

Salvage Radiation Therapy for Prostate Cancer

Urology Care FOUNDATION™

*The Official Foundation of the
American Urological Association*

What is Salvage Radiation Therapy?

Salvage radiation therapy (SRT) is a type of cancer treatment given to men who had their prostate removed yet their prostate-specific antigen (PSA) levels begins to rise. Biochemical recurrence is a term used for an early finding of prostate cancer coming back.

Is SRT Right for Me?

Men with biochemical recurrence may choose SRT. After having surgery to remove the prostate, your health care team uses a blood test to check your PSA level. A PSA of ≥ 0.2 ng/mL is often when doctors suggest giving SRT. Imaging, such as a CT scan, bone scan, or a PET scan, may also be used to see if SRT is right for you.

Data suggests that giving radiation at a level of ≥ 0.2 ng/mL (and before 1.0 ng/mL) is as helpful as giving SRT while the PSA is still undetectable. Yet, the exact value best for you may differ. Talk about your choices with your urologist or radiation oncologist.

What are the Benefits and Risks of SRT?

As you talk with your doctor to learn if SRT is right for you, it is helpful to know the benefits and risks.

Possible benefits of SRT are:

- May cure prostate cancer in men with biochemical recurrence
- Reduced need of hormone therapy in the future
- Stopping or reducing the spread of cancer (metastasis)

Possible risks of SRT are:

- Bowel issues such as loose stools or blood in your stool
- Urine issues such as blood in your urine, pain when passing urine, the need to pass urine often or quickly, less control of urine, and scar tissue in your urethra
- Sexual issues such as problems with erections

These side effects may happen during the time of treatment, many years later, or not at all. Most side effects are short term, mild to moderate, and are treatable. Some side effects may be worse and harder to handle.



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What Should I Expect During SRT?

- **Who?** SRT is given by a radiation oncologist who works closely with your urologic surgeon.
- **Where?** SRT most often targets the prostate bed and sometimes nearby lymph node tissue.
- **When?** Most men get a course of radiation, 5 days per week, over a 4-8 week period.
- **Why Hormones?** Sometimes a course of hormone therapy or androgen deprivation therapy will be given with the SRT. You should talk this over with your health care team to see if they believe you should have hormone therapy with your SRT.

Are there Choices Other than SRT?

Other choices may include hormone therapy, combination therapy, or watching your PSA closely. With hormone therapy, side effects may involve feeling tired, hot flashes, decrease in sexual function and sex drive, bone loss, weight gain, muscle loss, and confusion. Some may wait and see if prostate cancer spreads to the lymph nodes, bones, or other organs before starting hormone therapy or other chemotherapy-like drugs.

Each man is unique, so talk with your doctor to make the choices right for you.

About the Urology Care Foundation

The Urology Care Foundation is the world's leading urologic Foundation—and the official Foundation of the American Urological Association. We provide information for those actively managing their urologic health and those ready to make healthy changes in their lives. Our information is based on the American Urological Association resources and

is reviewed by medical experts.

To learn more about different urologic issues, visit UrologyHealth.org/UrologicConditions. Go to UrologyHealth.org/FindAUrologist to find a doctor near you.

Disclaimer

This information is not a tool for self-diagnosis or a substitute for professional medical advice. It is not to be used or relied on for that purpose. Please talk to your urologist or health care provider about your health concerns. Always consult a health care provider before you start or stop any treatments, including medications.

For more information, visit UrologyHealth.org/Download or call 800-828-7866.

This fact sheet is designed for adult patient education and was developed in collaboration with:



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