

Choosing Wisely®

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Low-risk prostate cancer

Don't rush to get treatment

If you are diagnosed with prostate cancer, you should discuss treatments and quality-of-life issues with your cancer care team.

Your team should include a urologist and a radiation oncologist. You can also get helpful advice from a medical oncologist. (Learn more about this team on the next page.)

Common treatments are surgery and radiation. However, there is another approach to learn about. It's called "active surveillance" or "watchful waiting." It's for men with low-risk prostate cancer.

In active surveillance, your team watches your condition closely. If tests show that it's getting worse, you will get treatment. Discuss active surveillance with your team. Here's why:

Treatment isn't always needed.

Many men with low-risk prostate cancer are treated immediately, with surgery or radiation. Treatment is not necessary for many patients. And it can cause sexual, urinary, and bowel problems.



Often, prostate cancer is low-risk.

Many prostate cancers are found with a PSA blood test. Often these cancers are low-risk. This means:

- The tumor is small.
- It is contained within the prostate.
- It is probably growing so slowly that it will not become life-threatening.

Usually a man with low-risk prostate cancer dies of something else, even if he doesn't get treatment.

Active surveillance may help your quality of life.

With this approach, you have regular checkups, including a PSA test and rectal exam. You'll get a prostate biopsy if needed. You can start treatment at any time if the cancer starts to grow.

Active surveillance is a good choice for many men with low-risk prostate cancer, because they can avoid the side effects of treatment. This is an especially important choice if you are older or in poor health.

Treatment can have serious side effects.

Side effects from surgery or radiation may include:

- Impotence—not getting erections that are firm enough for intercourse.
- Leaking urine. There may be complete loss of bladder control, but this is less common.
- Frequent, urgent, bloody, or painful bowel movements.

Treatment can be expensive.

Medicare costs for prostate cancer surgery are about \$13,000, according to www.HealthcareBlueBook.com. Radiation treatments cost \$10,000 to \$17,000. These treatments are covered by most insurance plans. You usually pay a part of the cost. Complications and side effects can cost more.

When should you get immediate treatment for prostate cancer?

If your cancer is advanced or higher-risk, you will probably need treatment right away. Signs of higher-risk cancer include:

- PSA value that is high or rapidly rising.
- Test results show that the tumor is outside the prostate gland. Or the tumor is growing rapidly and is likely to spread outside the gland.
- Gleason score is high-risk.

Ask your team if your cancer shows any of these signs. If so, active surveillance may not be a good choice.

Talk to your cancer (oncology) care team.

Your team is an important source of advice. Some men may benefit from having a low-risk tumor treated right away, even if they might have side effects. Discuss your treatment options and quality-of-life issues with your team.

Advice from Consumer Reports

Choosing a treatment for prostate cancer



Most men with low-risk prostate cancer have time to think about their choices. These tips may help you reach a decision.

Review your health history.

Give your cancer care team your full personal and family medical histories. Ask how your age and general health could affect treatment. Ask if you have any condition that might increase the risks of treatment. For example, conditions such as diabetes, heart problems, or bowel disease might increase your risk of sexual, urinary, or bowel problems.

Think about your values. Discuss these questions with your spouse or partner:

- Do I want to get rid of my cancer, even if I might have sexual or urinary problems?
- Which side effects would upset me most?
- Would I be okay with active surveillance, even if I am worried and have to see the doctor more often?

Find out all of your treatment options. Ask your doctors about each choice, including benefits and side effects. Some doctors only suggest the option they know best. Your cancer care team should at least include these specialists:

- A radiation oncologist can discuss active surveillance and radiation treatments.
- A urologist can tell you about surgery.
- A medical oncologist can tell you about treatments you might need if the cancer gets worse in the future.

Ask your hospital or cancer center if you can meet with these doctors together in one visit. Also, talk about your choices with your primary care provider.

This report is for you to use when talking with your health-care provider. It is not a substitute for medical advice and treatment. Use of this report is at your own risk.

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