



**PROSTATE CANCER  
FOUNDATION**



**Questions to Ask Your Doctor  
About Prostate Cancer**

# Questions to Ask Your Doctor

In this folder, you will find a set of questions for each stage of prostate cancer diagnosis and treatment that you can take with you to discuss with your doctor.

These questions are by no means exhaustive. There might be others that you want to ask as well. There may also be too many questions to ask your doctor all in one visit.

The goal is to help you focus on what you need to know about each stage of the disease so you can hold meaningful dialogues with all members of your healthcare team as you find the treatment plan that's right for you.

For more information about prostate cancer, including news and the latest treatment information, please visit the Prostate Cancer Foundation's website at [www.pcf.org](http://www.pcf.org).



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## About PSA Screening

The question of screening is a personal and complex one, and there are conflicting data regarding the value of screening in terms of survival. The decision to be screened should be made through **shared decision-making between a man and his doctor**. It's important for each man to talk with his doctor about whether prostate cancer screening is right for him.

- With all the debate around PSA screening, I am confused. Should I be screened? When?
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- I heard the PSA test is not specifically a cancer test. How is it used?
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- I've heard something called a DRE is used with PSA screening. What is that?
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- Are there other tests available other than PSA?
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## About PSA Screening

- If I have a family history of prostate cancer, should I be screened more frequently?
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- If my results come back showing a high PSA, what's next?
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- Should my PSA results ultimately lead me to a biopsy, what can I expect?
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- What kind of information does a biopsy provide?
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- I've been told that prostate cancer is a slow growing cancer. If the biopsy finds cancer in my prostate, is treatment always required?
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## About Your Biopsy Results

A prostate cancer screening by a primary care physician or urologist may reveal results that prompt a doctor to recommend a biopsy. Other supplementary tests and considerations may help a man decide if a biopsy is necessary.

- What percentage of my prostate gland was sampled during biopsy and how many tissue sections or “cores” were removed during my biopsy?

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- How were those core areas selected?

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- How representative of my entire prostate are these tissue cores likely to be?

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- What did the pathologist look for when she or he examined my tissue samples under a microscope?

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- What is my Gleason Score and how was it calculated?

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- If my Gleason Score is the combination of the two most prominent tissue-pattern types sampled, why do some men refer to their “tertiary” Gleason score?

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- What is the value of MRI-guided biopsy for prostate cancer?

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## About Your Biopsy Results

- Aside from a Gleason Score, what other information is reported on my biopsy results?
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- What is high-grade prostatic intraepithelial neoplasia, or PIN? Is this cancer?
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- What is the difference between a local pathology review and a central pathology review?
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- Is it important that the pathologist reading my biopsy specializes in urological pathology?
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- When is a repeat biopsy necessary? When can it be avoided?
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- If I've had a negative biopsy, am I less likely to be diagnosed with prostate cancer with a future biopsy?
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- If my biopsy report indicates that I have prostate cancer, what information, aside from my biopsy report, is important in determining if treatment is needed and what treatment(s) are right for me?
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## When You've Just Been Diagnosed with Prostate Cancer

Men diagnosed with prostate cancer have more reason for hope than ever before. Progress funded and accelerated by the Prostate Cancer Foundation means patients can expect to live longer, more productive lives. We are closer to living in an age when prostate cancer is considered a chronic condition, not a life-threatening disease. It's important to understand the basics of prostate cancer and identify with your medical team what treatment option, including active surveillance, is right for you.

- Can I avoid treatment at this time and be monitored under something called **active surveillance**? How does it work?

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- What is Gleason grading and my Gleason score? What do they mean in terms of our approach to my treatment and prognosis?

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- What is my PSA level? If multiple PSA values over time are collected, how fast has it risen?

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- Has my cancer spread beyond the prostate? What is the cure rate for this type of cancer?

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- Are there additional tests I can do to gain the most complete understanding of the stage and aggressiveness of my cancer?

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## When You've Just Been Diagnosed with Prostate Cancer

- What treatment options exist for this stage of cancer? What are the benefits of this treatment over others?
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- What side effects can I expect? Will I have problems with incontinence, impotence or urinary or rectal problems?
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- If I speak to other specialists for second opinions before making a final decision on my plan of action, how do we coordinate it?
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- Is my cancer likely to come back based on what you know today?
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- How can I improve the success of my therapy? Are there dietary changes I need to make?
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- Should I join a clinical trial?
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## If You're Considering Undergoing Radiation Therapy

Radiation involves the killing of cancer cells and surrounding tissues with directed radioactive exposure. Some forms of radiation therapy can also be used in men with advanced, or recurrent, prostate cancer.

- What radiation technique will be used?

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- Based on your experience, why is this the right treatment for me?

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- Can this procedure precisely target the cancer tissue but leave the normal tissue unharmed?

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- Are there specific radiation therapy approaches that we should discuss or consider? Such as IMRT or brachytherapy?

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- What dose of radiation will be used and how was that dose of radiation selected?

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## If You're Considering Undergoing Radiation Therapy

- How often will I need to come into the clinic for treatments?

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- Do you recommend we initiate androgen deprivation therapy (hormone therapy) before radiation treatments? Why or why not?

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- What levels of success have you had in preserving potency in your patients following this type of treatment?

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- What about preserving urinary and bowel continence? Are there other bowel side effects I should be concerned about?

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- What can I expect following the treatments in terms of recovery time?

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- Are there delayed side effects that may appear over time?

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- What will we do to monitor my prostate cancer following the radiation?

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## If You're Considering Undergoing Prostate Cancer Surgery

A surgical approach to treating prostate cancer will remove all or part of the prostate. Typically, men with early-stage disease or cancer that's confined to the prostate will undergo radical prostatectomy—removal of the entire prostate gland, plus some surrounding tissue. Other surgical procedures may be performed on men with advanced or recurrent disease.

- Which surgical technique will be used? Open or robotic? How are they different?

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- Based on your experience, why is this the approach for me?

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- Do you plan to employ a nerve-sparing technique with the aim of conserving my ability to get an erection following surgery?

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- What level of success have you had in preserving potency in your patients following surgery?

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## If You're Considering Undergoing Prostate Cancer Surgery

- What about preserving urinary continence?

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- What will you do if you find cancer outside of my prostate during surgery? Will that change my prognosis and future treatment?

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- Do I need to be concerned about blood loss during the surgery?

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- What can I expect following the surgery in terms of recovery?

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- What are the likely or possible side effects of the surgery—both short term and long term?

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- What will we do to monitor my prostate following surgery?

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## If Your PSA is Rising After Initial Treatment

If a man experiences a rise in PSA levels after surgery or radiation, hormonal therapy is often given at some point, and often for many years. Some men will not require additional therapy if their PSA doubling time is quite prolonged. However, many men's prostate cancer will continue to progress at some point despite hormone therapy and require more aggressive therapy. This might include second and third line hormonal therapies, chemotherapy or treatment with new drugs that are now available for men who have failed both hormone and chemotherapy.

- Why is my PSA level is rising again?

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- What is my PSA level now and how will we monitor changes over time?

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- Can we chart the velocity or doubling time of my PSA? What can this tell us about my prognosis?

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- Am I a candidate for local "salvage" prostatectomy or radiation? Why or why not?

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- Should I get a bone scan to see if the cancer has spread to my bones?

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- If you recommend that I initiate androgen deprivation therapy (hormone therapy), how will this benefit me and slow down the growth of the cancer cells?

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## If Your PSA is Rising After Initial Treatment

- Is this the optimal time to initiate this treatment?

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- What are the benefits and drawbacks of hormone therapy?

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- If I initiate hormone therapy, will my PSA drop back to zero?

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- How long do the treatment effects of hormone therapy last?

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- If hormone therapy stops working, are there other treatment options besides chemotherapy?

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- Are there dietary changes that I could or should make to optimize treatment?

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- Should we add a medical oncologist to my treatment team to gain an additional perspective on treating my disease?

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- Should I consider joining a clinical trial? How do they work?

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## If Your PSA is Rising During Hormone Therapy

Some men's PSA levels will rise during hormone therapy. This may be a sign that the patient has become resistant to this form of treatment. A thorough discussion with one's physicians will assess the situation and explore other treatment options as needed.

- Since my PSA is rising again, do we discontinue the androgen deprivation therapy?
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- Are there additional hormone therapy approaches that we should explore?
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- Should I get a bone scan to determine if the cancer has spread to my bones?
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- Is there evidence that the cancer has spread to my bones? If so, how can we treat it, slow down the progression or prevent bone pain?
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- Is it important to consider the sequencing of treatment options so that we can preserve as many options as possible in the future?
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## If Your PSA is Rising During Hormone Therapy

- Should we consider chemotherapy?

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- Are there other therapies that might help slow down the disease progression?

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- What are the side effects of the treatment plan that we are considering?

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- Are there dietary changes I can make to optimize my treatment?

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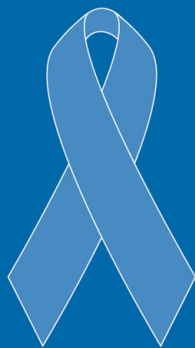
- Are there any other specialists that we should or could add to my treatment team to gain an additional perspective on treating my disease?

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- Should I consider joining a clinical trial? How do they work?

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