatanga

He tino uaua i ētahi wā ki te whakatau he aha te maimoatanga tika mōu. Tērā pea ka whakaaro koe kei te tere rawa te haere o ngā mahi, kāre koe e whai wā ki te āta whakaaro i ngā piki me ngā heke. Heoi anō, he mea nui kia kaua koe e akiakina ki te hoatu i tō whakataunga – me tika hoki mōu. Mā te kōrero auau ki ō rata i mua i tō whakataunga maimoatanga e āwhina pea i a koe. He mea pai te kōrero ki tētahi mātanga (kaimātai roma mimi) tētahi kaimātai matepukupuku rānei.





Managing side effects of prostate cancer treatments

Improving continence

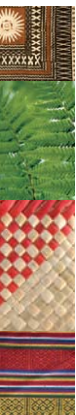
Incontinence refers to the accidental leaking of urine, which often happens during physical activity. The amount of urine leaking can vary from a small to a large amount.

Continence problems are usually temporary. They may last for, at least, three months, and are usually sorted out by six to 12 months. Wearing incontinence pads will help. These are available from supermarkets.

Drinking plenty of fluids (water is best) each day is recommended to help bladder function. Limit caffeine, alcohol and fizzy drinks. A small number of men continue to have significant incontinence on a long-term basis.

Regular Kegel pelvic floor exercises, which involve exercising the muscles of the pelvic floor, help many men regain bladder control after prostate surgery. It is advisable to start these exercises before starting treatment as normal sensations may be confused for several weeks afterwards. Ask your doctor, a nurse or a physiotherapist for information about pelvic floor exercises.

In some areas there are specialist continence advisory nurses. Rarely, men may need further surgery to implant an artificial sphincter (shut-off valve) if incontinence persists or worsens. For more information, refer to the information sheet titled “Continence and Prostate” on the Society’s website or go to the New Zealand Continence Association website (www.continence.org.nz).



Sex and prostate cancer

As you get older, it usually gets more difficult to have and maintain an erection.

Men who have had treatment for prostate cancer can expect to be infertile and may experience changes in their sexual functioning. These changes can include:

- difficulty having an erection
- dry orgasm (no or less semen)
- loss of interest in sex.

For some men after prostate treatment, difficulty gaining an erection might not be a big concern for them or their partner. For others it may be very important.

Men may find it difficult to talk to their partners for fear of failure or rejection, but these fears are often mistaken. Sexual relationships are built on many things like love, trust, talking to each other and common experiences.

Following radical prostatectomy and radiation treatment a man will no longer ejaculate semen so he will have a 'dry' orgasm. Some men say this feels totally normal, while others say the orgasm does not feel as strong, long-lasting or pleasurable.

Sexual partners need to develop different skills to achieve a non-penetrative orgasm. It will probably take longer to reach an orgasm, which means there will be more time to enjoy the mutual pleasures of intimate bodily contact.

Keep in mind that no matter what kind of cancer treatment you have, you will almost always be able to feel pleasure from touching.

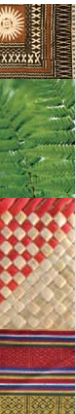
Te whakahaere i ngā pāpātanga ki te taha o ngā maimoa matepukupuku repeure

He rangitahi ngā wā mate mimi tata. Tērā pea ka noho mō te 3 mārama, ā, ka whakatikatika noa i roto i te wā 6 ki te 12 mārama.

Kāore e kore ka matapā ngā tāne kua whai i te maimoatanga mō te matepukupuku repeure, tērā pea ka kite rātou i ngā rerekētanga ka puta ki te mahi ai. Anei pea ētahi o aua rerekētanga:

- he uaua te whakatora i te ure
- maroke noa iho te tātea (kāore he tātea, he iti noa iho rānei)
- kua kore noa iho e hiahia ai.





“My doctor really helped me when he said ‘You’re in a new relationship, and I’m guessing that sex is important to you’.”

Ross

There are practical ways to help overcome impotence, including:

- physical devices such as vacuum pumps and constriction rings that can help you to achieve and maintain an erection
- oral drugs, such as Avigra, Viagra, Cialis or Levitra which are options to discuss with your cancer doctor. These drugs cannot be used by men who take nitrate-based medicine for heart problems
- injections given straight into the penis to achieve an erection, which work on many men
- a penile implant – a device that achieves an erection through the use of a small pump within the scrotum. Whilst effective, this treatment may be expensive.

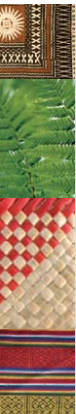
“After being impotent for 18 months, the fitting of a penile implant gave me back my confidence and brought back the intimacy to my relationship.”

Steven

If you find changes in your sex life upsetting, you can discuss this with your cancer doctors. It may be helpful to have some sexual counselling – ask your specialist, your GP or your local Cancer Society if there are any sexual counsellors in your area. There may also be a specialist impotence advisory service in your area where you can discuss treatment options.

Talking to another man who has had this experience following treatment for prostate cancer may be helpful. To be put in contact with other men who have experienced changes in their sexual function, contact the Cancer Society’s **Cancer Connect Service** by phoning **0800 CANCER (226 237)**.

You may find the Cancer Society’s booklet *Sexuality and Cancer/Hokakatanga me te Matepukupuku* helpful. You can get a copy from your local Cancer Society, by phoning the **Cancer Information Helpline 0800 CANCER (226 237)** or by downloading it from our website (www.cancernz.org.nz).



“Being with people who had gone through something similar to me made me feel less isolated and alone.”

Ryan

Bowel function after treatment for prostate cancer

Some men find they have problems with their bowel and bowel motions (faeces) after external beam radiation, such as:

- loose and more frequent bowel motions (diarrhoea, urgency to go to the toilet and incontinence)
- bleeding from rectum (like haemorrhoids or ‘piles’).

These problems may occur months or years after treatment.

These side effects are caused by radiation irritating the lining of the low part of your bowel. You may need to take anti-diarrhoea medication at times. Some men experience long-term diarrhoea.

Bleeding from the rectum (bottom) can occur if you become constipated (have hard bowel motions). Straining to pass a bowel motion can cause the bowel to bleed. Medication may be necessary to make sure your bowel motions are soft.

Modern radiation techniques are less likely to cause these side effects. If diarrhoea and bleeding do occur, this will normally settle in about a year. Talk to your cancer doctor if you have these problems.

Nutrition and diet

The research at the moment is limited and we are unsure how different foods affect the growth of prostate cancer. However, by eating healthily you can take control over your own health and actively do something to improve it. It will also benefit your overall health and reduce your risk of other medical problems such as heart disease and diabetes.

There is some evidence that a lower intake of animal fat and higher intake of fruits and vegetables may lower the chance of developing prostate cancer. Obesity may be related to an increased risk of prostate cancer.

Men on anti-androgen therapy who are at risk of osteoporosis should try to include calcium in their diets. Good sources of calcium include:

- dairy products
- green vegetables
- nuts
- wholegrain foods, such as bread or rice and cereals.



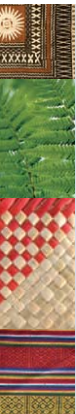
Exercise

Exercise is important for general health. It can help you to maintain a healthy weight by burning up extra energy which would otherwise be stored by the body as fat. It is unclear whether exercise can help to slow down the growth of prostate cancer, but it may help with some of the side effects of treatment. It can also help you cope with any feelings of anxiety or depression.



Depression

Men with prostate cancer are nearly twice as likely to develop depression as other men. Having prostate cancer can cause worry, stress and sadness both in men with cancer and their partners. Having prostate cancer can make it seem like an effort to keep active and connect with family members and friends. This can lead to isolation and may make it harder to recover from depression. Some treatments for prostate cancer, such as hormone treatments, can put men at a greater risk of mood changes, depression and anxiety.



“My wife was a trained nurse but even she found coping with my post-surgery depression extremely difficult. The nature of the disease meant I was self-focused and spent little or no time considering the emotional needs of loved ones.”

Steve

Effects on erectile function and sex drive can be a major source of distress. If this is a problem for you, counselling can be very helpful. Some men may need medication. Speak to your GP and contact your local Cancer Society about counselling services in your area.

Maintaining your Wellbeing: Information on depression and anxiety for men with prostate cancer and their partners is a useful booklet produced by beyondblue in association with the Prostate Cancer Foundation of Australia. Use the web address below to locate and read this booklet online: http://www.beyondblue.org.au/index.aspx?link_id=7.980&mp=FileDownload&fid=1345

“Some people will say, ‘Let me know if you need anything’, whereas others will just come and do things.”

Gerald

Matapouri

He rua noa atu te kaha ake o te puta o te matapouri ki te tāne e pāngia ana ki te matepukupuku repeure, e ai ki ētahi atu o te hunga tāne. Kāore e kore ka puta te māharahara, te kōhukihuki te pōuritanga rurua ki ngā tāne whai matepukupuku repeure me ō rātou hoa moe.

Tērā pea he mea tino āwhina i a koe te whai tohutohu i tētahi atu tangata mehemea he raru tēnei mōu. Tērā pea me whai rongoā kē ētahi tāne. Kōrero ki tō rata ā-rohe me te whakapā atu ki Te Kāhui Matepukupuku ā-rohe mō ngā ratonga whai tohutohu kei tō takiwā.



Cancer Society information and support services

The **Cancer Information Helpline** is a Cancer Society service where you can talk about your concerns and needs with specially trained nurses on **0800 CANCER (226 237)**. Your local Cancer Society offers a range of services for people with cancer and their families.

These services may include:

- volunteer support including drivers providing transport to treatment
- accommodation while you're having treatment
- support and education groups.

The range of services offered differs in each region so contact your local centre to find out what is available in your area.

For information on practical support and the emotional impact of cancer, we suggest you read our booklet *Coping with Cancer: Your guide to support and practical help*. You can get a copy from your local Cancer Society, by phoning the **Cancer Information Helpline 0800 CANCER (226 237) or by downloading it from our website (www.cancernz.org.nz).**

Suggested websites

This booklet is part of a series called *Understanding Cancer*, which is published by the Cancer Society.

These booklets, and booklets from the *Living with Cancer* series, can be viewed and downloaded from our website (www.cancernz.org.nz).

The following websites also have information on prostate cancer and support:

Macmillan Cancer Support: www.macmillan.org.uk

Cancer Council Queensland: www.cancerqld.org.au

Australian Prostate Cancer Collaboration:
www.prostatehealth.org.au

Prostate Cancer Foundation of New Zealand: www.prostate.org.nz
0800 477 678 or 0800 4 PROSTATE

Prostate Cancer Foundation of Australia: www.prostate.org.au

Prostate Cancer UK: prostatecanceruk.org

New Zealand Continence Association: www.continence.org.nz

Mental Health Foundation of New Zealand:
www.mentalhealth.org.nz

The suggested websites are not maintained by the Cancer Society of New Zealand. We only suggest sites we believe offer credible and responsible information, but we cannot guarantee that the information on such websites is correct, up-to-date or evidence-based medical information.

We suggest you discuss any information you find with your cancer care health professionals.



Glossary

adjuvant treatment – a treatment that is done along with the main treatment or after it.

benign – a tumour that is not malignant, not cancerous and won't spread to other parts of the body.

benign prostatic hyperplasia (BPH) – a non-cancerous enlargement of the prostate gland.

biopsy(ies) – the removal of a small sample of tissue from the body for examination under a microscope to help in diagnosing a disease.

bladder – hollow organ that stores urine.

brachytherapy – a form of radiation treatment where the radiation source is placed into the area of the body being treated.

cells – the 'building blocks' of the body. A human is made of millions of cells, which are adapted for different functions. Cells are able to reproduce themselves exactly, unless they are abnormal or damaged, as are cancer cells.

computerised tomography (CT) scan – a technique for constructing pictures from cross sections of the body, by X-raying the part of the body to be examined from many different angles.

differentiation – a medical term used to describe how closely cancer cells resemble normal cells.

digital rectal examination (DRE) – a way to diagnose prostate abnormalities: the doctor puts a gloved finger into your rectum and feels the prostate through the rectum wall.

genes – the template or pattern that governs the way the body's cells grow and behave. Each person has a set of many thousands of genes inherited from both parents. Genes are found in most cells of the body (red blood cells do not have genes).

Gleason score – a system for grading prostate cancer tumours according to size and appearance.

grading – refers to the differentiation of cancer cells when examined under the microscope.

impotence – inability to have an erection.

lymphatic system/lymph nodes/lymph vessels – The lymphatic system is a network of very thin lymph vessels which connects the major lymph glands in the abdomen, pelvis, groin, neck and armpits.

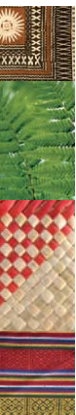
The lymphatic system drains away fluid waste products and damaged cells, and contains cells that fight infection.

malignant – a tumour that is cancerous and will spread if it is not treated.

metastasis – when cancer has spread from the original site to another part of the body. It can also be called secondary cancer.

neo-adjuvant treatment – a treatment that is done before the main treatment to enhance the other treatment.





orchidectomy/orchiectomy – surgical removal of the testes (testicles).

prostate-specific antigen (PSA) – a protein normally produced by prostate cells. Tests of PSA levels are used in the diagnoses and monitoring of prostate cancer. This involves a simple blood test.

prostatitis – an inflammation of the prostate.

radiation treatment – the use of particular forms of radiation, usually X-rays or gamma rays, to kill cancer cells.

radical prostatectomy – the surgical removal of the prostate gland.

rectum – the last 12–15 cm of the large bowel leading to the outside of the body.

testes (testicles) – two egg-shaped glands that produce semen and sex hormones.

testosterone – a male sex hormone produced by the testes which stimulates male sexual activity and the growth of other sex organs including the prostate.

transrectal ultrasound (TRUS) – an ultrasound probe is inserted into the rectum so that ultrasound scans of the prostate can be made.

transurethral resection of the prostate (TURP) – surgery through the urethra to remove blockages in the urinary tract.

tumour – a new or abnormal growth of tissue in or on the body, which may be benign or malignant.

urethra – a tube that carries urine from the bladder and semen from the sex glands to the outside of the body via the penis.

urinary catheter – an artificial tube inserted to drain urine from the bladder into a collecting bag.

urinary incontinence – loss of bladder control, or urinary leaking.





Questions you may wish to ask

The following list has questions you may want to ask your cancer doctor at appointments. We suggest you work out which questions are most important for you to get answers to.

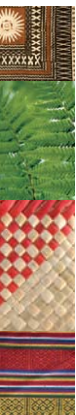
It's easy to forget the questions you want to ask when you see your cancer doctor or nurse, so write them down as you think of them and take your list with you to your appointment:

1. What type of cancer do I have?
2. How extensive is my cancer? What stage is it?
3. What treatment do you advise for my cancer and why?
4. Are there other treatment choices for me?
5. What are the risks and possible side effects of each treatment?
6. How long will the treatment take? Will I have to stay in hospital?
7. If I need further treatment, what will it be like and when will it begin?
8. How much will it cost if I decide to be treated privately?
9. How frequent will my check-ups be and what will they involve?
10. Will I be able to continue working? If not, when will I be able to return to work?

11. When can I drive again?
12. Will the treatment affect my sexual relationships?
13. Will the treatment affect my fertility?
14. Will I be affected by incontinence?
15. If I choose not to have treatment either now or in the future, what services are available to help me?
16. Are there any problems I should watch out for?
17. I would like to have a second opinion. Can you refer me to someone else?
18. Is my cancer hereditary?
19. What is the chance that the cancer can come back after the treatment(s) offered?
20. What can I do for myself to improve my outcome?

If there are answers you do not understand, feel comfortable to say:

- “Can you explain that again?”
- “I am not sure what you mean by...”
- “Would you draw a diagram, or write it down?”



Notes

You may wish to use this space to write down any questions for, or advice given by, your cancer doctors, nurses or health providers at your next appointment.





Notes

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Cancer Information Service

0800 CANCER (226 237)

www.cancernz.org.nz



Feedback

Prostate Cancer/Matepukupuku Repeure

We would like to read what you thought of this booklet, whether you found it helpful or not. If you would like to give us your feedback, please fill out this questionnaire, cut it out and send it to the Information Manager at the address at the bottom of the following page.

1. Did you find this booklet helpful?

Yes ☐ No ☐

Please give reason(s) for your answer.

2. Did you find the booklet easy to understand?

Yes ☐ No ☐

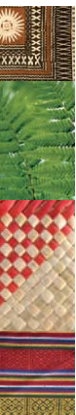
Please give reason(s) for your answer.

3. Did you have any questions not answered in the booklet?

Yes ☐ No ☐

If yes, what were they?





4. What did you like the most about the booklet?

5. What did you like the least about the booklet?

6. Any other comments?

Personal information (optional)

Are you a person with cancer, or a friend/relative/whānau?

Gender: Female ☐ Male ☐ Age _____

Ethnicity (please specify): _____

Thank you for helping us review this booklet. The Editorial Team will record your feedback when it arrives, and consider it when this booklet is reviewed for its next edition.

Please return to: The Information Manager, Cancer Society of New Zealand, PO Box 12700, Wellington.



Information, support, and research

The Cancer Society of New Zealand offers information and support services to people with cancer and their families. Printed materials are available on specific cancers and treatments. Information for living with cancer is also available.

The Cancer Society is a major funder of cancer research in New Zealand. The aim of research is to determine the causes, prevention, and effective methods of treating various types of cancer.

The Society also undertakes health promotion through programmes such as those encouraging SunSmart behaviour, healthy eating, physical activity, and discouraging smoking.

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Cancer affects New Zealanders from all walks of life, and all regions of our beautiful country.

Cover photo: The cover booklet features a photograph reproduced with kind permission from Brian Robinson. The photo is titled 'Old farm shed', Matakaitaki Valley, Murchison, Tasman, New Zealand.



ANY CANCER, ANY QUESTION

0800 CANCER (226 237)

Cancer Information Helpline

