

I'VE BEEN DIAGNOSED WITH PROSTATE CANCER. NOW WHAT?

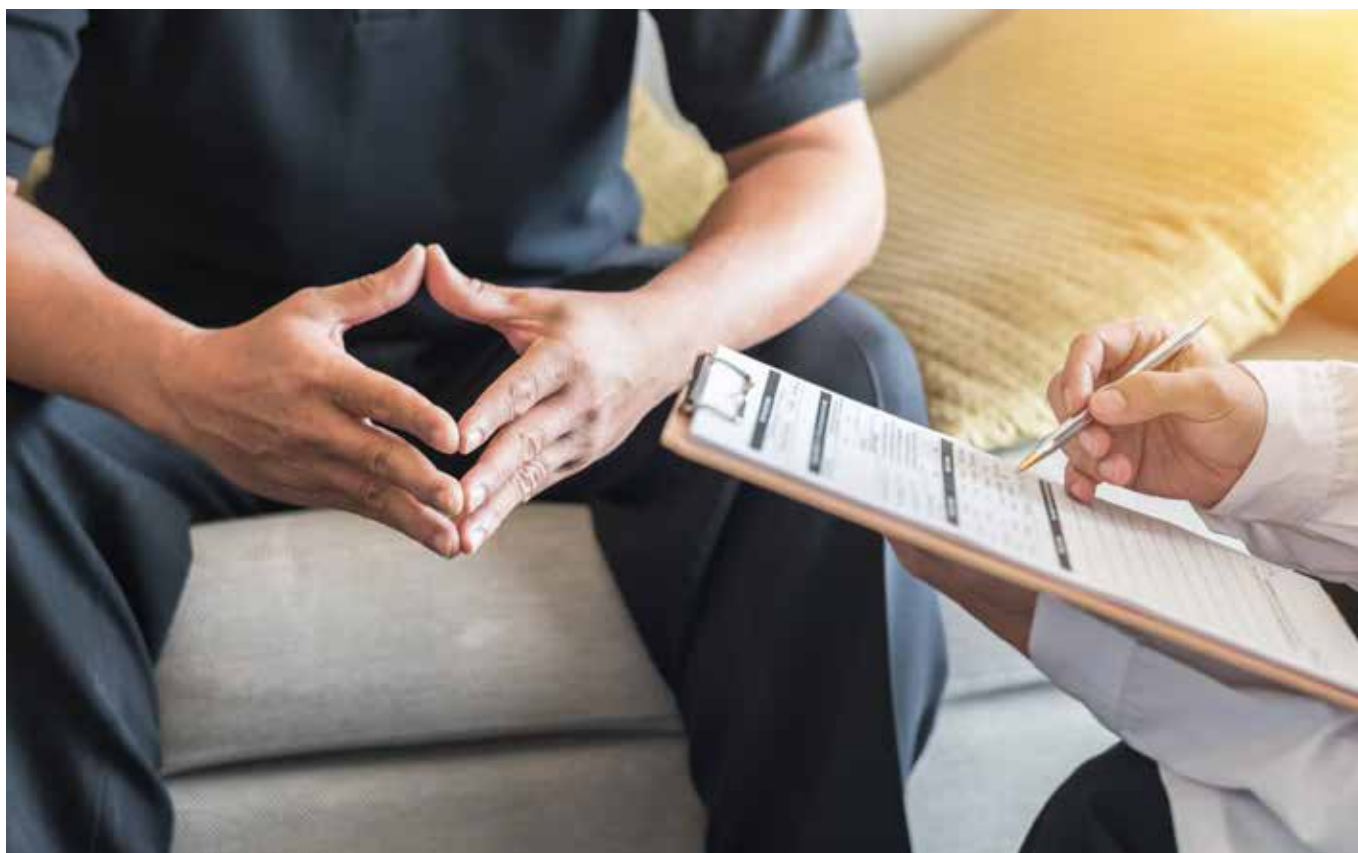
Here's what to know about the treatment of prostate cancer today.

Whether to screen or not isn't the only personal decision to make when it comes to prostate cancer. If diagnosed, a man must choose between various treatments.

"The good news is that chances are good if the prostate cancer has not spread, and many more years of life can be expected. In which case, it's important to consider the long-term side effects of treatment options and their impact on quality of life before making a choice," says DR JONATHAN TEH, Consultant Radiation Oncologist at Asian American Radiation & Oncology. "While the first instinct would be to 'cut it out!', men should be aware that there are non-invasive options that could work just as well."

There are three main curative treatment options for prostate cancer, says Dr Teh. **Radical prostatectomy** is a robotic surgery to remove the entire prostate gland. "Small incisions are made, and a camera is placed through them. The surgeon operates by looking at a monitor and controls the instruments with fine movements via the robot," he says.

Radiation therapy (RT) is another treatment option, and there are different types. The non-invasive technique, **intensity modulated radiotherapy** (IMRT) involves using a machine





to direct therapeutic x-rays focused on the prostate that kill the cancer cells within. “It’s done daily, five days per week, for four to eight weeks. Each treatment takes a few minutes and most patients can continue their daily activities,” says Dr Teh. Meanwhile, the other main form of RT, **brachytherapy**, uses radioactive sources placed within the prostate, under general anaesthesia, to kill the cancer cells.

“In early-stage cancers, surgery and RT are equally effective when used alone. For more advanced or aggressive tumours, a combined approach may be required,” says Dr Teh. “Surgery might need to be followed by radiotherapy, while radiotherapy would need to be combined with hormonal therapy. These two approaches, again, afford equivalent cure rates.”

An exciting new advance to be aware of, Dr Teh says, is **stereotactic body radiotherapy (SBRT)** – an innovative external beam radiation technique that utilises the latest technological advances in tumour targeting and radiation delivery. “This short and intense treatment to the prostate involves just five outpatient treatments in less than two weeks,” he says. “The non-invasiveness and convenience mean minimal impact on the patient’s lifestyle. It has been shown to produce cure rates comparable to the usual protracted radiotherapy treatments in early prostate cancers, with a low rate of major side effects.”

While those with larger or more aggressive tumours should have treatment with surgery or RT, Dr Teh says patients with small tumours that are unlikely to grow quickly have the option of **active surveillance**, which involves monitoring the tumour using the PSA blood test

every few months, and one or more repeat biopsies. “The rationale is to postpone aggressive treatment and its side effects, and only have surgery or RT when the cancer begins to grow. This is well suited for those who are older or have other major illnesses.”

Choosing a treatment

“Treatment choice depends on patient age and the presence of pre-existing medical problems, which may affect the risk of general anaesthesia that surgery and brachytherapy requires,” says Dr Teh. “Otherwise, it’s largely a matter of patient preference on whether they want a non-invasive treatment like IMRT that takes a longer time to complete, a more invasive one that requires hospitalisation but can be completed more quickly (surgery or brachytherapy) or something in between such as SBRT, for instance.”

“With treatment choices that offer equivalent cure rates, men with prostate cancer owe it to themselves to get fully informed about all of them before making their decision,” he adds. “A proportion of men with prostate cancer experience ‘treatment decision regret’. Research has shown that those who were well informed of the pros and cons of the options and kept involved in decision-making experienced the least regret about their treatment choice. Therefore, men should have an in-depth discussion with both a urologist and a radiation oncologist to get a full picture, before making a decision.” *a*

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