

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, health care providers, patients and caregivers to improve patients' lives. The Urology Care Foundation is the official foundation of the American Urological Association (AUA).



About Prostate Cancer®

prostate cancer in their lifetime. More seriously, **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 health care provider. Learn if prostate cancer testing is right for you.

Know Your Risk. Talk to Your Doctor.

Knowledge is power. By reading this Playbook, you can start your game plan for prostate health and well-being.

The stakes are high.

About **1 in 7 men** will be diagnosed with

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The National Football League (NFL) and the Urology Care Foundation have teamed up to raise awareness about prostate cancer. Our **Know Your Stats About Prostate Cancer**® campaign has been seen by millions of Americans on TV, radio, in print and on the Web.

Know Your Stats® is about understanding your risk. It can make a difference for the more than 220,000 men who will be diagnosed this year.

The campaign is led by some of our favorite heroes of football, like Pro Football Hall of Fame member and prostate cancer survivor Mike Haynes. As a spokesperson for the campaign, Mike raises awareness of prostate cancer across the country. Mike's story gives hope to those diagnosed and in treatment. His story reminds families to talk about their health history. Mike and his "Team Haynes" members get this powerful message out to men everywhere.

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

Pregame Preparation: What should you know about your prostate?

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

Any football fan or player knows the best defense is a good offense. Learning about your risk for prostate cancer is like learning about your football opponent. The more you know, the better you can pick the best plays to keep you off the sidelines and 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's main job is to help make fluid for *semen* to protect and energize the sperm. Think of semen as the offensive line. As the sperm run into the end zone where the female egg is waiting, the semen protects the sperm. This lets the sperm fertilize the egg and form a new life — touchdown! 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 *seminal vesicles*, found next to the prostate, also add fluid to semen. (See pages 7 and 11 for drawings).

The most common prostate health problems are non-cancerous. They are: enlarged prostate (*benign prostatic hyperplasia – BPH*), inflammatory disease (*prostatitis*) and prostate cancer. Men who have problems when urinating should talk to their health care provider about their prostate health.

Because of its location inside the *pelvis*, there are no prostate self-exams for men. Health care 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 between the ages of 55 and 69 benefit most from screening for prostate cancer. Men in higher risk categories for prostate cancer (African Americans and men with a family history) should talk to their doctor.

Know Your Risk. Talk to Your Doctor.

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

A photograph of NFL players from the Minnesota Vikings and Denver Broncos in a three-point stance on a grass field. The Vikings are on the left, wearing purple and white uniforms. The Broncos are on the right, wearing blue and orange uniforms. A large white number '27,000' is superimposed over the center of the image. A white curved line with an arrow points from the number down to a text box on the right.

27,000

More than 27,000 men die
each year from prostate
cancer in the United
States.

What are Prostatitis and Chronic Pelvic Pain Conditions?

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

What causes prostatitis and chronic pelvic pain conditions?

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 conditions?

The treatment is different for the different kinds 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*, *urinary tract infection (UTI)*, an enlarged prostate, and cancer should be ruled out. Several tests are useful for a clear diagnosis. These include a *prostate-specific antigen (PSA)* blood test and a *digital rectal exam (DRE)*. A DRE is where your health care provider feels your prostate for anything abnormal. (See Page 11 for more information about these tests.)

Your health care provider may also test samples of urine and prostatic fluid to look for signs of inflammation and infection. These samples may help the provider find out whether 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 find any blockage.

Treatment you are offered will depend on the type of prostatitis you have. Your health care provider may give you antibiotics. Depending on symptoms, other treatments may also help. While prostatitis can place you on the sidelines, it is not life threatening. Treatments are available.

For more information on prostatitis, visit UrologyHealth.org/Prostatitis.



1 in 10

Health care providers may have trouble diagnosing prostatitis because the symptoms are not the same for all men. Many of the symptoms — such as painful or burning urination and incomplete emptying of the bladder — can be signs of other diseases.

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

Score Your Prostate Symptoms: AUA Symptom Score

Have you noticed any of the following when you have urinated over the past month? Circle the correct answer for you and write your score in the right-hand column. Talk with your health care provider if your total score on the first seven questions 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. But a prostate can grow to almost the size of a baseball or more. As the prostate enlarges, it can squeeze the *urethra*. This can cause some men to have lower urinary tract symptoms (LUTS), such as those listed on page 6.

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 an enlarged prostate diagnosed?

The American Urological Association (AUA) designed a list of questions to find out how often symptoms occur. The AUA Symptom Score, on page 6, allows men to rate their symptoms so their doctors can understand what's happening.

When health care providers check men for enlarged prostate, they take an in-depth health history. They do a physical exam, along with

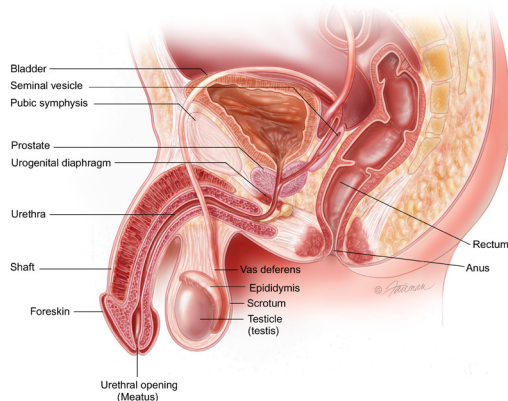
a *digital rectal exam (DRE)*. Your provider may also test your *urine (a urinalysis)* and your *PSA* blood levels. (For more information about the DRE exam and the PSA blood test, see Page 11.)

When should a man see a doctor about an enlarged prostate?

A man should see his health care provider if he has any of the symptoms in the AUA Symptom Score. Also, he should see a provider right away if he has blood in his urine, pain or burning with urination, or is not able to urinate. You may be referred to a urologist. An enlarged prostate is not cancer and cannot lead to cancer. Still, both problems can happen at the same time. So whether your prostate is enlarged or not, you should ask your health care provider if a PSA testing is right for you.

What is the game plan to treat enlarged prostate problems?

As men age, enlarged prostates can get worse. Know your body to help your game plan. An enlarged prostate can lead to bladder damage, infection and even kidney damage. One way to tackle an enlarged prostate can be to use prescription drugs. Or, there are minor surgical options that may relieve symptoms. If symptoms do not improve, a urologist who specializes in prostate issues can help. For more information on BPH, visit UrologyHealth.org/BPH.



*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 220,000 American men will learn they have prostate cancer. That is more than twice the number of fans who could fit in MetLife Stadium, home of the NFL's New York Giants and Jets.

Sometimes this cancer can be small, slow growing and of very little risk to the patient. Other prostate cancers may threaten a man's wellbeing or life. More than 27,000 men die each year from prostate cancer in the United States.

Who is at risk for prostate cancer?

While prostate cancer is rare before age 40, the risk grows with age. About **1 in 7 men** in the United States faces a diagnosis of prostate cancer in his lifetime.

African Americans are more likely to be diagnosed. About **1 in 5 African-American men** will be diagnosed with prostate cancer in his lifetime; often, with more deadly forms of the disease.

About **1 in 3 men whose fathers or brothers had prostate cancer** will be diagnosed. Your risk grows if two or more close relatives have been diagnosed, or if they were diagnosed before age 55.

To decrease the risk of prostate cancer, it may help to eat a diet low in animal fat and high in fruits and vegetables. Most doctors agree that, if you do things that are **heart healthy**, you will also help keep your **prostate healthy**. Eating right, exercising, keeping to a healthy weight and not smoking can keep you at the top of your game.

What are the symptoms of prostate cancer?

In early stages, prostate cancer usually causes no symptoms. When symptoms do occur, they can be the same as signs for an enlarged prostate, or *BPH** (see Page 7). That's why it's vital to talk to your

health care provider when you have urinary symptoms.

Things to watch for include: *urinating* frequently, being unable to urinate, pain or burning with urination or a weak urine flow. Blood in the *urine* or *semen*, and painful *ejaculation* can also be symptoms. Pain in the hips, *pelvis*, lower back or upper thighs can be signs of later stage cancer. So can loss of appetite and/or weight.

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

How do you screen for prostate cancer?

Screening is when you test for a disease even if you have no symptoms. The *prostate-specific antigen (PSA)* blood test is the main screening test for prostate cancer (see page 11). Your health care provider should also do a *digital rectal exam* (see page 11).

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 **KnowYourStats.org/Resources**.

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



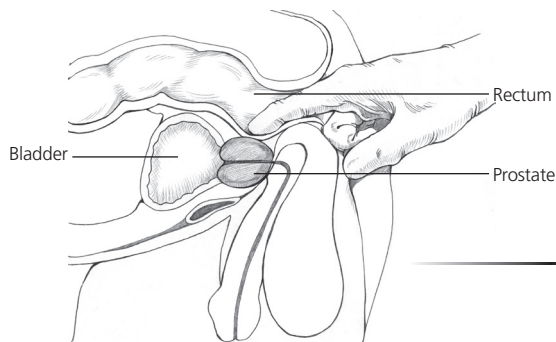
15 in

African-American men are also twice as likely to be diagnosed with more deadly forms of the disease.

What is Prostate Cancer Screening?

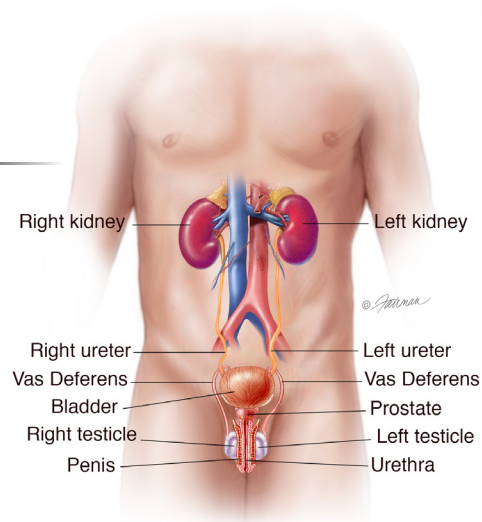
What is the PSA test?

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 that something is wrong. One possible cause of a high PSA is if the prostate is enlarged (see Page 7). Inflammation of the prostate, called *prostatitis*, is another possible cause. (See Page 4). Prostate cancer is the most serious cause of a high PSA result. Talk with your health care provider about whether the PSA test is right for you. If you decide to get tested, ask your provider about changes in your PSA score, and if you should have other tests. This can help you stay on top of your game.



Digital (Finger) Rectal Exam, or DRE

Image provided courtesy of National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health



What is the DRE?

During a DRE, the health care provider puts a lubricated gloved finger into the rectum. He or she feels for abnormal shape or thickness in the prostate. The DRE can help the provider find prostate problems.

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



—in—

One in three men
whose fathers or
brothers had prostate
cancer will be diagnosed
with the disease.

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 health care provider about your own risk for prostate cancer and your screening preferences.

Also talk about the benefits and risks of testing.

Should I be screened for prostate cancer?

Men should talk to their health care provider about their prostate cancer risk and whether PSA testing is right for them.

You are at **higher risk** and may want to talk to your doctor about prostate screening **before age 55** if you:

- are **African-American**, or
- have a **family history** of prostate cancer.

If you are not at higher risk, men aged 55 to 69 benefit most from screening.

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 to see how likely it is you need a *biopsy*.

A prostate biopsy (*tissue sample*) is the only way to know for sure if you have cancer. The biopsy removes small pieces of prostate tissue. A *pathologist* (a doctor who identifies diseases by looking at them under a microscope) looks at the prostate tissue to see if cancer is there. If cancer is seen, the pathologist will also “grade” the tumor. The grade helps tell how quickly the cancer can grow and spread. You may be offered other tests to better understand how quickly your cancer can grow.

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 treatment of prostate cancer may help some men slow the spread of the disease.
- Early treatment of prostate cancer may help some men live longer.

Possible risks of a PSA test:

- A normal PSA result may miss some 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 and worry.
- 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 never would have caused you problems.

Possible risks of biopsy and treatment:

Biopsies can cause side effects of bleeding or infection. Treatment of prostate cancer can also cause side effects. Erection problems, urine leakage or bowel problems can occur.

For more information, visit **KnowYourStats.org/Resources**. There, you can also find tools for you and your health care provider to make a shared decision on whether PSA testing is right for you.

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

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

Active surveillance* is where your doctors watch your cancer closely with regular PSA (and other) tests. Most prostate cancers never become life-threatening, so not all men need treatment right away. Your doctor may offer genetic testing to see if active surveillance is a good choice for you. Active surveillance is a good choice for men with no symptoms and a slow-growing cancer. If your cancer is not expected to grow very quickly, this choice can give you years with good quality of life. It is also a good choice for older men and men who have other serious health issues.

Radiation therapy uses high-energy rays to kill cancer cells. Radiation can be used as primary treatment for prostate cancer (in place of surgery). It can also be used after surgery if cancer remains or returns. Imaging tests help find the exact location of the tumor. The most common **internal radiation**, brachytherapy, uses small, radioactive “seeds” placed inside in the prostate. **External beam radiation** uses targeted rays from outside the body to treat the prostate.

Radical Prostatectomy (RP) is surgery that removes the *prostate*, the *seminal vesicles*, nearby *tissue* and some of the *lymph nodes*. Cancer cells may be scattered throughout the prostate gland. Because of this, the whole prostate must be removed. There are several ways to perform an RP. The surgeon can go in through the lower abdomen (retropubic open). The surgeon can go in between the scrotum and the anus (perineal). The surgeon can also do *laparoscopic surgery* (with several small incisions for the use of tube-like instruments) with or without robotic assistance.

Cryotherapy freezes the prostate to kill cancer cells. During cryosurgery, your doctor places small needles into the prostate. A cold gas is placed into the needles, freezing the prostate tumor and nearby tissues. After

each freezing process (there are usually two), the tissue is able to thaw. This repeated freezing and thawing cycle kills the cancer cells.

Hormone therapy uses drugs to lower or block testosterone and other male sex hormones. This can stop or slow the growth and spread of prostate cancer.

Stay ahead of the game. Get a balanced picture of the pros and cons for all of your treatment options. Learn up-front about side effects, and what you can do about them.

Get support. Get support in making your treatment decisions and in dealing with any side effects of treatment. Your loved ones and other prostate cancer survivors can be excellent sources of support. 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's the game plan after localized prostate cancer treatment?

After treatment, you may feel like you just scored the game-winning touchdown. You could also feel anxious with thoughts of *recurrence* (your cancer returning). Whatever you're feeling, talk to your doctor about any issues you have. That lets you work together as a team. By now, you know your stats about the disease, and you've built a solid game plan with your doctor. So it's time to plan out your defense against any longer-lasting side effects from treatment.

For more information on treatment for prostate cancer, please visit **KnowYourStats.org/Resources**.

A background image of an American football game. In the foreground, a player in a white jersey with the number 50 is tackling a player in a blue jersey with the number 80. Another player in a white jersey with the number 3 is also visible. The players are wearing helmets and are in a dynamic, action-oriented pose. The background is slightly blurred, showing other players and the stadium environment.

220,000

More than 220,000 men in the United States will be diagnosed with prostate cancer this year.

Your treatment choice should be based on your personal health and fully discussed with your doctor and family. While treatment choices differ, each year more men are surviving prostate cancer and winning back their lives. Prostate cancer can be a manageable disease if caught early and treated appropriately.

A line of Jacksonville Jaguars football players is shown in a three-point stance on a green field. The player in the foreground is wearing a white jersey with black and gold accents, black pants, and a black helmet with the team's logo. A white arrow points from the text '2.9 MILLION' down to the player's hip area. In the background, other players and a football are visible, slightly out of focus.

2.9 MILLION

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

Game Plan After Treatment

After treatment, it's time to think about the postseason. What conditioning do you need? **Incontinence*** is when you cannot control your *urine*. After prostate cancer treatment, many men leak or dribble urine. Incontinence can affect your physical and emotional healing. While this is very common, you can plan a defense.

What kinds of incontinence are there?

There are several types of incontinence. **Stress incontinence (SUI)** is the most common. With SUI, urine leaks when coughing, laughing, sneezing, or even exercising. It's caused by problems with the muscular valve that keeps urine in the *bladder* (the bladder sphincter). Surgery or radiation may harm these muscles or the nerves that keep them working.

Overflow incontinence happens when you're not able to empty the bladder fully. You may find yourself taking longer to urinate, and only getting a weak stream of urine. This can occur because your bladder outlet is blocked or narrowed by scar tissue. Men with **overactive bladder**, or **urge incontinence**, have a sudden need to urinate even when the bladder is not full. This can happen with or without leaks.

Mixed incontinence is a blend of stress and urge incontinence with symptoms from both types. While uncommon, some men can experience **continuous incontinence** – not being able to control urine at any time.

How long can incontinence last after treatment?

After surgery or radiation, improvement in urine control can take several weeks to several months. Every patient is different. You should talk to your doctor about what to expect after your treatment.

What is the game plan to treat incontinence?

Over 90% of men recover bladder control on their own. The type of incontinence you have and how much it affects you will direct your options. While you may feel embarrassed, incontinence is common and can be treated. Most men regain full control and get back into the game.

Exercises can help. You may be asked to do *Kegel exercises*. This tensing and relaxing of certain pelvic floor muscles can strengthen your bladder control. Ask your doctor to refer you to a physical therapist who specializes in *pelvic floor rehabilitation*. They will evaluate your pelvic floor muscles and offer exercises for recovery. You may also need to change your diet, what you drink or drugs you take to gain better control.

In the short term, your urologist may prescribe drugs for incontinence. Your urologist may also suggest electrical stimulation of your bladder muscles and nerves.

Additional surgery can be a long-term treatment option. For example, a surgeon can inject collagen (a natural protein) to tighten the bladder sphincter. Or a small device called a urethral sling can be implanted to tighten the bladder neck. Or a urologists can implant an artificial sphincter to control urination.

There are also absorbent products that can help you cope. Talk with your urologist and make a game plan.

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

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

Game Plan After Treatment

Maintaining a good sexual life is important not only for your health, but also for the health of 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 may harm nerve bundles that control blood flow to the penis, causing ED. While most surgeons will aim to save the nerves from harm, it's not always possible. If the cancer spread around the nerves, they may need to be removed. If nerves are damaged, the brain can no longer send a clear signal to the *penis* to start an erection.

Also, there could be less blood flowing to the penis after treatment. During surgery, blood vessels may be harmed. 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 libido or orgasm.

How long can ED last after treatment?

Men can have ED issues for different amounts of time. The ability to recover depends on the type of treatment, and if you had erection problems before surgery. It is important to know that some men may fully recover, but many will not. If you have trouble, do not feel embarrassed. Your doctor can offer you several treatment choices for your playbook.

What is the game plan to treat erection problems?

To get the greatest benefit from treatment, it is important to talk openly with your doctor. Equally important is talking openly with your partner, a vital member of your team.

Things as simple as moderate exercise and keeping a healthy weight can help improve erection problems.

Oral drugs are often the first treatment your doctor will have you try for ED. Oral drugs can improve blood flow to the penis. Vacuum pumps are mechanical devices used to create an erection. Injections can be used to increase blood flow, which creates an erection. Your doctor can help you decide which choice is best for you. Some experts have their patients use one of these methods regularly, once the body has healed from treatment. If ED continues, a permanent penile implant may be an option.

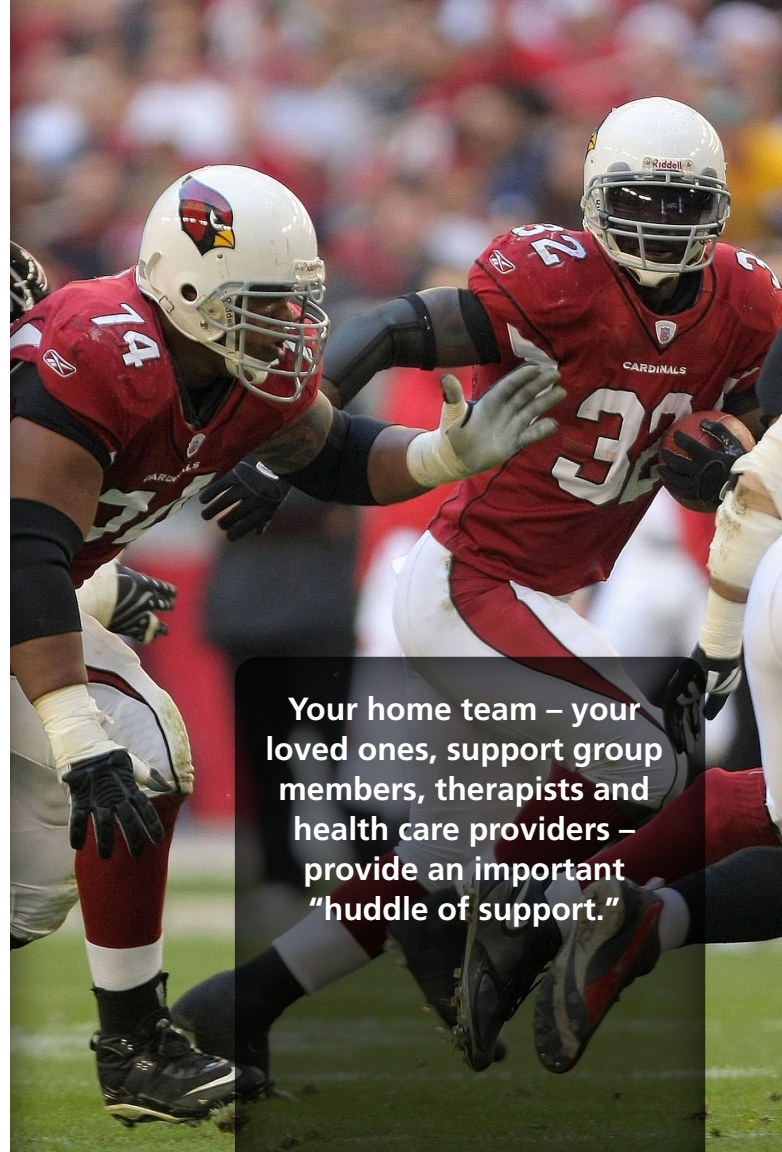
If you need treatment, your urologist will help you decide on the best choice for a game-winning season. What is most important to remember is that you can get help. To reach better sexual health, have an open and honest talk with your doctor.

Your relationship can move recovery forward

When a couple works as a team, it's easier for men to take advantage of erectile aids. It's also easier to regain sexual pleasure. Team work can turn the score, and your libido, around. If you have a partner, being able to talk about your concerns and hopes as well as solving problems together are key to maintaining sexual intimacy.

Many couples benefit from the advice of a counselor when they feel that they are not advancing their game well enough on their own. There is no harm in getting some coaching! If you don't have a partner, you may want help talking through how to manage your dating life. Your urologist can refer you to counselors who specialize in sexual health after prostate cancer. You can also find a certified *sex therapist* near you 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?

Like the 4 quarters of a football game, prostate cancer is categorized into 4 stages. Throughout your prostate cancer journey, it's important to understand the different stages and the treatment options available in each. That way, you and your doctor can be prepared if your opponent—prostate cancer—advances.

The 4 Stages of Prostate Cancer

- **Stage 1:** The *tumor** in the prostate is so small it's only visible with a microscope.
- **Stage 2:** The tumor has grown bigger inside the prostate, but hasn't spread beyond the prostate.
- **Stage 3:** The cancer has spread outside the prostate, but only to nearby tissues.
- **Stage 4:** The cancer has spread outside the prostate to other tissues and often to the *lymph nodes*, bones, liver or lungs. Stage 4 is known as 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 monitor your *PSA levels* with your doctor. A rise in your PSA after treatment can be a sign that things are changing. Over time, your doctor may want to do other tests or scans to see if the cancer has spread to other parts of your body.

What's the game plan for treatment of advanced prostate cancer?

Think of the 4th stage of prostate cancer like the 4th quarter of a football game. Making smart moves early in the quarter can help you stay in the game.

If your cancer does progress, the next step is to talk with your doctor to find out what to do for treatment. There are many different options available to treat stage 4 prostate cancer. They include treatments to boost the immune system (*immunotherapy*), new agents to block male hormones (*hormone therapy*), *chemotherapy* to kill cancer cells, *radiation therapy* and *bone targeted* treatment (including *radiopharmaceuticals*) for cancer in bones. In the past decade, the FDA has approved many new treatments that can help fight advanced prostate cancer. Based on your needs and wellbeing, you and your doctor can work together to treat advanced prostate cancer.

Fourth Quarter Goals

The goals of Stage 4 prostate cancer treatment are to help you live longer and have you feel better by shrinking the tumor(s) and controlling symptoms.

Stay ahead of the game. Eating healthy, drinking enough fluids and exercise (even gentle exercise to strengthen your bones) can help you feel healthy no matter where you are in treatment. Get a balanced picture of the pros and cons for all of your treatment options. Learn about side

effects up-front and what you can do about them.

Be sure to speak up if you feel pain or other symptoms so that your health care team can help you feel your best. It's common for men to feel extremely tired (fatigued), have hot flashes and have other side-effects from cancer drugs. ED and sexual changes are also common (see page 18). There are ways to ease these problems. Controlling bothersome symptoms is one of your health care team's goals.

Get support. Get support in making your treatment decisions and in dealing with any side effects of treatment. To find support groups near you, contact Us TOO International (www.UsTOO.org or 800-808-7866) or Malecare (www.Malecare.org or 212-673-4920). Your loved ones who are helping manage your care may also want to reach out for support.

Working as a team

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

You're not alone.



Recent treatment advances for advanced prostate cancer offer new hope. New treatments can improve wellbeing and extend life for men with Stage 4 prostate cancer.

The Prostate Health Playbook Glossary

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

Benign prostatic hyperplasia (BPH): An enlarged prostate not caused by cancer. BPH can cause problems urinating because as it grows, the prostate squeezes the urethra

Biopsy: Samples of prostate tissue are removed to look at under a microscope and 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 through the urethra

Bone-Targeted Therapy: Treatments to help strengthen bones, keep bones healthy, and 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

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: Leakage of urine. There are various types: stress, overflow, urge, mixed and continuous

Hormone therapy: Use of medications that decrease or block testosterone and other male hormones to stop or slow the growth of prostate cancer

Kegel exercises: Exercises 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

Nerve-sparing procedure: Surgical technique to avoid harming the nerve bundles near the prostate, which control blood flow to the penis

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. The prostate makes fluid that goes into semen

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

The Prostate Health Playbook Glossary

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 counselor or therapist: A specially trained counselor who can help men and couples maintain sexual intimacy after prostate cancer treatment

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

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

Urethritis: Inflammation of the urethra

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 product filtered from the blood by the kidneys, stored in the bladder and expelled from the body through the urethra by the act of urinating (voiding)

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

Watchful waiting: Watch for signs of prostate cancer and possibly treat 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 health care 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 ultimate treatment choice, leading to a cure ... touchdown and the extra point!

Urology Care Foundation

The 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 for such purposes. Please see your urologist or other health care provider regarding any health concerns, and always consult a health care 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
- Tools to decide if screening is right for you
- Information on treatments & life after treatment
- Information on other prostate and urological health issues



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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.

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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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