

Choose Answers.

The region's most advanced prostate cancer diagnostic, technology and treatment options.

What are my treatments options if I've been diagnosed with prostate cancer?

We understand that if you've been diagnosed with prostate cancer you have a lot of questions and concerns. Take comfort in knowing that today, men benefit from many choices to treat prostate cancer.

Here is a brief guide about some of the most common treatment options available for prostate cancer. Please note that this is not an exhaustive list. Use this guide as a starting point to begin understanding your treatment options. And be sure to talk to your doctor about what may be best for you.

Active surveillance

What it is

During active surveillance, your doctor will monitor you very closely. At UC Health, you would see your doctor every 3 months for repeat PSA tests and digital rectal exams (DRE). These repeat tests help your doctor monitor your cancer without aggressive treatment. After one year, you would repeat an MRI to identify if any changes have taken place in the prostate such as new areas of suspicion appearing or change in size or shape of the target area that proved to be cancer. Depending on those results, you and your doctor will discuss the need to repeat a biopsy. As time goes on, and your doctor gains greater confidence that there will not be any rapid progression of the cancer, you will see the doctor less frequently – from three months, to six months and then hopefully annually.

Who it is for

Active surveillance is best for men diagnosed with low-risk prostate cancer.

What you should know

No treatment is involved in active surveillance. Prostate cancer is a slow-growing cancer, and the side-effects from some forms of treatment can be serious. The “watch and see” approach of active surveillance helps men avoid some of those side effects while being reassured that the cancer is not rapidly progressing. If signs of progression occur, treatment can be initiated in a timely fashion before the cancer extends beyond the prostate.

This month we're taking part in "Movember," as men around the world grow mustaches to raise awareness for men's health issues like prostate cancer. Our goal at UC Health is to offer men and their families greater clarity on when to get tested and their treatment options, empowering them with the information to make the right decisions.

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Radiation Therapy

What it is

Generally, men with prostate cancer have two options for radiation therapy: external radiation or brachytherapy.

External beam radiation therapy (EBRT) uses beams of radiation focused on the prostate from outside the body to kill cancer cells. EBRT helps avoid major surgery and offers a chance to cure prostate cancer in its early stages.

Brachytherapy uses small radioactive seeds that are placed directly into the prostate to kill the cancer cells. The seeds are about the size of a grain of rice. Brachytherapy is considered minimally invasive and offers a quick recovery and short hospitalization. However, this internal radiation is less likely to work on men with high grade cancer.

Who it is for

Men who have been diagnosed with localized prostate cancer (that has not spread outside of the prostate).

What you need to know

It's important to talk to your doctor about what treatment plan is best for you. Radiation therapy, including EBRT and brachytherapy, generally offers a chance to cure prostate cancer if it has not spread. These options also carry possible serious side effects, from urinary issues (increased frequency/urge), bowel changes, risk of impotence, and, in the case of EBRT, site irritation.

Robotic Prostatectomy

What it is

A robotic prostatectomy is a minimally-invasive surgical option to remove the prostate and the adjacent lymph nodes if indicated. Robotic prostatectomies offer quicker recovery time, better precision and less pain when compared to open prostatectomies. At UC Health, we also offer the option of catheter-less robotic prostatectomies. During a standard robotic prostatectomy, the bladder and urethra must be "disconnected." A catheter is then kept in place for seven days. At UC

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Health, a catheter-less prostatectomy may be performed for the appropriate candidate, which means no catheter is needed in the urethra. Instead, the bladder is drained by a catheter inserted directly through the skin and into the bladder. This provides better comfort.

Who it is for

Robotic prostatectomy offers the best chance to cure prostate cancer for men who have a more aggressive cancer that has not spread outside the prostate.

What you need to know

Robotic prostatectomies offer a quick recovery and less pain than open prostatectomies. Possible side effects include loss of erectile function and, rarely, loss of urinary continence.

Hormone Deprivation Therapy

What it is

Male hormones, such as testosterone, fuel the growth of the prostate and prostate cancer. During hormone deprivation therapy, those male hormones are removed from the body through medication, including shots and oral medicine. This helps slow the rate of growth of cancer but does not eliminate cancer cells.

Who it is for

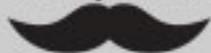
Hormone deprivation therapy is often used in men with advanced prostate cancer, or metastatic cancer that has spread outside the prostate.

What you should know

Hormone deprivation therapy does not cure prostate cancer; it slows its growth. Men may experience serious side effects including impotence, pain and bleeding. They may also experience menopause-like symptoms, such as hot flashes.

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Growing Awareness
for Prostate Cancer

UC Health. The logo features the letters 'UC' in a stylized red font, followed by the word 'Health' in a black sans-serif font.