

Initial Treatment Decision Matrix Following Diagnosis of Prostate Cancer

Surveillance—Surgery—EB Radiation—ADT—Brachytherapy

My characteristics	Factors That Impact on Decision
Am I a younger male (40-60) with cancer localized to prostate? Yes / No	If yes, I may opt for surgery because there is a greater likelihood that cancer can spread during my lifetime if prostate is not removed. Radiation is also an option for localized cancer.
Do I have at least 10 years of life expectancy based on my age and general state of health?	If less than 10 years, the US National Cancer Institute suggests that prostatectomy may be inadvisable since I may very well die from some other cause before cancer. However, other factors must also be considered such as stage of cancer.
Am I more than 75?	If yes, surgery may not be for me. <i>Active surveillance</i> is often used for men my age and older if tumor is thought to be slow growing.
Is my cancer classified as being “localized” to prostate with PSA of 5-9 & Gleason of 6-7?	If yes, surveillance is one possible initial treatment. If surveillance is chosen, then I need to understand PSA monitoring and velocity of change. Depending on my age, surgery is an option. Surgery can provide a “cure” because tumor is still within prostate. Radiation is also an effective option at any age for this grade of cancer.
Do I have a serious medical condition such as a heart or respiratory problem?	If yes, I am not a good candidate for surgery.
Do I have a Gleason score in 9-10 range?	If yes, then this is an aggressive

	<p>tumor and can be expected to spread if not treated. Likelihood that tumor has already grown into margins is real. Multiple forms of treatment may be called for such as: surgery followed by radiation or radiation & ADT. Recurrence after treatment is possible at some point.</p> <p>My decision should be based on criterion of treatment's effectiveness in postponing recurrence as long as possible.</p>
<p>Is my PSA in 10-20 ng/ml range?</p>	<p>If yes, then I am rated as high risk, and cancer may be locally advanced. It's possible that cancer has spread beyond prostate and involves tissue margins (locally advanced) or local lymph nodes or seminal vesicles.</p> <p>Possibility that organs such as bladder and rectum are now involved (advanced) must be investigated before deciding.</p>
<p>Do I have a PSA score above 20 ng/ml?</p>	<p>If yes, then the higher the PSA the greater the likelihood cancer has spread (metastasized beyond pelvic area). If surgery is chosen, then radiation and ADT frequently follow. If metastasized, then a combination of treatments may be called for including chemotherapy.</p> <p>Oncologists will recommend radiation and ADT initially because of likelihood of spread. Other treatments may be necessary.</p>

<p>Is my tumor classified as T1 to T2-b?</p>	<p>If yes, this lower T rating may mean that there is less need to treat immediately. Surveillance may be a viable option.</p> <p>If I want to treat the condition, then both radiation and surgery are used here and appear to provide equally successful results.</p>
<p>Do I have a tumor stage T2-c?</p>	<p>If yes, then cancer might start to spread fairly soon. This is classified as locally advanced and at hi-risk for recurrence.</p> <p>If surgery is chosen, then there is likelihood that radiation will also be necessary afterwards.</p>
<p>Do I have a tumor stage T3?</p>	<p>If yes, I am in the hi-risk category for recurrence following treatment. This stage is treated often with ADT together with External Beam radiation and Brachytherapy.</p>
<p>Is my tumor classified T4?</p>	<p>If yes, this may require multiple treatment modes including ADT, chemotherapy, radiation and other medications.</p> <p>Surgery may also be recommended if cancer has not spread to lymph nodes. But likelihood of it having already spread is high.</p>
<p>Am I classified as being at high risk for recurrence after treatment?</p>	<p>It's likely that surgery alone will not work if one of these three apply to me: high PSA or high Tumor grade or high Gleason score. Any combination of two or more characteristics increases that likelihood.</p> <p>Likelihood of a complete cure (no recurrence) under these conditions is</p>

	<p>questionable.</p> <p>Oncologists now recommend ADT and External Beam Radiation followed by Brachytherapy for high-risk cases as initial treatment.</p>
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