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).

Knowledge is power. By reading this Playbook, you’ve started your game plan for prostate health and well-being. Certain men may be more likely to develop an enlarged prostate or prostate cancer. For instance, African American men and men with a family member who had prostate cancer have a greater chance of having prostate cancer.

Don’t sit on the sidelines. Know your risks and talk to your health care provider to see if you should get tested for prostate cancer.

Know Your Risk. Talk to Your Doctor.
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Pregame Preparation: What You Should Know About Your Prostate.

Prostate health — much like success in football — depends on key members of your team. In prostate health, the urologist* is the head coach leading your health care team.

Any football fan or player knows the best offense is a good defense. Learning about your risk for prostate cancer is like learning about your opponent. The more you know, the better you can pick the best plays to keep you 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 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 prostate’s main job is to help make fluid for semen to protect and energize sperm.

As you age, your prostate can become larger. It’s a normal part of aging for most men. By the time you reach age 40, your prostate may have gone from the size of a walnut to the size of a golf ball. By the time you reach 60, it might be the size of a lemon. How quickly your prostate grows depends on the things that are specific to you like your age and your genes.

The most common prostate health related problems are non-cancerous. They are an enlarged prostate (benign prostatic hyperplasia – BPH) or an infection or inflammation of the prostate (prostatitis). Men with urinary problems should also talk to a health care provider about their prostate health, as they could be a symptom of one of these conditions.

Health care providers use two tests to check the health of the prostate. They are the digital rectal exam (DRE) and a blood test called prostate-specific antigen (PSA).

A DRE is when your provider feels your prostate for anything abnormal, while the PSA is a blood test. (See Page 12 for more about these tests.)

* All words that appear in italics are explained in the Glossary.
IN PROSTATE HEALTH, THE UROLOGIST IS THE HEAD COACH LEADING YOUR HEALTHCARE TEAM.
MANY MEN GET PROSTATITIS-LIKE SYMPTOMS.
What is Prostatitis?

Prostatitis is an infection or inflammation of the prostate. While prostatitis may put you on the sidelines, it is not life threatening. Treatments are available once you are diagnosed.

What causes prostatitis?

Prostatitis can be bacterial or nonbacterial. Bacterial prostatitis can be acute or chronic. When it’s acute, symptoms can come on suddenly and include fever, chills, urinary changes, ejaculatory pain and pain in the pelvis or surrounding areas. With chronic prostatitis, symptoms are often more gradual to include pain in the pelvis, urinary symptoms and/or ejaculatory pain. Nonbacterial prostatitis has no signs of bacteria in the urine or semen and the pain is caused from an inflammation of the prostate from stress, nerve irritation, injuries or past urinary tract infections.

What is the game plan to treat prostatitis?

Your treatment will depend on your symptoms, lab tests and findings during your visit to rule out other conditions and to find out what kind of prostatitis you have. Your doctor will ask about your medical history and your symptoms. He or she will also do a physical exam and urine testing.

Treatment is different for each form of prostatitis. If you have bacterial prostatitis, antibiotics are the main course of treatment. Other prostatitis treatment options may include medications to help relax your bladder and relieve such symptoms as pain when passing urine. An anti-inflammatory drug may also be prescribed to make you more comfortable.

For more information about prostatitis, visit UrologyHealth.org/Prostatitis.
Have you noticed any of the following when you have passed urine over the past month? Circle your answer and write your score in the right-hand column. Talk with your provider if your total score is 8 or greater or if you are bothered at all.

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Less than 1 time in 5</th>
<th>Less than half the time</th>
<th>About half the time</th>
<th>More than half the time</th>
<th>Almost always</th>
<th>Your score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Incomplete emptying</strong> — It does not feel like I empty my bladder all the way.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td><strong>Frequency</strong> — I have to go again less than two hours after I finish urinating.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td><strong>Intermittency</strong> — I stop and start again several times when I urinate.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td><strong>Urgency</strong> — It is hard to wait when I have to urinate.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td><strong>Weak stream</strong> — I have a weak urine stream.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td><strong>Straining</strong> — I have to push or strain to begin urination.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td><strong>Nocturia</strong> — I get up to pass urine after I go to bed until the time I get up in the morning.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

**Total AUA Symptom Score**

**Total score:** 0–7 mildly symptomatic; 8–19 moderately symptomatic; 20-35 severely symptomatic.

<table>
<thead>
<tr>
<th>Quality of life due to urinary symptoms</th>
<th>Delighted</th>
<th>Pleased</th>
<th>Mostly satisfied</th>
<th>Mixed: about equally satisfied and dissatisfied</th>
<th>Mostly dissatisfied</th>
<th>Unhappy</th>
<th>Terrible</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>
What is an Enlarged Prostate?

An 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. With age, a prostate can grow to the size of a baseball. As the prostate enlarges, it squeezes the urethra. This can cause lower urinary tract symptoms (LUTS) such as weak urine stream, pushing to pass urine or going to the bathroom frequently.

Who is at risk for an enlarged prostate?
The biggest known risk factor for an enlarged prostate is aging. Family history (your genes), obesity and high blood sugar may also be risk factors.

How is an enlarged prostate diagnosed?
The American Urological Association’s (AUA) Symptom Score, on page 8, allows men to rate their symptoms. This helps your doctors to understand what’s happening when you pass urine. When you see a health care provider, they will take an in-depth health history. They will do a physical exam, including a DRE. Your provider may also test your urine (a urinalysis) and your PSA blood levels. (See page 12 for more on tests.)

When should a man see a doctor about enlarged prostate?
If you have any of the symptoms in the AUA Symptom Score, you may want to see your doctor or a specialist. A specialist in prostate health is a urologist. Pay attention to blood in your urine, pelvic pain, burning when passing urine, or if you can’t pass urine easily. An enlarged prostate is usually not cancer, but your medical provider may still check you for prostate cancer with an exam and a PSA test.

What is the game plan to treat enlarged prostate problems?
As men age, enlarged prostates can get worse. One way to tackle an enlarged prostate is with prescription drugs. There are also many effective surgeries or in-office procedures that may relieve symptoms. Your urologist can help you decide what the best game plan is for you.

For more information on BPH, visit UrologyHealth.org/BPH.
PROSTATE CANCER RISK GROWS WITH AGE.
What is Prostate Cancer?

Prostate cancer is cancer that begins in the prostate gland. It develops when abnormal cells form and grow.

Who is at risk for prostate cancer?
For all men, prostate cancer risk grows with age. Other things that may increase your risk are having a family member who had prostate cancer, if you are African American or if you have inherited mutations of the BRCA1 or BRCA2 genes. African American men are more likely to be diagnosed with prostate cancer and often at a younger age.

More than twice as many men whose fathers or brothers had prostate cancer will also be diagnosed. This is a bigger concern if two or more close relatives have been diagnosed with prostate cancer and they were younger than age 55 at the time.

To decrease your risk of prostate cancer, it helps to eat a diet low in animal fat and high in fruits and vegetables. Most doctors agree that heart healthy steps also keep your prostate healthy. The primary goals are eating with your health in mind, exercising daily, losing excess weight and quitting smoking.

What are the symptoms of prostate cancer?
In early stages, prostate cancer may cause no symptoms at all. When symptoms do occur, they are similar to an enlarged prostate or BPH (see Page 9). That’s why it’s important to talk to your provider when you have urinary symptoms. Late stage cancer can cause bone pain and may also cause a loss of appetite and/or unwanted weight loss.

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

For more information about prostate cancer stats and symptoms, visit UrologyHealth.org/Resources.

Know Your Risk. Talk to Your Doctor.
What is Prostate Cancer Screening?

Different doctors have different opinions on when you should check men for prostate cancer. It is important to tell your doctor your health care goals and ask them why they recommend screening (or not screening) for prostate cancer.

When screening or checking men for prostate cancer, two tests are done together: the PSA blood test and the DRE. When to start screening depends on you. Urologists recommend starting screening when you are 55 years old but may want to start screening earlier depending on your family history or if you have certain medical conditions. It is important to talk to your doctor about whether prostate cancer screening is right for you.

What is PSA?
PSA is a protein made only by the prostate gland. A lower PSA means a lower prostate cancer risk but a high level of PSA can be a sign of other prostate problems, not just prostate cancer.

What is the PSA test?
This blood test measures the level of PSA in the blood. Keeping your opponent’s score low is the name of the game. A low PSA means you are less likely to have prostate cancer. A rapid rise in PSA may be a sign of something wrong. It could be from an enlarged prostate or prostatitis. Prostate cancer is the most serious reason for a high PSA. Talk with your provider about when you should get the PSA test. Changes in your PSA score over time will be followed. The combination of PSA testing and the DRE can help you stay on top of your game.

What is the DRE?
During a DRE, the health care provider puts a lubricated gloved finger into the rectum. It is done to feel for any lumps, bumps or an abnormal shape or thickness in the prostate. The DRE can help the provider find prostate problems. The test doesn’t take long and is not painful for most men.
African American men are more likely to be diagnosed with prostate cancer and at a younger age. Early screening can help!
Having a father or brother with prostate cancer more than doubles a man’s risk.
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 risk for prostate cancer and the risks and benefits of testing.

Should I be screened for prostate cancer?
Men between the ages of 55–69 benefit most from prostate cancer screening and should talk to their doctor about whether PSA testing is right for them. If you are younger than 55, talk to your doctor about prostate cancer screening if you:
  • are African American, or
  • have a family history of prostate cancer

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 check the findings of the test. Or he/she may want to follow you over time. If there is concern, you may need a prostate biopsy. A prostate biopsy (tissue sample) is the only way to know for sure if you have cancer.

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.

Possible risks of a PSA test:
  • A normal PSA result may miss 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. A “false positive” PSA result may lead to an unneeded prostate biopsy.

Know Your Risk. Talk to Your Doctor.
What are Grading and Staging?

Like the quarters of a football game, prostate cancer is grouped into stages. It’s important to understand the different stages as well as grading – that way, you and your doctor can create a solid game plan.

**Grading**
Grading (with the Gleason Score) and staging define how aggressive the cancer is and whether it has spread. When prostate cancer cells are found in tissue from the core biopsies, a pathologist “grades” it. The grade is a measure of how aggressive or quickly the cells are likely to grow and spread. The most common grading system is called the Gleason grading system. With this system, each tissue piece is given a score between three (3) and five (5). A score of three (3) suggests a slow growing tumor that is low risk. A score of five (5) indicates a fast growing or high-risk form of prostate cancer. The pathologist will give two different “scores” that are added together to get the “grade” or “group”. Your cancer is more likely to cause you problems if it is a higher grade or group.

**Staging**
Staging describes where the cancer is within the prostate, how extensive it is, and if it has spread to other parts of the body. One can have low stage cancer that is very high risk. Staging the cancer is identified after a DRE and imaging studies. The system used for tumor staging is the TNM (Tumor, Nodes, Metastasis) system. The overall stage is determined by the DRE, the biopsy results and if the imaging tests find that the cancer has spread outside of the prostate. These staging imaging tests are generally done for men with a Gleason grade of 7 or higher and/or a PSA higher than 10.

*All words that appear in italics are explained in the Glossary.*
GRADING AND STAGING MAY HELP YOUR TREATMENT PLAN.

Your treatment plan should be based on your health and fully discussed with your doctor and family. While every man’s plan is different, more men are winning back their lives with successful treatment. Prostate cancer can be managed if caught early.
There are many ways to tackle prostate cancer. Your strategy will depend on what you and your healthcare provider decide together:

**Surveillance**
- Prostate cancer is different from many cancers in that most prostate cancers never become life-threatening. You may not need treatment right away (or possibly ever). **Active surveillance** is when your doctor tracks your cancer on a set schedule with regular PSAs and other tests. This is a good strategy for men with low risk and slow growing cancer, or if active treatment is not a good option. It is also a good choice for older men with no other serious health issues. **Watchful waiting** is a term used when treatment is less involved than active surveillance. It is used to monitor the cancer without getting regular tests or biopsies. It is good for men who do not want, or cannot have, treatment.

**Localized Therapy**
- **Radical prostatectomy** is done to remove the entire prostate and seminal vesicles along with nearby lymph nodes. There are several ways to do radical prostatectomy including open surgery or through robotically assisted laparoscopic surgery. During open surgery, an incision is made low on the abdomen to access the prostate and remove it. During robotic assisted laparoscopic surgery, there are many small incisions made on the abdomen to put in the robotic instruments.
- **Radiation therapy** may be offered to kill cancer cells. Radiation can be the primary treatment for prostate cancer (in place of surgery). It can also be used after surgery if cancer remains or returns. Brachytherapy uses small, radioactive “seeds” placed inside in the prostate during a procedure. External beam radiation uses targeted photon or proton rays from outside the body to treat the prostate. External beam radiation is guided by
imaging.

- **Cryotherapy** freezes prostate tissue to kill cancer cells. During cryosurgery, your doctor places small needles into the prostate to freeze the tumor and nearby tissues.

- **High-intensity focused ultrasound (HIFU)** and focal therapy are under investigation to treat prostate cancer. There is hope these will have less side effects without raising the risk of more cancer growth. These methods aim to kill areas of tumor inside the prostate without having to treat the whole gland. There are many types being studied. Three of these experimental treatments are focal cryoablation, which freezes tumor cells; high-intensity focused ultrasound (HIFU), which uses sound waves to super heat the tumor cells; and irreversible electroporation (IRE), which uses small electrical currents to kill tumor cells.

### Systemic Therapy

- **Hormone therapy** uses drugs or surgery to lower or block testosterone and other male sex hormones. This can stop or slow the growth and spread of prostate cancer. Different strategies may be used over time to slow cancer growth with hormone therapy.

- **Oral Drugs** can be used to help prevent or slow cancer growth if hormone therapy is no longer controlling the cancer.

- **Chemotherapy** uses powerful drugs to destroy cancer cells.

- **Immunotherapy** is a treatment that can stimulate the body’s immune system to find and attack cancer cells.

Get a balanced picture of the pros and cons for each of your treatment options. Learn about their side effects and what you can do about them in the short- and long-term. Check your insurance coverage and other practical steps you may need to take. Get support. Other prostate cancer survivors can be excellent sources of support. They can help you as you make treatment decisions or deal with any treatment side effects. To find peer support groups near you, contact Us TOO International (UsTOO.org or 800-808-7866) or Malecare (Malecare.org or 212-673-4920).

### What is the game plan after localized prostate cancer treatment?

After treatment, you may have side effects to tackle right away. You may feel like you just scored the game-winning touchdown or you could also feel anxious with thoughts of recurrence (your cancer returning). Work with your team. After you know your stats and you’ve built a solid game plan, you can set your long-term strategy. For more information on treatment for prostate cancer, please visit UrologyHealth.org/Resources.
Game Plan After Treatment – Incontinence

After treatment, it’s time to think about the postseason. A common condition many men experience after treatment is incontinence. This is when you can’t control your urine or have issues with leaking. This affects your healing but won’t stop the game.

What kinds of incontinence are there?
• Stress incontinence (SUI) is when urine leaks when coughing, laughing, sneezing or even exercising. It’s caused by problems with the muscles that keep urine in the bladder.
• Overactive bladder (OAB) or urge incontinence is when you suddenly feel the need to pass urine and can’t stop it from happening. This can happen even when the bladder isn’t full.
• Mixed incontinence is a blend of these, with symptoms from both SUI and OAB. Rarely, men experience continuous incontinence, or not being able to control urine at any time.

How long can incontinence last after treatment?
After surgery or radiation, it can take several weeks to several months to regain full urine control. Every patient is different but most men will be able to regain full control. Don’t hesitate to talk with your doctor about what to expect and what to do about it.

What is the game plan to treat incontinence?
While you may feel embarrassed, incontinence is very common and is treatable. In the short term, your urologist may suggest Kegel exercises to strengthen your bladder control muscles. Ask your doctor to refer you to a physical therapist who can train you in pelvic floor rehabilitation.

You may also need to change your diet, what you drink or what drugs you take. There are absorbent products that can help you manage the urine. Sometimes drugs for incontinence will be prescribed. Surgery can be a long-term treatment option if needed.
Surgery may be recommended to implant a urethral sling to tighten the bladder neck, or an artificial sphincter to squeeze the urethra closed. Talk with your urologist if you are having urine leakage after your prostate cancer treatment to make a game plan.

For more information about incontinence after prostate cancer treatment, visit UrologyHealth.org/Resources.
AFTER TREATMENT, HAVING A GAME PLAN FOR MANAGING ANY SIDE EFFECTS IS IMPORTANT.
Sexual recovery after prostate cancer treatment can take time. *Erectile dysfunction (ED)* is common after treatment and there are many treatment options that can help.

**What causes erection problems after prostate cancer treatment?**

Nerves that are involved in an erection surround the prostate gland. Surgeries and radiation may harm the nerve bundles and blood flow to the penis, causing ED. While most experts will aim to protect the nerves during surgery, it’s not always possible depending on your cancer. If nerves are damaged, the brain can no longer send a clear signal to the penis for an erection. 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 their libido (sex drive) and/or orgasms.

**How long can ED last after treatment?**

Recovery depends on the type of prostate cancer treatment you had and if you had erection problems before treatment. It is important to know that many men may fully recover, but some will not. If you have trouble, your doctor can offer you several treatment choices.

**What is the game plan to treat erection problems?**

To reach better sexual health, start with an open and honest talk with your doctor. Equally important is to talk openly with your partner, a vital teammate. It’s easier to manage this concern together. Some experts have their patients try a few options once the body has healed. Things as simple as moderate exercise and keeping a healthy weight are first steps to improve erection concerns. Oral drugs that improve blood flow to the penis are often initially recommended for ED treatment. Another form of ED treatment is a vacuum pump device that helps to create an erection. Injections can also increase blood flow for an erection.
Some men choose surgery to place a penile implant to create firm erections. You should work with your doctor to find which choice is best for you. What is most important to remember is that you have options.

**Your relationship can move recovery forward.**

When a couple works as a team, it’s easier to take advantage of erectile aids. It’s also easier to regain sexual pleasure. Teamwork can turn the score, and your libido, around. If you have a partner, try to talk about your concerns and hopes to solve problems together. The key to maintaining sexual intimacy is connection.

Many couples benefit from the advice of a counselor. There is no harm in getting some coaching! If you don’t have a partner, you can get a counselor to coach you about dating. Your urologist can refer you to someone who specializes in sexual health after prostate cancer. You can also find a certified sex therapist through the American Association of Sexuality Educators, Counselors and Therapists (aasect.org).

For more information about ED after prostate cancer treatment, visit [UrologyHealth.org/Resources](http://UrologyHealth.org/Resources).
What is 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 watch for changes in your PSA levels. A rise in your PSA after treatment can be a sign that things are changing. Over time, other tests or scans may be done to see if the cancer has advanced.

What is the game plan to treat advanced prostate cancer?
If your prostate cancer reaches the advanced stage, it is like the fourth quarter of a football game. Making smart moves early in the quarter can help you stay in the game. If your cancer does progress, your doctor will talk with you about next steps. There are many different ways to manage advanced stage prostate cancer. For example, chemotherapy to kill cancer cells; immunotherapy to boost the immune system; new agents to block male hormones (hormone therapy) and radiation therapy and bone targeted therapy (including radiopharmaceuticals) for cancer in bones. In the past decade, many new treatments for advanced prostate cancer have been developed and approved. Based on your needs, you and your doctor can work together to make a smart play.

Fourth Quarter
The treatment goals for intermediate and advanced stage prostate cancer are based on helping you live longer and feel better. The treatments focus on shrinking the tumor(s) and controlling symptoms. Understand the pros and cons for each treatment option. Learn about side effects up-front and what you can do about them. Decide with your doctor which plan is best for you. Then stay one step ahead by eating with your health in mind, drinking water and getting more exercise (even gentle exercise to strengthen bones) to help make you feel better.

If you feel pain or other symptoms, speak up as this information will help your health care team know what is going on. Your health care team can help you feel your best.
It’s common for men to feel extra tired (fatigued), have hot flashes and other issues from prostate cancer treatments. ED and incontinence are also common (see page 20). There are ways to ease these problems. Controlling bothersome symptoms is a primary goal for your health care team.

Working as a Team
At any stage of 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 journey can help you make the best moves against advanced prostate cancer.

Remember, you’re not alone!
TREATMENTS FOR ADVANCED PROSTATE CANCER MAY OFFER HOPE TO EXTEND LIFE FOR MEN WITH HIGH RISK PROSTATE CANCER.
The Prostate Health Playbook Glossary

**Active surveillance:** Watching low risk prostate cancer closely using PSA, DRE, other tests and possibly biopsies on a set schedule.

**Benign prostatic hyperplasia (BPH):** Enlarged prostate not caused by cancer; symptoms include problems urinating because as the prostate grows, it squeezes the urethra.

**Biopsy:** Samples of prostate tissue are removed through a needle for review under a microscope to see if they contain cancer or other abnormal cells.

**Bladder:** A pouch shaped organ in your pelvis in which urine is stored before leaving the body through the urethra.

**Bone-Targeted Therapy:** Treatments to help strengthen bones, to keep bones healthy, and to decrease the number of skeletal-related events.

**CT Scan:** An imaging test using radiation that can evaluate tissue and organs to see if there are abnormalities.

**Digital Rectal Examination (DRE):** The insertion of a gloved, lubricated finger into the rectum to feel the prostate.

**Ejaculation:** Release of semen from the penis during orgasm.

**Erectile Dysfunction:** Problems getting or keeping an erection.

**Incontinence:** Unwanted leakage of urine.

**Kegel exercises:** Exercises to strengthen the muscles of the pelvis that control urine flow.

**Laparoscopic surgery:** Surgery done with thin, tube-like instruments that allow several small incisions to be made, rather than one large incision. Often done with the help of a robot.

**Lymph nodes:** Rounded masses of tissue that can become enlarged when cancer spreads to them.

**MRI:** An imaging test done with a strong magnet that can evaluate tissues and organs to find abnormalities. Usually has a more precise picture than a CT scan.

**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 by strengthening the muscles of the pelvis.

**Pelvis:** The lower part of the torso, between the hip bones.

**Prostate:** A walnut-shaped gland that surrounds the urethra and makes fluid for semen. Only found (below the bladder) in men.

**Prostatitis:** Inflammation or infection of the prostate. Might be acute or chronic.
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.

Radiopharmaceuticals: Drugs with radioactivity that can target radiation to the exact areas where cancer cells are growing in the bones.

Rectum: The lower part of the bowel, ending in the anal opening (anus).

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.

Sex therapist or counselor: A specially trained counselor who can help men and couples maintain or improve sexual intimacy.

Sperm: Also called spermatozoa. Male reproductive cells made in the testicles that can fertilize a female partner’s eggs.

Tissue: Group of cells similar in form and function found within an organism.

Ultrasound: The use of sound waves to create real-time images to look at organs.

Urethra: A narrow tube through which urine leaves the body. Extends from the bladder to the tip of the penis. In males, semen travels through this tube during ejaculation.

Urinalysis: Urine test to assess general health of the body.

Urine: Liquid waste filtered from the blood by the kidneys, stored in the bladder and removed from the body through the urethra by the act of urinating (voiding).

Urologist: A doctor who specializes in problems of the urinary tract and male sex organs.

Watchful waiting: Not using a standardized monitoring program and not giving treatment unless signs or symptoms of a disease appear.
The male urinary tract. The prostate surrounds the urethra, the tube that carries urine out of the body.

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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 rest of your 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.

Urology Care Foundation
The Urology Care 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 as such. 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 UrologyHealth.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 and life after treatment
- Information on other prostate and urological health issues

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Test Results

Date: __________________________

PSA Test: ___________________________________________________

Gleason Score: ______________________________________________

Tumor, Node, Metastatic (TNM) Staging System:
____________________________________________________________
____________________________________________________________

Test Results

Date: __________________________

PSA Test: ___________________________________________________

Gleason Score: ______________________________________________

Tumor, Node, Metastatic (TNM) Staging System:
____________________________________________________________
____________________________________________________________

Test Results

Date: __________________________

PSA Test: ___________________________________________________

Gleason Score: ______________________________________________

Tumor, Node, Metastatic (TNM) Staging System:
____________________________________________________________
____________________________________________________________
Any Football Fan Knows the Best Offense is a Good Defense.

Now that you know the playbook, please help us get the word out in your community! The Urology Care Foundation is committed to helping the 1 in 9 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 UrologyHealth.org.

Visit UrologyHealth.org/Donate to make a donation today.

For more information, contact the Urology Care Foundation

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Linthicum, MD 21090
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UrologyHealth.org

For more copies of this and other materials about prostate cancer and other urologic issues, visit UrologyHealth.org/Download.