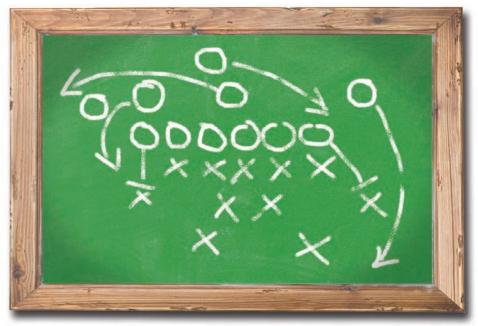
YOUR PROSTATE CANCER DIAMETER DIAMETER



A PROSTATE
CANCER DIAGNOSIS...
NOW WHAT?



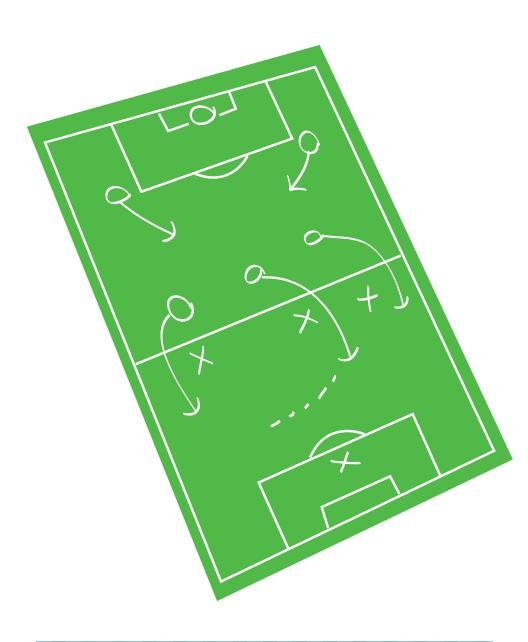


Table of Contents

2 3	WELCOME Prostate Cancer: Now what?
6 6 7 8	ABOUT ME My risk factors Diet and lifestyle Low, intermediate, and high grade
10 10 12 14 15	TREATMENT OPTIONS Active surveillance Prostatectomy Surgery Radiation therapies
17 17 19	DRUG TREATMENT Chemotherapy and ADT Other drug options
20 20 21 24	YOUR ACTION PLAN Preparing for your appointment Frequently asked questions Comments, notes, questions & concerns
28 28 28 29 30 32 33 33	APPENDIX Personal information Hospital information Names and numbers Important dates Treatments Medications Side effects

If you've recently been diagnosed with prostate cancer, you probably have a lot of questions.

What types of treatments are available?

How do my personal risk factors affect my choice of treatment?

How can I possibly remember all this information?

These are probably just some of the many questions you're asking yourself today and it can seem like a daunting task to keep all the answers straight.

The Prostate Cancer Canada (PCC) Playbook is here to help you sort through some of your most important questions and better understand what lies ahead.

Each section includes a variety of helpful information and suggested questions you may want to ask your doctor before and during the cancer treatment.

The appendix section of this workbook also includes space for tracking side effects and treatment schedules, as well as an important contact list to help keep track of your doctors and appointments.

Let the PCC Playbook help guide you through this new and challenging part of your life and make the journey with prostate cancer a little easier.



Prostate Cancer: Now what?

Use this section to help determine what you already know about prostate cancer and your diagnosis and what useful questions you can ask your doctor. You can also check the frequently asked questions section on page 21 for help.

What is prostate cancer? What do I need to know?					
What do	I know abo	ut my diagı	nosis?		

Has my doctor already recommended a treatment plan for me?
How will this diagnosis and the potential treatment options affect my quality of life?

Track any side effects of your treatment throughout this Playbook.

Common side effects of treatment for prostate cancer include:

- Fatigue
- Erectile dysfunction
- · Decreased sex drive
- Incontinence



My risk factors

Your individual risk factors can play a role in selecting the treatment that is right for you. Use this section to identify what factors are involved in your diagnosis and treatment options. We've outlined some useful questions for you to ask your doctor, but you can also find space for your own questions and comments in the appendix of this book.

	Age: The chance of getting prostate cancer rises quickly after a man reaches age 50. Age is the most important risk factor for prostate cancer.
	Race: We don't know why, but black men are more likely to develop prostate cancer.
	Family history: Risk of prostate cancer increases if first-degree relatives (brother, father, son) have had the disease.
	Weight: Men who are overweight or obese have a higher risk of developing advanced prostate cancer.
	at do I know about my family's history with cancer? If there are gaps
_	ny knowledge of my family's history, should I do additional research?
	any of my risk factors change potential treatment plans? How?

Are there any risk factors that apply to me that I can change (mainly diet/lifestyle)? How?
Diet and lifestyle
If you checked off "diet" and/or "lifestyle" as part of your contributing risk factors for prostate cancer, you may be able to adjust your lifestyle before, during, or afte treatment to contribute to treatment success.
Use the space below to note any changes you can make to your lifestyle or diet or to mark any dietary restrictions or changes your doctor may suggest.
Lifestyle tips & changes (activities, hobbies, habits, etc.):
Dietary concerns/restrictions:

ietary changes, tips	& improvements:			<i>ــ</i>
seful information o	r contacts (fitness	sites, recip	e ideas, etc.):	

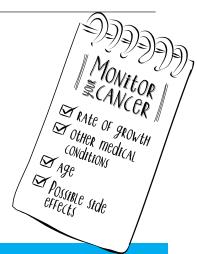
Low, intermediate, and high grade cancer

To determine how aggressive your cancer is, your doctor will use a grading system. This system will classify your prostate cancer as either low-, intermediate-, or high-grade based on the appearance of the cancer cells compared to healthy prostate cells.

Low-grade	This type of cancer cell is slow-growing and looks similar to normal prostate cells.
Intermediate-grade	This type of cancer cell is more aggressive than low-grade tumour cells and looks abnormal as compared to low-grade cells.
High-grade	This type of cancer cell is extremely aggressive and grows and spreads quickly. It does not resemble a healthy prostate cell at all.

Determining the grade of your prostate cancer will help your doctor make a decision for treatment and drug therapies.

Is my prostate cancer low-, intermediate-, or high-grade?
What kinds of treatments are available to me based on my cancer grade? What type of side effects can I expect from these treatments?



Treatment for prostate cancer depends on a number of factors, including age, stage, and grade of your cancer, your general health, and your values and preferences.

You may also consider alternative or complementary therapies, such as using naturopathy or herbal medicine.

Alternative therapies are considered scientifically unproven treatments. Before using any complementary or alternative therapies, talk to your doctor or other members of your healthcare team about all the possible risks and benefits.

Active surveillance

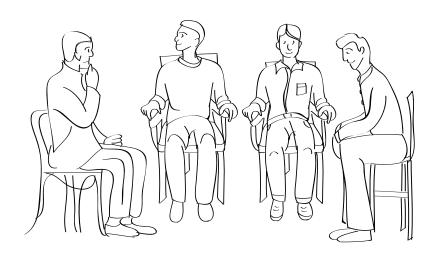
If you've been diagnosed with prostate cancer, your doctor may suggest an active surveillance treatment plan. This plan would involve closely monitoring the cancer with regular Prostate Specific Antigen (PSA) tests, occasional repeat biopsies, and follow up CT or bone scans to monitor your cancer's progression.

Active surveillance may be recommended if:

- $\boldsymbol{\cdot}$ Your cancer is small and low-grade.
- The possible side-effects of other treatments are felt to outweigh the benefits at this time.

Is active surveillance right for me? Questions and concerns:			

Are there any side effects to consider during active surveillance? What can I expect physically and mentally?			



Prostatectomy

Prostatectomy involves removing all the cancer cells locally, which means removing the prostate to eliminate the cancer.

Your doctor can help you determine if prostatectomy is the right treatment plan for you. Understanding the risks of any surgery and the side effects involved are important in making this decision.

Radical prostatectomy may be recommended for you if your cancer has not spread outside the prostate (stage T1 or T2). You should still get regular PSA tests after the procedure to monitor any changes.

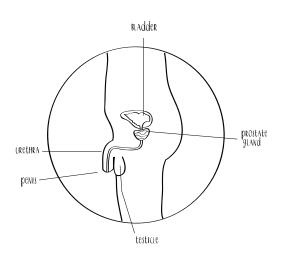
What you can expect from surgery:

- · You will be admitted to the hospital for 2-5 days.
- The procedure takes 2-4 hours under anaesthetic.
- · A catheter is inserted at the end of the surgery.
- The recovery process at home takes 4-6 weeks.
- · Most men have minimal pain and discomfort after surgery.

before deciding on a prostatectomy?			

as incontingness and assettle direfrontian side offerts I should asset do

What other side effects might I experience? (e.g. fatigue, decreased sex drive, any additional symptoms, including pain):
Questions and concerns about prostatectomy:



Surgery

There are three types of surgery in prostate cancer.

1. Robotic

This surgery uses a camera-assisted robot to guide the surgeon through the prostate and surrounding area. This is similar to a laparoscopic procedure.

2. Open

This surgery involves making one cut, 3 to 4 inches, long from below the belly button to the pubic bone to access the prostate and its surrounding area.

3. Laparoscopic

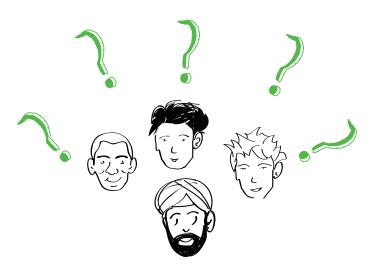
Several small cuts are made in the abdomen and a video camera is inserted to access the prostate and surrounding areas.

Nerve-sparing techniques can be used to try to preserve the nerves that control erections, rather than removing them with the prostate. If you have a more aggressive or advanced cancer this technique may not be recommended due to increased recurrence risk.

Can you explain the different types of surgery?										

Which types of surgery do you, or the urologist to whom you refer, practice? Are other options available at the hospital?
Radiation therapies
Radiation therapy might sound scary, but techniques and treatments have evolved and today they're much safer and much more focused than they've been in the past. Three types of radiation therapies exist today:
• External beam radiation
• Brachytherapy
· High-dose radiation
High-dose radiation is reserved for patients with high-grade cancers, while brachytherapy is usually recommended for men with lower-grade cancers that are contained within the prostate gland. External beam radiation may be a good option if age or general health makes surgery too risky.
Does radiation therapy involve any major side effects? Am I more likely to experience side effects with one than another?

Based on my diagnosis, which radiation-type therapy might be best for me?
What can I expect from external beam radiation/brachytherapy/high-dose radiation? Is there a significant recovery period? What about risks?



Chemotherapy and ADT

Chemotherapy and Androgen Deprivation Therapy (ADT) are two treatment options you may receive from your doctor. Both involve different side effects and risks and are used during different stages of prostate cancer.

ADT or hormone therapies are used to deprive the cancer cells of the male hormone (androgens) they need to grow. Chemotherapy is the use of specific drugs to treat cancer – it affects both cancer and healthy cells.

Is chemotherapy or ADT right for m	ne based on my diagnosis?
What are the different side effects	for chemotherapy and ADT?

How will either of these treatments affect my quality of life? What can I expect during treatment?									

Other drug options

Sometimes prostate cancer can become resistant to ADT, an indication that it has progressed to a more advanced stage (i.e. androgen independent). In these cases, different drug options may be required

what stage is my prostate cancer? Will I require drugs for this more advanced stage?						
What about drugs to treat other conditions of advanced prostate cand such as bone metastases, or side effects?	er,					

Preparing for your appointment

Seeing your doctor for the first time after being diagnosed with prostate cancer can sometimes seem overwhelming. Here are a few suggestions for your first appointment.

- Your doctor will likely cover all the important points, but keeping track of the questions you want answered can help you stay focused during the appointment. Use this Playbook to note any important questions so you don't forget them on the date of the appointment.
- Bringing along a family member or friend for support can help when you feel overwhelmed with information. They can keep track of any answers the doctor may give and ask important questions, too.
- Remember to discuss mental health with your doctor. Anxiety and stress are common in cancer patients so it's important to talk to your doctor about how you can combat these side effects.
- Remember, your doctor is there to help. It's important to have open and honest conversations about your concerns surrounding treatment options and outcomes of your cancer diagnosis.
- If you are feeling overwhelmed and don't know what questions to ask, we've included some frequently asked questions in this Playbook to ask your doctor. You can also go to www.prostatecancer.ca for more important questions to ask and conversations that count.
- You may also wish to join a support group. To find one near you, pleasevisit: www.prostatecancer.ca/SupportGroups

Frequently asked questions

We've put together some additional questions you might want to ask your doctor throughout the diagnosis and treatment process – just in case you're having trouble putting the words together.

Use these questions when you meet with your doctor to help determine the best course of action for treatment and to give you a better indication of what life with prostate cancer will be like.

what are the risks if my cancer is not treated soon?						
A:						
How would the various treatments affect my quality of life?						
A:						

What is your experience with this/these treatment(s)?						
A:						
What are the chances I will have problems with incontinence, erectile dysfunction, or rectal issues?						
A:						
What happens if the cancer spreads beyond my prostate?						
<u>A:</u>						

When will my treatment begin and how long is it expected to last?
A:
How will active surveillance work? How will I be monitored? A:
What are some changes to my diet/lifestyle I can make to help improve treatment outcomes and quality of life? A:

Λ.
A:
Comments, notes, questions & concerns:

-							

Personal information

Name:	
Address:	
Phone:	
Email:	
Date of diagnosis:	
Gleason grade:	
TMN/Whitmore-Jewett Stage:	
PSA Score:	
Hospital information	
Hospital name:	
ID#:	
Health card#:	
Private/Semi coverage:	
Policy#	

Names and numbers

NAME	POSITION	EMAIL	PHONE
Dr. John Smith	Dietitian	jsmith@pmh.ca	647.647.6476

Important dates

DATE	NAME	TYPE OF HEALTH CARE PROVIDER	LOCATION		
	Treatment	given/comment/advice recei	ved		

DATE	NAME	TYPE OF HEALTH CARE PROVIDER	LOCATION
	Treatment g	iven/comment/advice recei	ved

DATE	NAME	TYPE OF HEALTH CARE PROVIDER	LOCATION	
	Treatment	given/comment/advice recei	ved	

Important dates

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	Treatment	given/comment/advice rece	ived

DATE	NAME	TYPE OF HEALTH CARE PROVIDER	LOCATION
	Treatment	given/comment/advice recei	ved

Treatments

ТҮРЕ	HEALTHCARE FACILITY/PROVIDER	TREATMENT DATE	NOTES / FOLLOW UP DATE

Medications

START DATE	TYPE OF MEDICATION	DOSE	HOW OFTEN	END DATE
Aug 1, 2014	Medication X	600mg	2x daily	N/A

Side effects

START DATE	SIDE EFFECT



ABOUT PROSTATE CANCER CANADA

Prostate Cancer Canada is the leading national charity addressing prostate cancer needs across the country.

Prostate Cancer Canada hopes that this resource supports prostate cancer patients and their caregivers in managing their cancer journey.



If you have questions related to this document or Prostate Cancer Canada, please contact:

PROSTATE CANCER CANADA

2 Lombard Street, 3rd Floor Toronto Ontario M5C 1M1 Canada Email: info@prostatecancer.ca Telephone: 416-441-2131

Toll-free: 1-888-255-0333

Fax: 416-441-2325