

# Early-stage Prostate Cancer Treatment

Early-stage prostate cancer is a cancer that has grown in the prostate, but not grown beyond the prostate capsule to other parts of the body, like lymph nodes or bones. Men with early-stage prostate cancer have a very good chance of survival.

Here are the treatments that you may want to discuss with your doctor if you are diagnosed with early-stage, localized prostate cancer.

## Active Surveillance

Active surveillance is best if you have a small and slow-growing cancer. Your doctor will check your prostate cancer by asking you to have tests every few months. Tests usually include a blood test to check your PSA, a biopsy and possibly an MRI. Men on active surveillance are generally able to avoid urinary, sexual and bowel side effects. You may want to think of active surveillance as a treatment that helps you keep the quality of your life for as long as possible.

## Surgery

A radical prostatectomy is the surgical removal of the prostate, seminal vesicles and likely some lymph nodes. This procedure calls for anesthesia and a short hospital stay.

There are four types of radical prostatectomy surgery:

- **Robotic Assisted Laparoscopic Radical Prostatectomy (RALP).** This is one of the most common types of prostate cancer surgery today. In this surgery, five to seven very small incisions (cuts) are made in the lower abdomen through which instruments and a small camera are guided to allow the surgeon to remove the prostate.

- **Retropubic Open Radical Prostatectomy.** Your surgeon will make a cut in your lower belly and remove the prostate through this opening.
- **Perineal Open Radical Prostatectomy.** The prostate is removed through a cut between the anus and scrotum. Because the complex pelvic veins are avoided, bleeding is rare.
- **Laparoscopic Radical Prostatectomy.** This surgery uses a video camera and small surgical tools that fit through cuts in the belly to remove the prostate. This surgery has mostly been replaced with robotic assisted laparoscopic surgery.

After surgery, your surgeon will review your final pathology report with you. As with all surgery, there is risk of bleeding, infection and pain in the short term.

## Radiation Therapy

Radiation therapy uses high-energy rays to kill the cancer cells.

- **External beam radiation therapy (EBRT)** sends a targeted photon beam (x-ray) of radiation from outside the body to the prostate. A small amount of radiation is delivered in daily doses to the prostate for a number of weeks. Newer EBRT technology makes three-dimensional images with conformal radiotherapy (3DCRT), Proton Beam Therapy (PBT) or Stereotactic Body Radiation Therapy (SBRT).
- **Prostate Brachytherapy (Internal Radiation Therapy)** is radiation treatment targeting the prostate from inside the body. Radioactive material is placed in the prostate using needles or a tube. There are two types of brachytherapy: low dose rate (LDR) brachytherapy and high dose rate (HDR) brachytherapy. Anesthesia and a short hospital stay are needed for both.

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Common side effects after radiation are urinary incontinence, bowel problems and ED. Urinary and bowel problems get better for most men. Erections decrease or worsen over a period of two or more years. Your doctor will discuss these side effects with you and help you manage them.

### Cryotherapy

Cryotherapy for prostate cancer is the controlled freezing of the prostate gland. The freezing kills cancer cells. Special needles called “cryoprobes,” guided by ultrasound, are placed in the prostate to direct the freezing process. Cryotherapy is done under general or spinal anesthesia. After cryotherapy, a patient is checked with routine PSA tests and biopsy.

### HIFU and Focal Therapy

Focal therapy is a treatment under investigation for men with small, early-stage prostate tumors. Small tumors inside the prostate are targeted and destroyed without having to remove or radiate the whole prostate. This targeted approach leads to less intense side effects.

The types of high-intensity focused ultrasound (HIFU) and focal therapy are:

- **High-intensity focused ultrasound (HIFU)** uses the energy of sound waves to target and superheat the tumor to kill cancer cells.
- **Focal cryoablation** uses a needle-thin probe to circle the tumor with a special mixture that kills the tumor by freezing it.
- **Irreversible electroporation (IE)** uses a “NanoKnife” to pass an electrical current through the tumor. The electricity makes very tiny holes (called pores) in the tumor’s cells, leading to cell death.

### About the Urology Care Foundation

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