



Prostate cancer treatment roadmap

The explanation was created in Stonly

Welcome

This treatment tool aims to help you do four things:

1. Understand your possible treatment choices
2. Compare these treatments
3. Find out more about any treatment
4. Discover what might happen if the cancer keeps growing after treatment.

The treatments shown may not always apply to you. Your choice may be limited because of the nature of your cancer. This includes how likely it is that the cancer will grow quickly or spread, or whether it has spread already. Your choice may also be affected by your fitness levels and other existing health problems.

The treatments shown are also currently only those which have been approved for use on the NHS in England and Wales. Treatments are mostly the same on the NHS in Scotland and Northern Ireland but there may be some small differences. Where a treatment is not available in all four countries we will say so.

There may also be other treatments which are available privately or on clinical trials which are not listed here.

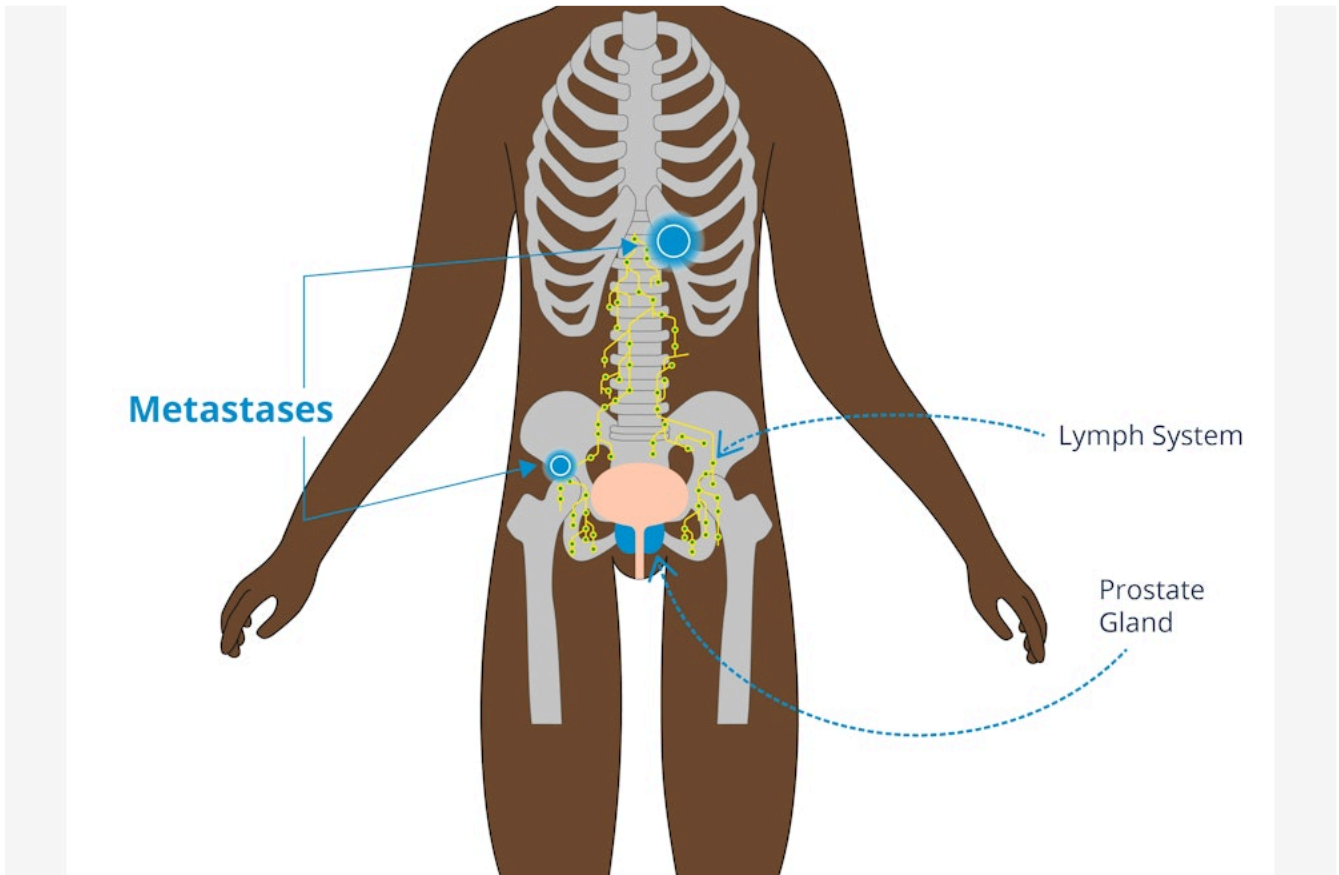
Before using this treatment tool we suggest you look at what [information you will need](#) (link will open in a new tab).

Remember, you should always consult a healthcare professional for specific advice.

I understand - let's get started →

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Starting questions



To start with, we need to ask you a few questions. This is so we can direct you to information that might be suitable in your situation.

You can always choose to skip these questions. If you do, we will be unable to provide tailored information for you.

You can ask your specialist nurse or doctor (urologist or oncologist) if you are not sure of any answers.

Has the prostate cancer spread to the lymph glands, other organs or bones (metastatic)? (If it has **only** spread to your pelvic lymph nodes please answer No below)

No - it has not spread to these parts of the body →
Go to [Page 47](#)

Yes - it has spread to the lymph glands, other organs or bones →
Go to [Page 5](#)

Starting questions

I'm not sure if it has spread →

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It has spread (metastatic)

The options for treating prostate cancer that has spread are based on a combination of the National Institute of Clinical Excellence's (NICE) guidelines and best practice.

As researchers learn more about the disease the way it is treated will continue to evolve. As guidelines and best practice change so will this treatment tool.

[Learn more about NICE guidelines by visiting their website](#) (opens in a new tab)

Have you had treatment to the prostate before (this includes any surgery, focal therapy, radiotherapy or brachytherapy)?

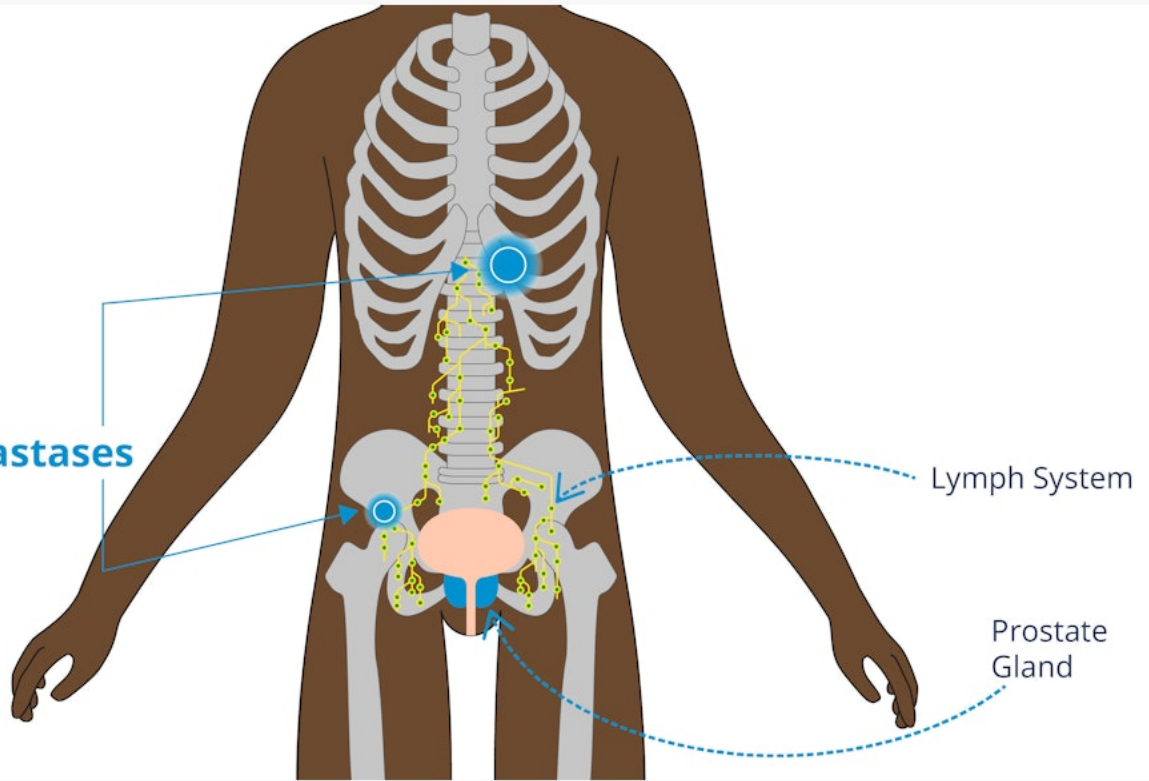
No - I haven't had any treatment to the prostate before →

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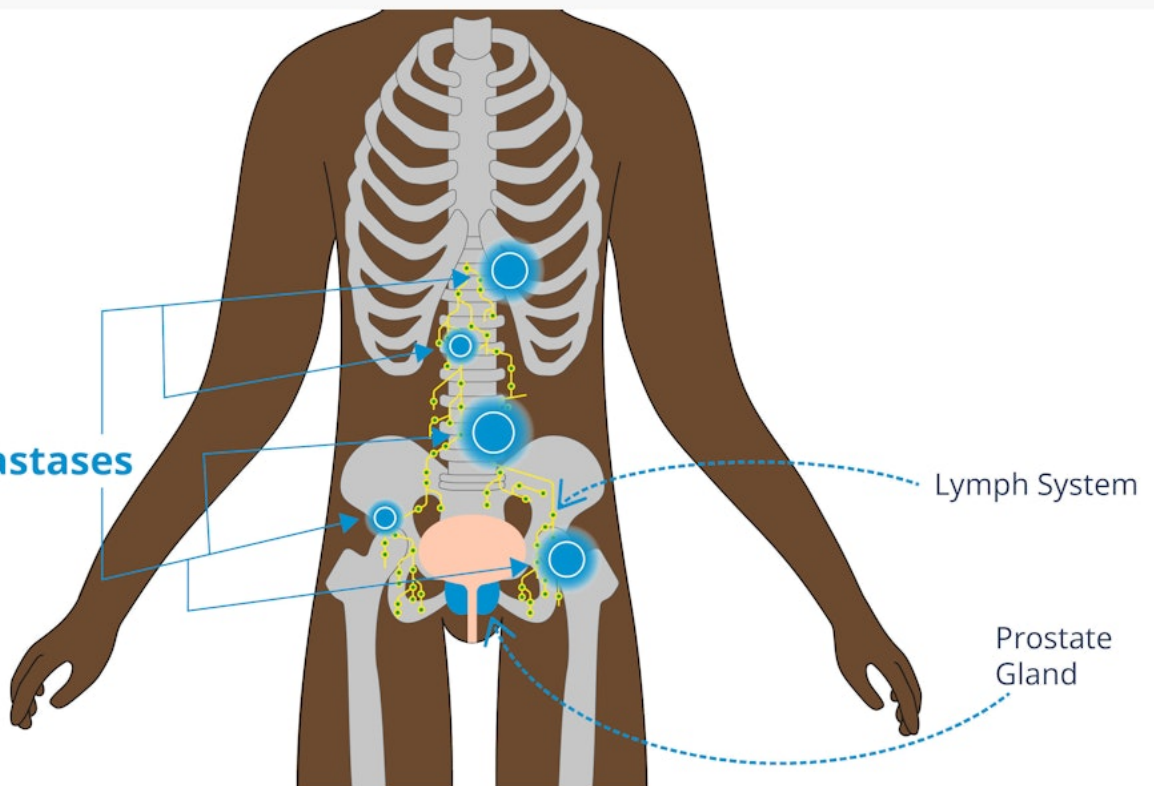
Yes - I have had treatment to the prostate before →

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2 Metastases



5 Metastases



The prostate cancer has spread to parts of the body beyond the prostate. It is important to understand how much it has spread.

How does my healthcare team work out how much the prostate cancer has spread?

- Your healthcare team will count the number of secondary metastases you have. It is important to know if there are any in your bones and other distant parts of your body. By distant we mean further from your pelvis e.g your lungs or liver
- Your team may determine that you have 1 or more secondary bone metastases. You may also have none.
- Your team may also determine that you have some distant metastases. You may also have none.

You can ask your specialist nurse or doctor (urologist or oncologist) if you are not sure of any answers.

Do you have 4 or more secondary bone metastases or any other distant metastases (e.g. lungs, liver)?

I have 0-3 secondary bone metastases and no metastases at other distant sites (e.g. lungs, liver) →

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I have 4 or more secondary bone metastases and/or metastases at other distant sites (e.g. lungs,...) →

Go to **Page 27**

I don't know →

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Based on what you have told us, the following treatment options may be suitable in your situation.

Things to bear in mind:

- If you are having hormone therapy (injections) you will continue them. If you aren't having hormone therapy (injections) you will be offered them. You will then stay on them for as long as you are receiving any future treatments.
- The treatment options presented below are given alongside hormone therapy (injections).
- You can always reject any treatments. If you do then you will no longer be treating your cancer. You will be managing symptoms to make life as comfortable as possible.

From here you can:

1. [Visit the treatment comparison tool](#) to compare the treatment options below
2. Click on one of the treatment options below to learn more and continue your journey.

Treatment Options:

1. Hormone Therapy (tablets) + Radiotherapy →

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2. Chemotherapy (docetaxel) + Radiotherapy →

Go to **Page 19**

3. Chemotherapy (docetaxel) + Hormone Therapy (tablets) + Radiotherapy →

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Hormone Therapy (tablets) + Radiotherapy

What is Hormone Therapy (tablets)?

Hormone Therapy (tablets) stop testosterone from reaching the prostate cancer cells. Examples of hormone therapy (tablets) which you might be offered are:

- Enzalutamide (Xtandi)
- Darolutamide (Nubeqa)
- Apalutamide (Erleada)
- Abiraterone (Zytiga)

Depending on any previous treatment with hormone therapy (injections) you may be offered one of the above hormone therapy (tablets) as an additional treatment.

Hormone therapy (tablets) may be started at the same time as you start hormone therapy (injections) or they may come later on. This might be slightly different in different parts of the UK. You should talk with your healthcare team about what this might mean for you.

What is Radiotherapy?

- It is a type of treatment where radiation is used to kill cancer cells. It is given from outside of the body.
- It is also known as External Beam Radiotherapy (EBRT).

Further information about the different options can be found below (clicking on these will open a new tab):

- [Hormone Therapy \(tablets\)](#)
- [Radiotherapy](#)
- [I'm having trouble with symptoms/pain - what can I do?](#)
- [Explore possible clinical trials.](#)

If this treatment stops working, what might my options be?

Some of the treatment options presented below may not be suitable for you. Further treatment depends on a number of factors. This includes fitness levels, if the cancer has returned or

Hormone Therapy (tablets) + Radiotherapy

developed and the time it might have taken to do so. These will form part of a conversation with your wider clinical team.

If you are in Scotland, England or Wales and have a specific type of prostate cancer you may have the option of another treatment as well. This treatment is called Olaparib. It is only available to people with a specific change to their genes. This change is only found in 1 in 10 people with advanced prostate cancer.

- [Click here to learn more about Olaparib](#) (will open in a new tab).

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Treatment Options:

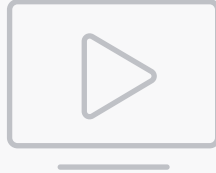
1. Chemotherapy (docetaxel) →

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2. Radium-223 (for bone metastases) →

Go to **Page 17**

Chemotherapy (docetaxel)



<https://youtu.be/cJAASsnsAIM>

What is Chemotherapy (docetaxel)?

Chemotherapy is a medicine that kills cancer cells around the body. The most common chemotherapy medicines for prostate cancer are:

- Docetaxel (Taxotere)
- Cabazitaxel (Jevtana)

You will usually be given docetaxel first. You may get cabazitaxel if your prostate cancer comes back after treatment with docetaxel.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Chemotherapy](#)
- [I'm having trouble with symptoms/pain - what can I do?](#)
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Chemotherapy (docetaxel)

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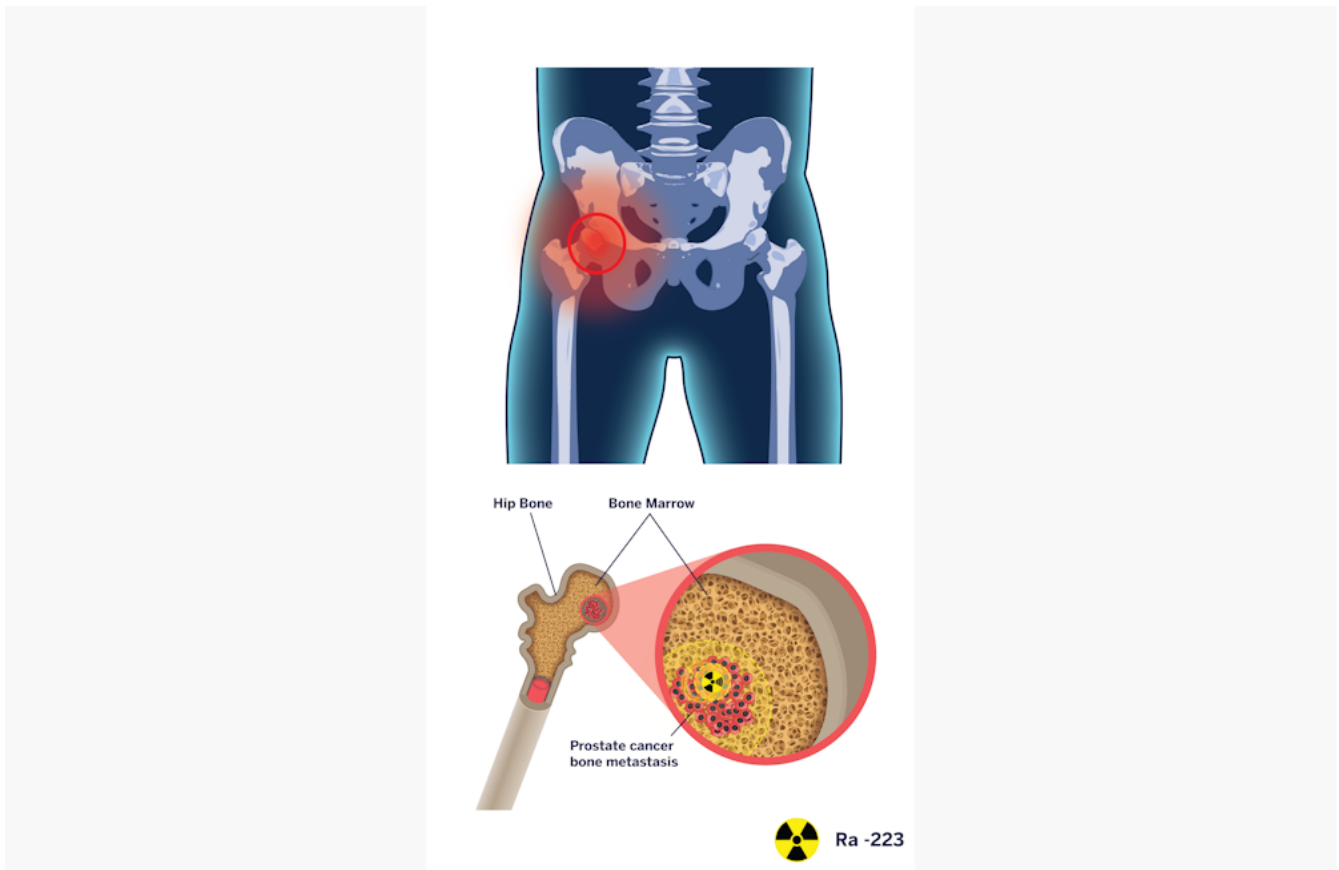
1. Radium-223 (for bone metastases) →

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2. Chemotherapy (cabazitxel) →

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Radium-223 (for bone metastases)



What is Radium-223?

- It is a radioactive medicine whose effects take place within the body. Doctors use it for people who have prostate cancer that has spread to their bones.
- It can help to control bone pain and allow some prostate cancer patients to live longer.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Radium-223 \(for bone metastases\)](#)
- [I'm having trouble with symptoms/pain - what can I do?](#)
- [Explore possible clinical trials.](#)

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Radium-223 (for bone metastases)

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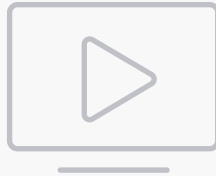
1. [Visit the treatment comparison tool](#) to learn some basic information about the treatment option below
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Treatment Option:

1. Chemotherapy (cabazitxel) →

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Chemotherapy (cabazitxel)



<https://youtu.be/cJAASsnsAIM>

What is Chemotherapy (cabazitxel)?

Chemotherapy is a medicine that kills cancer cells around the body. The most common chemotherapy medicines for prostate cancer are:

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- Cabazitaxel (Jevtana)

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- [I'm having trouble with symptoms/pain - what can I do?](#)
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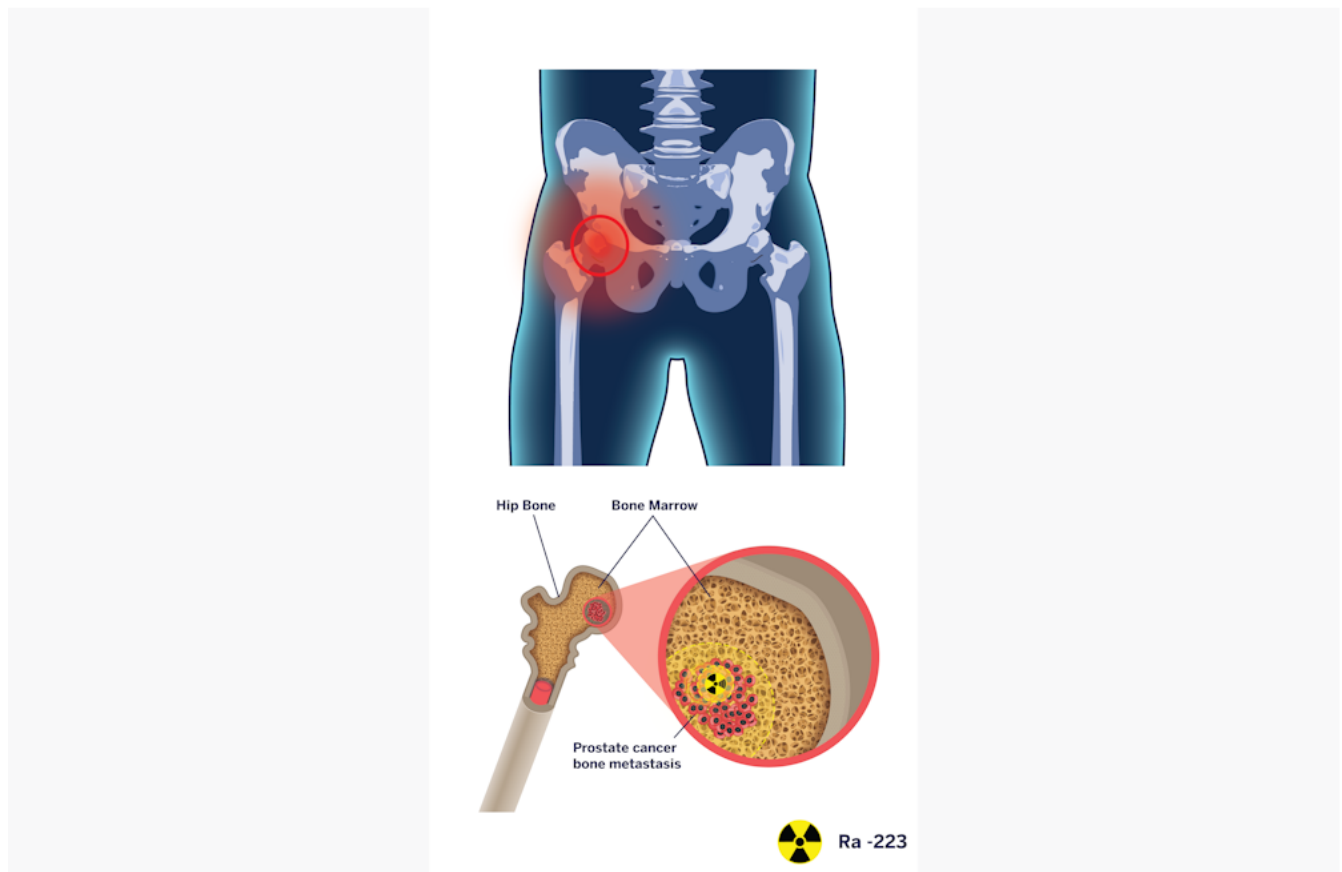
Chemotherapy (cabazitxel)

Once this treatment stops working there are currently no other treatments available on the NHS which target your prostate cancer. You will still be offered treatment to help you with any symptoms and pain you may have.

End of life care is a special type of care. It is usually given to you in the final year of your life. You may wish to learn more about this type of care. Many people say learning about it helps them feel better prepared for what the future may hold.

[Learn more about end of life care](#) (this will open in a new tab)

Radium-223 (for bone metastases)



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Radium-223 (for bone metastases)

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Chemotherapy (docetaxel) + Radiotherapy

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- [Chemotherapy](#)
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Chemotherapy (docetaxel) + Radiotherapy

Treatment Options:

1. Hormone Therapy (tablets) →

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2. Chemotherapy (cabazitxel) →

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3. Radium-223 (for bone metastases) →

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Hormone Therapy (tablets)



<https://youtu.be/0t7Kr8bnsWU>

What is Hormone Therapy (tablets)?

Hormone Therapy (tablets) stop testosterone from reaching the prostate cancer cells. This is called Androgen Deprivation Therapy or ADT. Examples of hormone therapy (tablets) which you might be offered are:

- Enzalutamide (Xtandi)
- Darolutamide (Nubeqa)
- Apalutamide (Erleada)
- Abiraterone (Zytiga)

Further information about the different options can be found below (clicking on these will open a new tab):

- [Hormone Therapy \(tablets\)](#)
- [I'm having trouble with symptoms/pain - what can I do?](#)

Hormone Therapy (tablets)

- [Explore possible clinical trials.](#)

If this treatment stops working, what might my options be?

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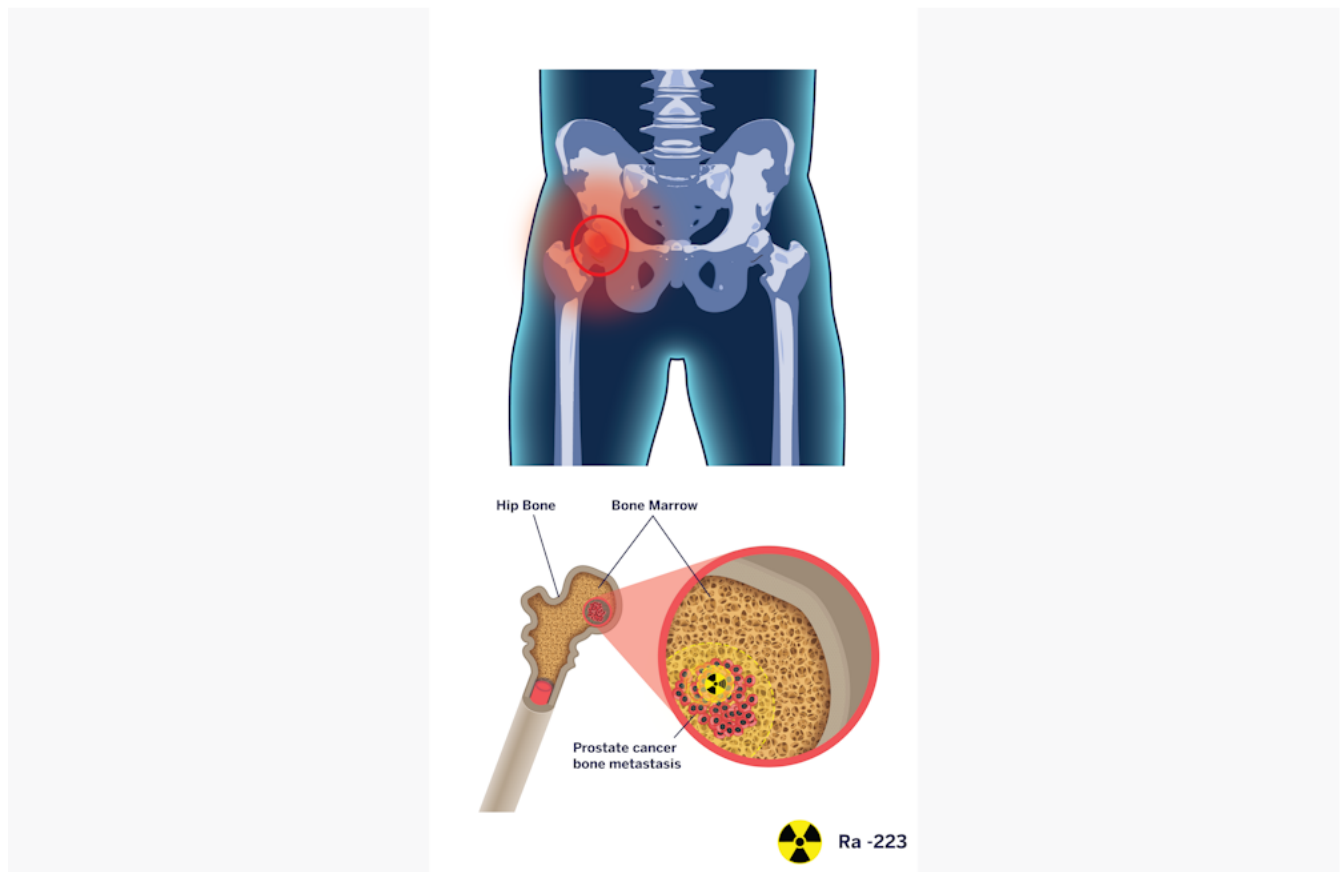
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Treatment Option:

1. Chemotherapy (cabazitxel) →

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Radium-223 (for bone metastases)



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Further information about the different options can be found below (clicking on these will open a new tab):

- [Radium-223 \(for bone metastases\)](#)
- [I'm having trouble with symptoms/pain - what can I do?](#)
- [Explore possible clinical trials.](#)

If this treatment stops working, what might my options be?

Radium-223 (for bone metastases)

Some of the treatment options presented below may not be suitable for you. Further treatment depends on a number of factors.

This includes fitness levels, if the cancer has returned or developed and the time it might have taken to do so. These will form part of a conversation with your wider clinical team.

From here you can:

1. [Visit the treatment comparison tool](#) to learn some basic information about the treatment option below
2. Click on the treatment option below to continue your journey.

1. Chemotherapy (cabazitxel) →

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Chemotherapy (docetaxel) + Hormone Therapy (tablets) + Radiotherapy

What is Chemotherapy (docetaxel)?

Chemotherapy is a medicine that kills cancer cells around the body. The most common chemotherapy medicines for prostate cancer are:

- Docetaxel (Taxotere)
- Cabazitaxel (Jevtana)

You will usually be given docetaxel first. You may get cabazitaxel if your prostate cancer comes back after treatment with docetaxel.

What is Hormone Therapy (tablets)?

Hormone Therapy (tablets) stop testosterone from reaching the prostate cancer cells. In this instance the hormone therapy (tablets) you might be offered are:

- Darolutamide (Nubeqa)

What is Radiotherapy?

- It is a type of treatment where radiation is used to kill cancer cells. It is given from outside of the body.
- It is also known as External Beam Radiotherapy (EBRT).

Further information about the different options can be found below (clicking on these will open a new tab):

- [Chemotherapy](#)
- [Hormone Therapy \(tablets\)](#)
- [Radiotherapy](#)
- [I'm having trouble with symptoms/pain - what can I do?](#)
- [Explore possible clinical trials.](#)

If this treatment stops working, what might my options be?

Chemotherapy (docetaxel) + Hormone Therapy (tablets) + Radiotherapy

Some of the treatment options presented below may not be suitable for you. Further treatment depends on a number of factors. This includes fitness levels, if the cancer has returned or developed and the time it might have taken to do so. These will form part of a conversation with your wider clinical team.

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1. Radium-223 (for bone metastases) →

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2. Chemotherapy (cabazitxel) →

Go to **Page 15**

If you have 4 or more secondary bone metastases, the following treatment options may be suitable for you.

Bear in mind:

- If you are having hormone therapy (injections) you will continue them. If you aren't having hormone therapy (injections) you will be offered them. You will then stay on them for as long as you are receiving any future treatments.
- The treatment options presented below are given alongside hormone therapy (injections).
- If you have had any hormone therapy (tablets) before you will not be able to have them again.
- You can always reject any treatments. If you do then you will no longer be treating your cancer. You will be managing symptoms to make life as comfortable as possible.

From here you can:

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Treatment Options:

1. Hormone therapy (tablets) →

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2. Chemotherapy (docetaxel) →

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3. Chemotherapy (docetaxel) + Hormone Therapy (tablets) →

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Hormone therapy (tablets)

What is Hormone Therapy (tablets)?

Hormone Therapy (tablets) stop testosterone from reaching the prostate cancer cells. Examples of hormone therapy (tablets) which you might be offered are:

- Enzalutamide (Xtandi)
- Darolutamide (Nubeqa)
- Apalutamide (Erleada)
- Abiraterone (Zytiga)

Depending on any previous treatment with hormone therapy (injections) you may be offered one of the above hormone therapy (tablets) as an additional treatment. Tablets may be started at the same time as you start hormone therapy (injections) or they may come later on. This might be slightly different in different parts of the UK. You should talk with your healthcare team about what this might mean for you.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Hormone Therapy \(tablets\)](#)
- [I'm having trouble with symptoms/pain - what can I do?](#)
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If this treatment stops working, what might my options be?

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If you are in Scotland, England or Wales and have a specific type of prostate cancer you may have the option of another treatment as well. This treatment is called Olaparib. It is only available to people with a specific change to their genes. This change is only found in 1 in 10 people with advanced prostate cancer.

Hormone therapy (tablets)

- [Click here to learn more about Olaparib](#) (will open in a new tab).

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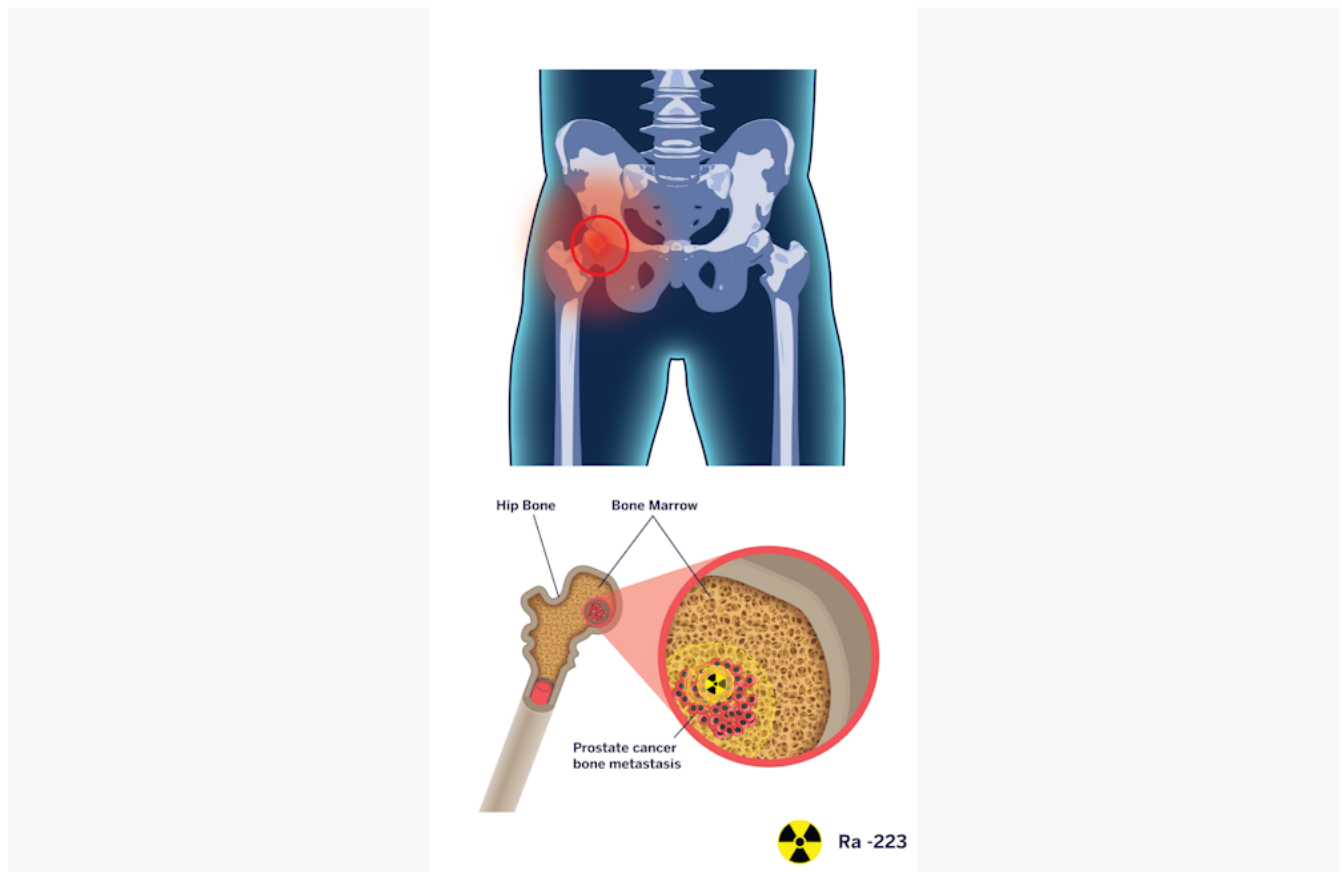
1. Chemotherapy (docetaxel) →

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2. Radium-223 (for bone metastases) →

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Radium-223 (for bone metastases)



What is Radium-223?

- It is a radioactive medicine whose effects take place within the body. Doctors use it for people who have prostate cancer that has spread to their bones.
- It can help to control bone pain and allow some prostate cancer patients to live longer.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Radium-223 \(for bone metastases\)](#)
- [I'm having trouble with symptoms/pain - what can I do?](#)
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If this treatment stops working, what might my options be?

Radium-223 (for bone metastases)

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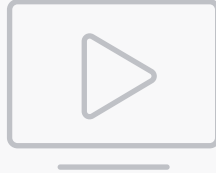
1. [Visit the treatment comparison tool](#) to learn some basic information about the treatment option below
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Treatment Option:

1. Chemotherapy (cabazitxel) →

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Chemotherapy (docetaxel)



<https://youtu.be/cJAASsnsAIM>

What is Chemotherapy (docetaxel)?

Chemotherapy is a medicine that kills cancer cells around the body. The most common chemotherapy medicines for prostate cancer are:

- Docetaxel (Taxotere)
- Cabazitaxel (Jevtana)

You will usually be given docetaxel first. You may get cabazitaxel if your prostate cancer comes back after treatment with docetaxel.

Further information about the different options can be found below (clicking on these will open a new tab):

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Chemotherapy (docetaxel)

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Treatment Options:

1. Chemotherapy (cabazitxel) →

Go to **Page 15**

2. Radium-223 (for bone metastases) →

Go to **Page 30**

Chemotherapy (docetaxel) + Hormone Therapy (tablets)

What is Chemotherapy (docetaxel)?

Chemotherapy is a medicine that kills cancer cells around the body. The most common chemotherapy medicines for prostate cancer are:

- Docetaxel (Taxotere)
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You will usually be given docetaxel first. You may get cabazitaxel if your prostate cancer comes back after treatment with docetaxel.

What is Hormone Therapy (tablets)?

Hormone Therapy (tablets) stop testosterone from reaching the prostate cancer cells. In this instance the hormone therapy (tablets) you might be offered are:

- Darolutamide (Nubeqa)

Further information about the different options can be found below (clicking on these will open a new tab):

- [Chemotherapy](#)
- [Hormone Therapy \(tablets\)](#)
- [I'm having trouble with symptoms/pain - what can I do?](#)
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From here you can:

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Chemotherapy (docetaxel) + Hormone Therapy (tablets)

2. Click on one of the treatment options below to learn more and continue your journey.

1. Radium-223 (for bone metastases) →

Go to **Page 13**

2. Chemotherapy (cabazitxel) →

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I don't know

We are sorry. Without this information we cannot accurately share with you possible treatment options.

Please ask your specialist nurse or doctor (urologist or oncologist) if you are not sure of any answers.

But you can still learn about all the different treatments for prostate cancer using our comparison tool.

From here you can still:

- [Visit the treatment comparison tool](#) to learn about and compare different treatments.

Hormone Sensitive or Castrate Resistant?

To know what treatment you might be suitable for next, we need to know if your prostate cancer is hormone sensitive or castrate resistant (you may sometimes hear this called hormone resistant).

Whether your prostate cancer is castrate resistant depends on two things:

- If you are on hormone therapy injections and your PSA has started to rise
- Your latest testosterone level

If you are unsure, please ask your healthcare team.

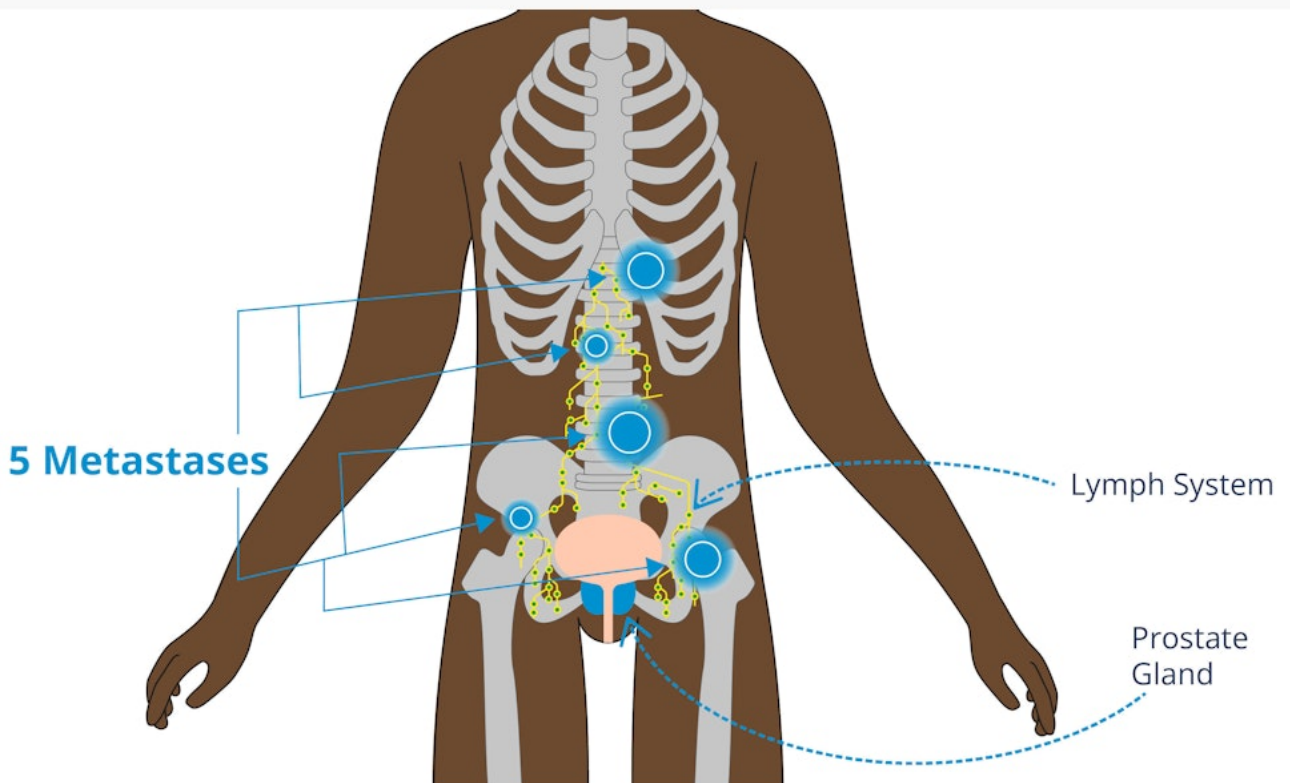
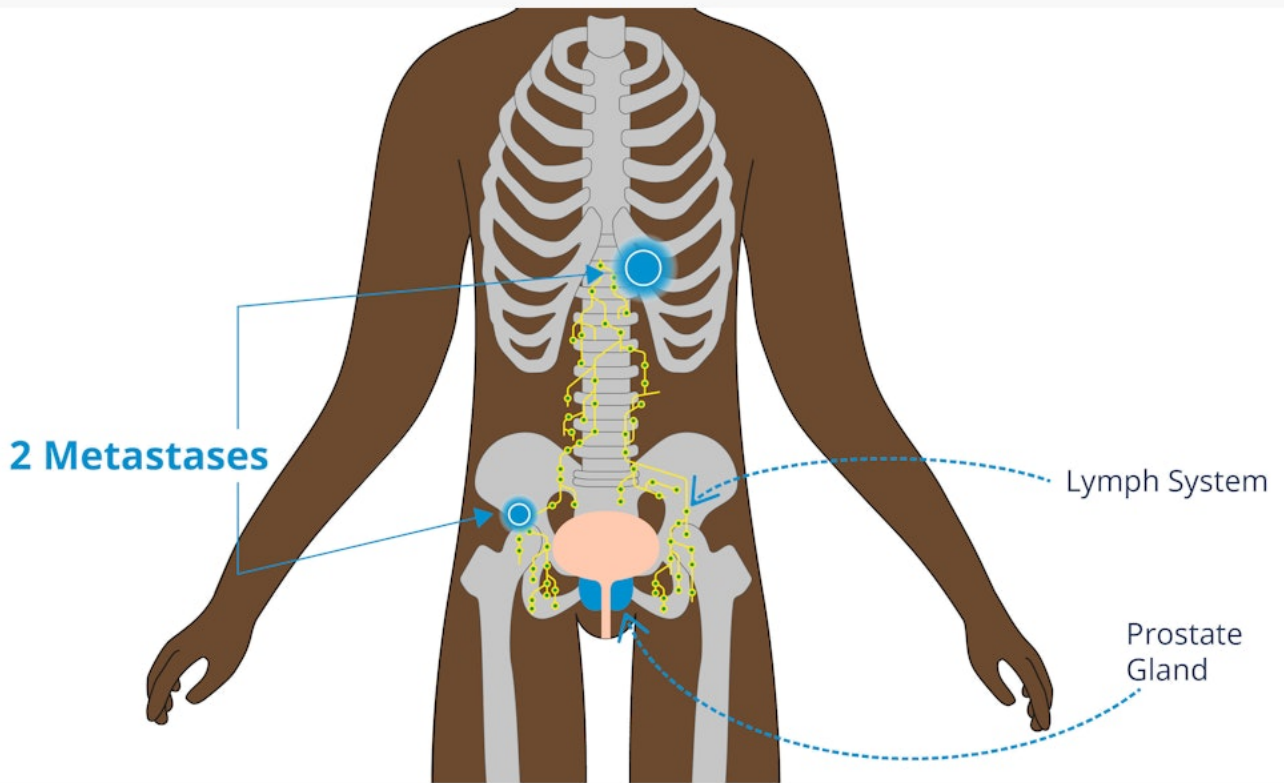
[My prostate cancer is hormone sensitive →](#)

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[My prostate cancer is castrate resistant \(hormone resistant\) →](#)

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Hormone Sensitive



Hormone Sensitive

It is also important to understand how much the prostate cancer has spread to parts of the body beyond the prostate.

How does my healthcare team work out how much the prostate cancer has spread?

- Your healthcare team will count the number of secondary metastases you have. It is important to know if there are any in your bones and other distant parts of your body. By distant we mean further from your pelvis e.g your lungs or liver
- Your team may determine that you have 1 or more secondary bone metastases. You may also have none.
- Your team may also determine that you have some distant metastases. You may also have none.

You can ask your specialist nurse or doctor (urologist or oncologist) if you are not sure of any answers.

Do you have 4 or more secondary bone metastases or any other distant metastases (e.g. lungs, liver)?

I have 0-3 secondary bone metastases and no metastases at other distant sites (e.g. lungs, liver) →

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I have 4 or more secondary bone metastases and/or metastases at other distant sites (e.g. lungs,...) →

Go to [Page 27](#)

I don't know →

Go to [Page 36](#)



Based on what you have told us, you may be offered SABR treatment to target any metastases you have in your body.

What is Stereotactic Ablative Radiotherapy (SABR)?

- SABR is another type of external radiation. It gives a targeted dose of radiation aimed at a very precise area. For example a bone metastasis in your rib.
- It is often given using the same machine as External Beam Radiotherapy (EBRT). This is called a Linear accelerator.
- SABR is not available in every hospital.

Information about about possible clinical trials can be found below (clicking on these will open a new tab):

- [Learn more about SABR \(at Cancer Research UK's website\)](#)
- [Explore possible clinical trials.](#)

What might happen if the prostate cancer continues to spread?

If the prostate cancer continues to spread eventually you will have 4 or more secondary bone metastases. Click on the tile below to find out what happens next.

Find out more →

Go to **Page 27**

Prostate cancer that is no longer controlled by hormone injections is called castrate resistant prostate cancer or sometimes hormone resistant prostate cancer

If your prostate cancer is castrate resistant, you may have more treatments available to you. Your healthcare team will talk you through your options. These will depend on your prostate cancer, what treatments you have had before and your health

The following are some of the treatments you may be offered:

1. Olaparib + Abiraterone →

Go to **Page 43**

2. Hormone Therapy (tablets) →

Go to **Page 44**

3. Chemotherapy →

Go to **Page 45**

Olaparib + Abiraterone

What is Olaparib?

Olaparib is a medicine used to treat certain types of prostate cancer that have spread to other parts of the body.

What is Abiraterone?

Abiraterone is a type of hormone therapy given in tablet form. It stop testosterone from reaching the prostate cancer cells.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Olaparib](#)
- [Hormone Therapy \(tablets\)](#)
- [I'm having trouble with symptoms/pain - what can I do?](#)
- [Explore possible clinical trials.](#)

Hormone Therapy (tablets)

What is Hormone Therapy (tablets)?

Hormone Therapy (tablets) stop testosterone from reaching the prostate cancer cells. Examples of hormone therapy (tablets) which you might be offered are:

- Enzalutamide (Xtandi)
- Darolutamide (Nubeqa)
- Apalutamide (Erleada)
- Abiraterone (Zytiga)

You should talk with your healthcare team about what this might mean for you.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Hormone Therapy \(tablets\)](#)
- [I'm having trouble with symptoms/pain - what can I do?](#)
- [Explore possible clinical trials.](#)

Chemotherapy

What is Chemotherapy?

Chemotherapy is a medicine that kills cancer cells around the body. The most common chemotherapy medicines for prostate cancer are:

- Docetaxel (Taxotere)
- Cabazitaxel (Jevtana)

You will usually be given docetaxel first. You may get cabazitaxel if your prostate cancer comes back after treatment with docetaxel.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Chemotherapy](#)
- [I'm having trouble with symptoms/pain - what can I do?](#)
- [Explore possible clinical trials.](#)

I'm not sure

We are sorry. Without this information we cannot accurately share with you possible treatment options.

Please ask your specialist nurse or doctor (urologist or oncologist) if you are not sure of any answers.

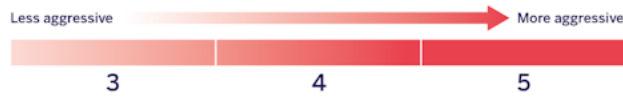
But you can still learn about all the different treatments for prostate cancer using our comparison tool.

From here you can still:

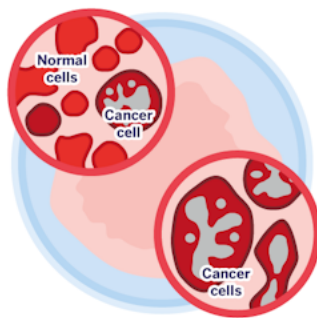
- [Visit the treatment comparison tool](#) to compare different treatments.

No it has not spread

Your biopsy is used to get a Gleason score.
Each sample from your biopsy is graded from 3 to 5.



Gleason Score	Risk
6 (3+3)	Low
7 (3+4)	Medium
7 (4+3)	Medium
8 (3+5), 8 (4+4), 8 (5+3)	High
9 (4+5), 9 (5+4), 10 (5+5)	High



Prostate cancer cells can look very different across the whole sample. This means that different areas of your cancer may have different grades. Your Gleason score is made up of two grades. They are added together to give the final Gleason score. It ranges from 6 to 10.

Sometimes the Gleason score is also referred to as the Grade Group. This is how they match up.

Grade Group	Gleason Score	Risk
1	6 (3+3)	Low
2	7 (3+4)	Medium
3	7 (4+3)	Medium
4	8 (3+5), 8 (4+4), 8 (5+3)	High
5	9 (4+5), 9 (5+4), 10 (5+5)	High

There are 5 Grade Groups. Grade Group 1 is the least aggressive. Grade Group 5 is the most aggressive.



No it has not spread

Do you know your Gleason score or your grade group?

This can usually be found on the letter from your hospital.

You can ask your specialist nurse or doctor (urologist or oncologist) if you are not sure of any answers.

Gleason 6 (3+3) or Grade group 1 →

Go to **Page 147**

Gleason 7 (3+4) or Grade group 2 →

Go to **Page 49**

Gleason 7 (4+3) or Grade group 3 →

Go to **Page 139**

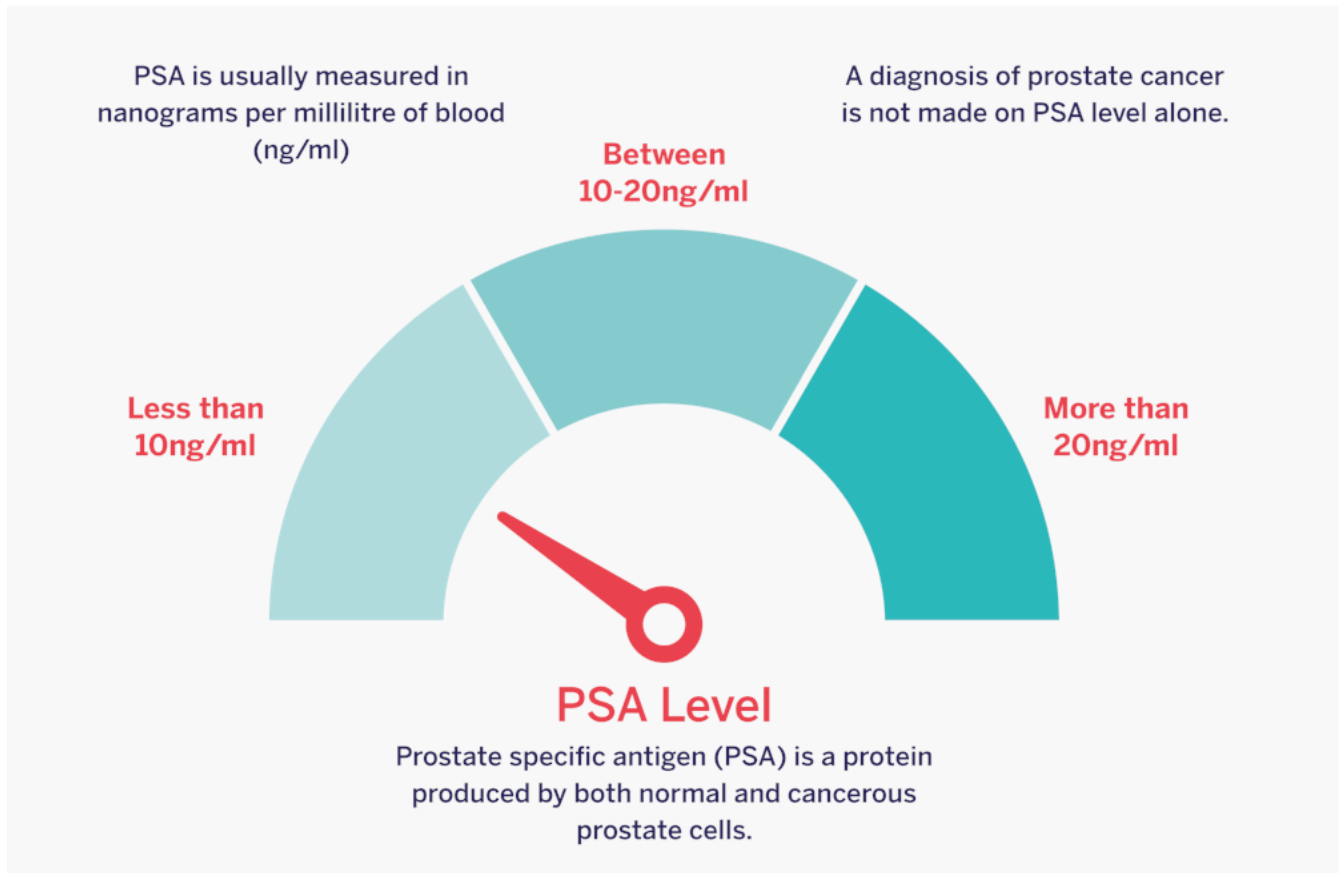
Gleason 8, 9 or 10; or Grade group 4 or 5 →

Go to **Page 88**

I'm not sure / I haven't got one →

Go to **Page 146**

Gleason 7 (3+4)



We need to ask about the latest PSA level.

You can ask your specialist nurse or doctor (urologist or oncologist) if you are not sure of any answers.

Is the PSA level?

Less than 10ng/ml →

Go to **Page 50**

Between 10-20ng/ml →

Go to **Page 102**

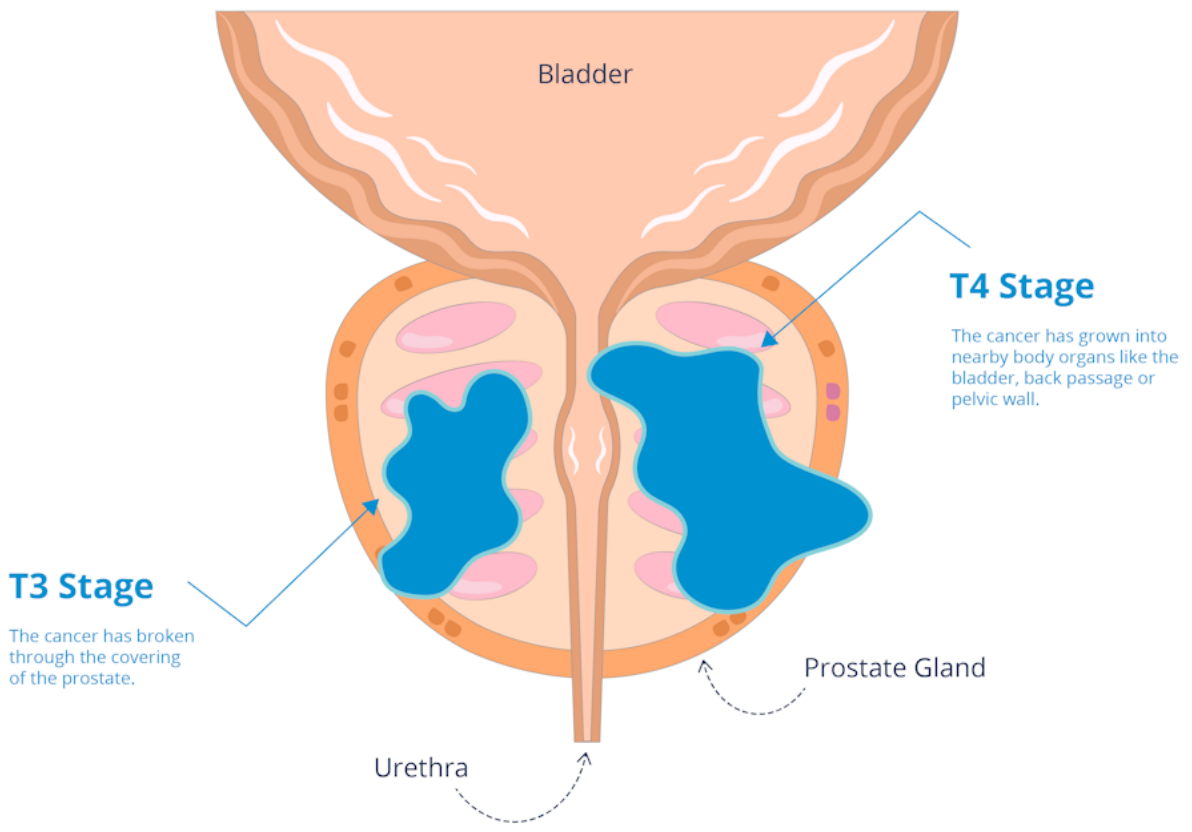
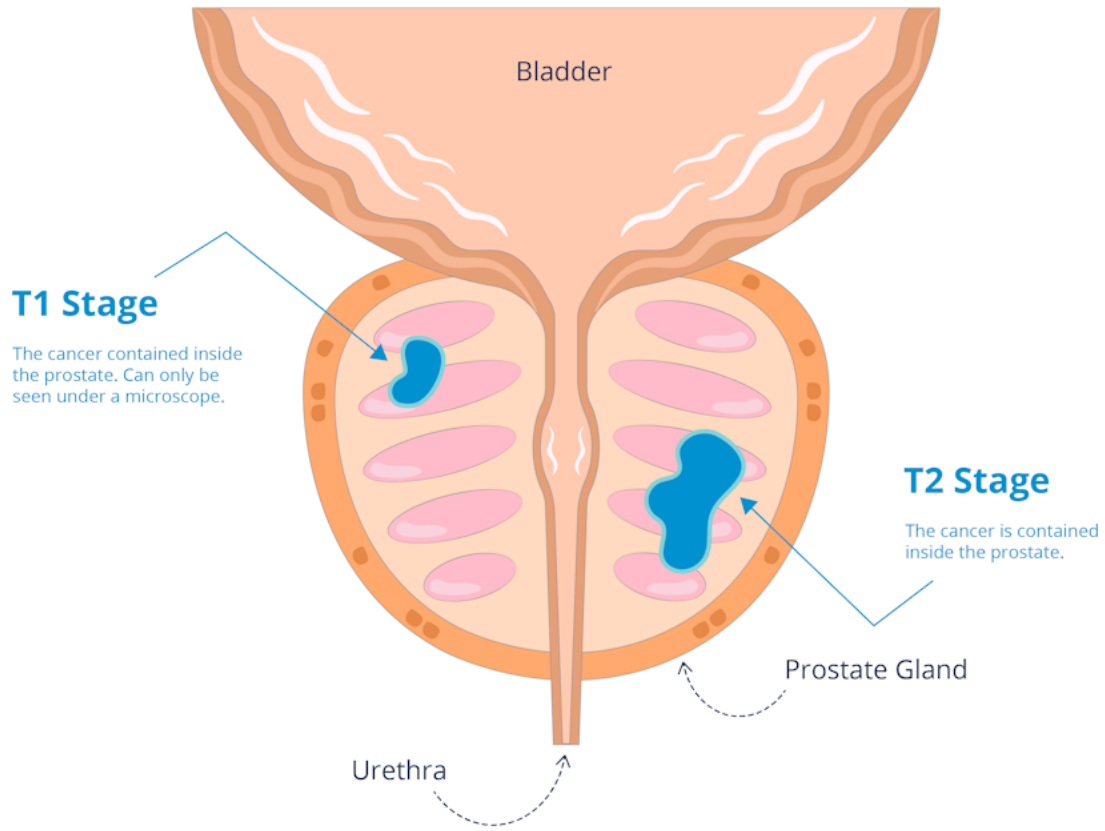
Greater than 20ng/ml →

Go to **Page 88**

I don't know →

Go to **Page 137**

PSA = less than 10ng/ml



PSA = less than 10ng/ml

Finally, we need to ask about the stage of the prostate cancer. The stage is how far it has spread. This is often known as the T stage.

Check out the two images for more information on T stages.

Do you know if the prostate cancer:

Is still confined in the prostate →

Go to **Page 52**

Spread outside the prostate and/or to other parts of the body →

Go to **Page 88**

I don't know →

Go to **Page 101**

CPG 2 (medium risk)

Based on what you have told us your Cambridge Prognostic Group (CPG) is 2 ([click here to learn more about CPG](#)). You may sometimes hear this described as medium or intermediate risk prostate cancer.

What does this mean for me?

What this means is the following treatment options may be suitable in your situation.

When deciding you will want to consider the:

- Benefits of treatment to cure you.
- Benefits of monitoring your cancer and seeing if it grows - if it does grow, treatment may then be suitable.
- Risks of side effects from any treatment.

From here you can:

1. [Visit the treatment comparison tool](#) to compare the treatment options below
2. Click on one of the treatment options below to learn more and continue your journey.

Treatment Options:

1. Active Surveillance →

Go to [Page 56](#)

2. Watchful Waiting →

Go to [Page 54](#)

3. LDR Brachytherapy →

Go to [Page 66](#)

4. Radical Prostatectomy →

Go to [Page 76](#)

5. Radiotherapy + Hormone Therapy (injections) →

Go to [Page 74](#)

6. Focal Therapy (under 'special arrangements') →

CPG 2 (medium risk)

[Go to Page 80](#)

Watchful Waiting



What is Watchful Waiting?

It is another way of monitoring your prostate cancer. It avoids the need for active treatment like surgery or radiotherapy. This means you won't get side effects that may affect your everyday life.

Your doctor might suggest it because they think the risks of treatment outweigh the benefits.

What might cause the risks to outweigh the benefits?

- Your fitness levels
- Your age (if you have less than 10 years life expectancy)
- If they believe your prostate cancer is slow growing

You will still be offered the following treatments to help control symptoms and manage any pain:

- Hormone Therapy (injections) - this can help to shrink prostate cancer or slow its growth.
-

Watchful Waiting

Radiotherapy - if your cancer has spread to the bones. This will be to control the cancer. It will not cure it.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about Watchful Waiting](#)
- [Find out all about Hormone Therapy \(injections\)](#)
- [Find out all about Radiotherapy](#)
- [Explore possible clinical trials.](#)

Active Surveillance

What is Active Surveillance?

- It is a way of monitoring slow-growing localised prostate cancer, rather than treating it straight away.
- The aim is to avoid or delay unnecessary treatment and its side effects.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about Active Surveillance](#)
- [Explore possible clinical trials](#).

You may decide, with your doctor, to stop active surveillance at any time if:

- You decide you wish to have treatment to try to cure you
- Your cancer is found to be growing

What might my options be then?

Usually you would be offered one of the treatments below. However some of these options may not be suitable for you.

It will depend on a number of factors. This includes general health, fitness levels and, if the cancer has grown, how long it took to grow. These will form part of a conversation with your wider clinical team.

From here you can:

1. [Visit the treatment comparison tool](#) to compare the treatment options below
2. Click on one of the treatment options below to learn more and continue your journey.

Treatment Options:

1. Watchful Waiting →
Go to Page 58

Active Surveillance

2. LDR Brachytherapy →

Go to **Page 62**

3. Radical Prostatectomy →

Go to **Page 63**

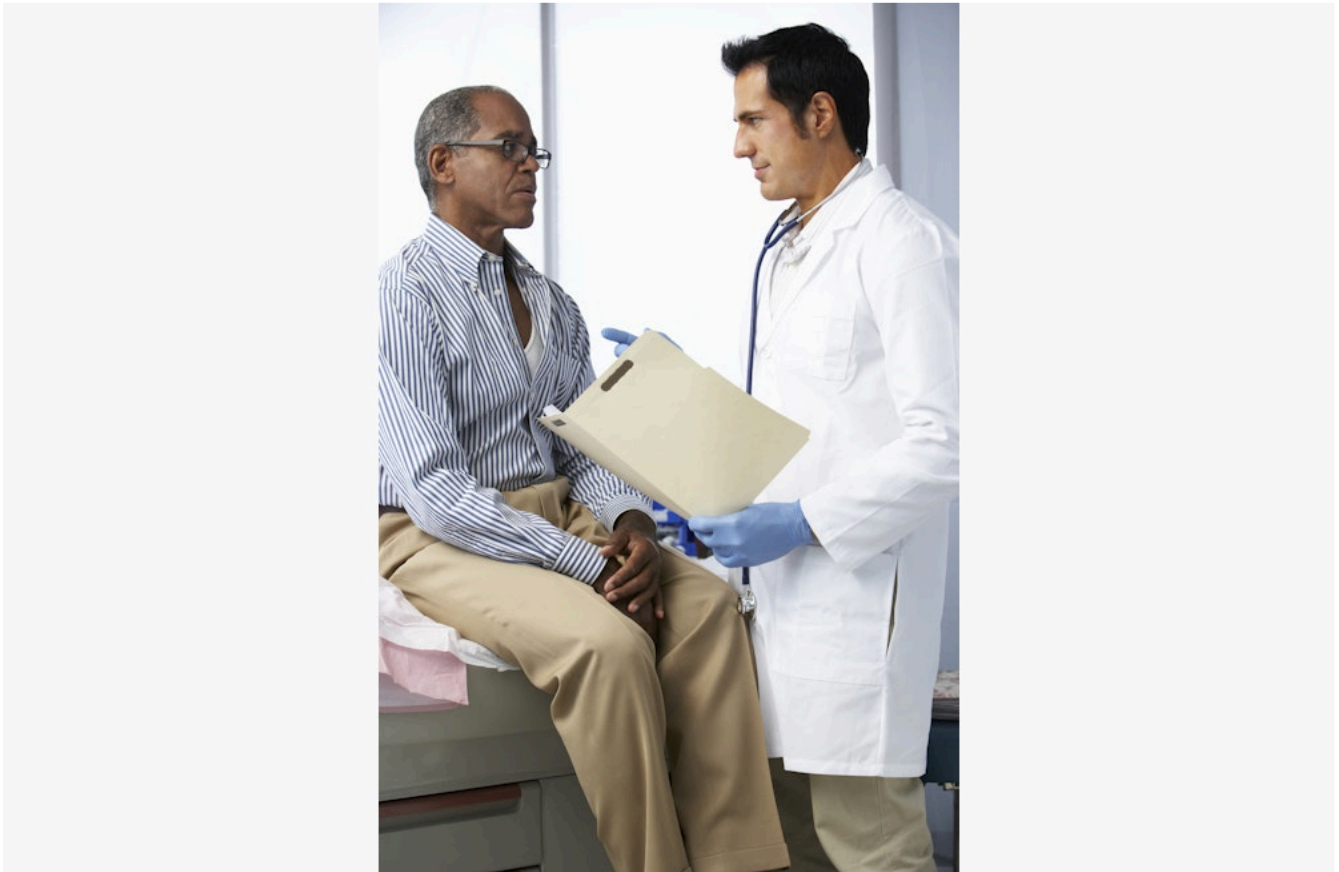
4. Radiotherapy + Hormone Therapy →

Go to **Page 64**

5. Radiotherapy + HDR Brachytherapy →

Go to **Page 60**

Watchful Waiting



What is Watchful Waiting?

It is another way of monitoring your prostate cancer. It avoids the need for active treatment like surgery or radiotherapy. This means you won't get side effects that may affect your everyday life.

Your doctor might suggest it because they think the risks of treatment outweigh the benefits.

What might cause the risks to outweigh the benefits?

- Your fitness levels
- Your age (if you have less than 10 years life expectancy)
- If they believe your prostate cancer is slow growing

You will still be offered the following treatments to help control symptoms and manage any pain:

- Hormone Therapy (injections) - this can help to shrink prostate cancer or slow its growth.
-

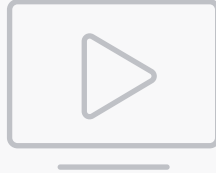
Watchful Waiting

Radiotherapy - if your cancer has spread to the bones. This will be to control the cancer. It will not cure it.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about Watchful Waiting](#)
- [Find out all about Hormone Therapy \(injections\)](#)
- [Find out all about Radiotherapy](#)
- [Explore possible clinical trials.](#)

Radiotherapy + HDR Brachytherapy



<https://youtu.be/joSOE2-y8zo>

These two treatments are given together to treat the prostate cancer. This is sometimes known as radiotherapy with a brachytherapy boost.

What is Radiotherapy?

- It is a type of treatment where radiation is used to kill cancer cells. It is given from outside of the body.
- It is also known as External Beam Radiotherapy (EBRT).

What is HDR Brachytherapy?

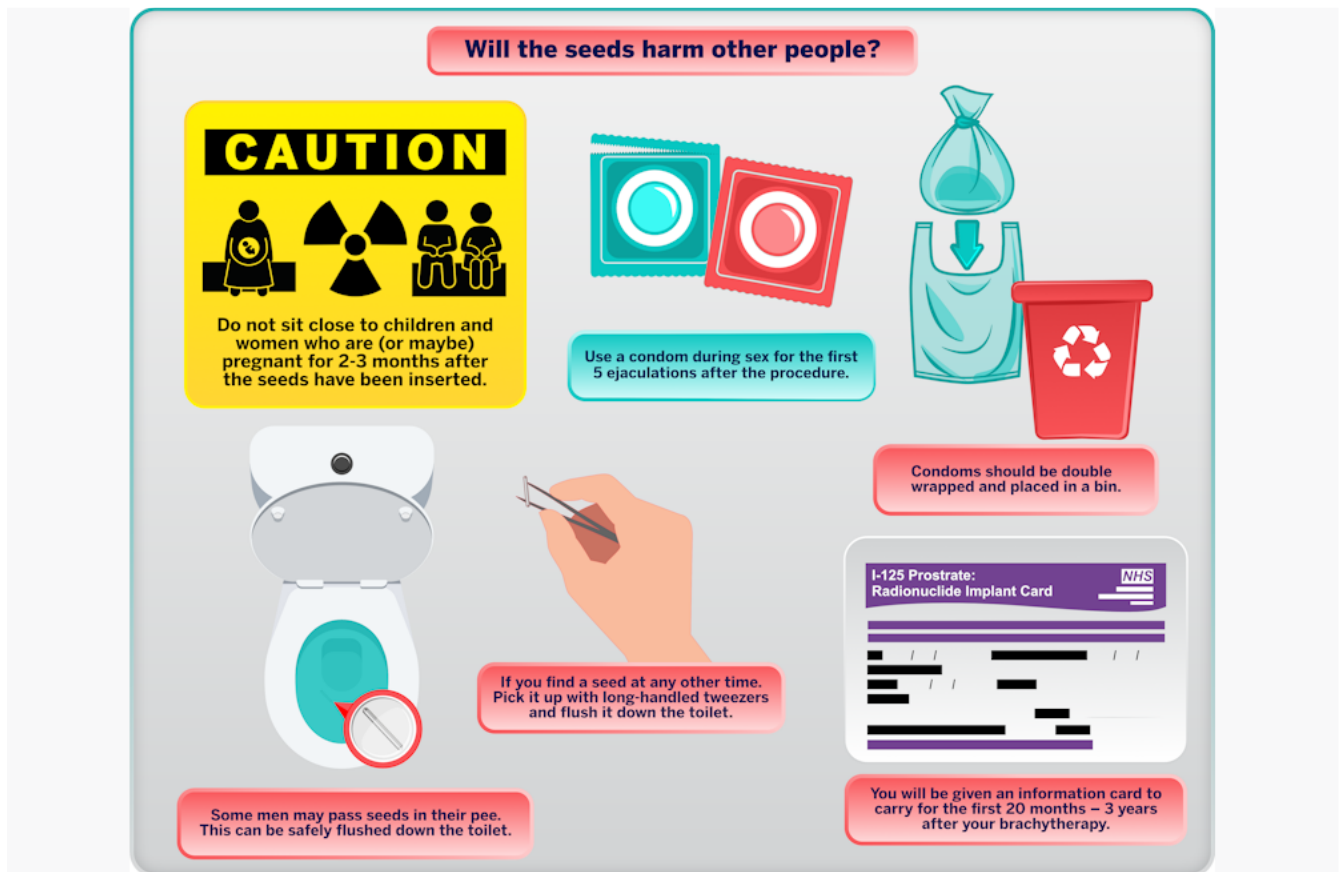
- It is sometimes called high dose rate or temporary brachytherapy. It is a type of internal radiotherapy.
- It involves placing thin tubes into the prostate gland. These tubes deliver the dose of radiotherapy into the prostate and are then removed.

Further information about the different options can be found below (clicking on these will open a new tab):

Radiotherapy + HDR Brachytherapy

- [Find out all about Radiotherapy](#)
- [Find out all about HDR Brachytherapy](#)
- [Explore possible clinical trials.](#)

LDR Brachytherapy



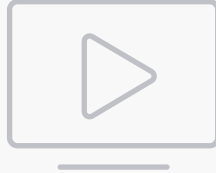
What is LDR Brachytherapy?

- It is sometimes called low dose rate or permanent seed brachytherapy. It is a type of internal radiotherapy.
- It involves placing very small radioactive seeds into your prostate. These seeds will stay in your prostate forever.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about LDR Brachytherapy](#)
- [Explore possible clinical trials.](#)

Radical Prostatectomy



<https://www.youtube.com/watch?v=5JOATVnFszU>

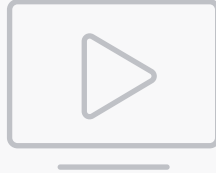
What is Radical Prostatectomy?

- It is the surgical removal of your prostate gland, the cancer inside it and the seminal vesicles.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about Radical Prostatectomy](#)
- [Explore possible clinical trials.](#)

Radiotherapy + Hormone Therapy (injections)



<https://youtu.be/eibsEkEbfUo>

You may be offered radiotherapy along with a course of hormone therapy.

What is Radiotherapy?

- It is a type of treatment where radiation is used to kill cancer cells. It is given from outside of the body.
- It is also known as External Beam Radiotherapy (EBRT).

What is Hormone Therapy?

- It is a treatment that blocks or lowers the amount of testosterone in your body.
- It can shrink your prostate cancer or slow down its growth. It will usually be given to you in the form of an injection. You can also discuss with your healthcare team about the option of a tablet. This may be a possible alternative.
- Doctors will usually recommend that you are on hormone therapy anywhere from a few months up to 3 years.
- This depends on a few things. This includes how many side effects you get from the treatment. Your healthcare team will advise how long they think is best for you.

Radiotherapy + Hormone Therapy (injections)

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about Radiotherapy](#)
- [Find out all about Hormone Therapy \(injections\)](#)
- [Explore possible clinical trials.](#)

LDR Brachytherapy

What is LDR Brachytherapy?

- It is sometimes called low dose rate or permanent seed brachytherapy. It is a type of internal radiotherapy.
- It involves placing very small radioactive seeds into your prostate. These seeds will stay in your prostate forever.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about LDR Brachytherapy](#)
- [Explore possible clinical trials.](#)

If this treatment stops working, what might my options be?

Some of the treatment options presented below may not be suitable for you. Further treatment depends on a number of factors.

This includes fitness levels, if the cancer has returned or developed and the time it might have taken to do so. These will form part of a conversation with your wider clinical team.

From here you can:

1. [Visit the treatment comparison tool](#) to compare the treatment options below
2. Click on one of the treatment options below to learn more and continue your journey.

Treatment Options:

1. Radical Prostatectomy (salvage) →

Go to **Page 68**

2. Hormone Therapy (injections) + monitoring →

Go to **Page 69**

3. Brachytherapy (salvage) →

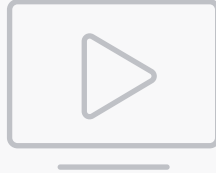
Go to **Page 71**

LDR Brachytherapy

4. Cryotherapy (salvage) →

Go to **Page 73**

Radical Prostatectomy (salvage)



<https://www.youtube.com/watch?v=5JOATVnFszU>

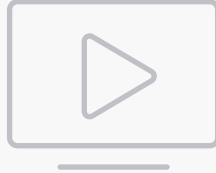
What is salvage Radical Prostatectomy?

- It is the surgical removal of your prostate gland. This includes the cancer inside it and the seminal vesicles.
- Salvage treatment is treatment given if the cancer has not responded to other treatments.
- It can be a second chance at cure. But it can have a higher risk of side effects compared to when given simply as a first treatment.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about Radical Prostatectomy](#)
- [Explore possible clinical trials.](#)

Hormone Therapy (injections) + monitoring



<https://youtu.be/0t7Kr8bnsWU>

What is Hormone Therapy?

- It is a treatment that blocks or lowers the amount of testosterone in your body.
- It can shrink your prostate cancer or slow down its growth. It will usually be given to you in the form of an injection. You can also discuss with your healthcare team about the option of a tablet. This may be a possible alternative.
- Doctors usually recommend that you are on the hormone therapy anywhere from a few months up to 3 years. This depends on a few things. This includes how many side effects you get from the treatment. Your healthcare team will advise how long they think is best for you.

You will be monitored closely by your healthcare team to keep an eye on how the hormone therapy is working.

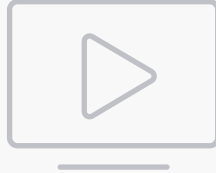
Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about Hormone Therapy \(injections\)](#)

Hormone Therapy (injections) + monitoring

- [Explore possible clinical trials.](#)

Brachytherapy (salvage)



<https://youtu.be/joSOE2-y8zo>

What is salvage Brachytherapy?

- Brachytherapy is a type of radiotherapy. It is given from inside of the body. There are two types - high dose rate (HDR) and low dose rate (LDR).
- Salvage brachytherapy is treatment given if the cancer has not responded to other treatments or has come back, possibly months or year later.
- It can be a second chance at cure.
- The choice between HDR and LDR will be based on the recommendation of your doctor, and the availability of equipment.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about LDR Brachytherapy](#)
- [Find out all about HDR Brachytherapy](#)
- [Explore possible clinical trials.](#)

Brachytherapy (salvage)

Cryotherapy (salvage)

What is salvage Cryotherapy?

- Cryotherapy is a type of treatment sometimes called cryoablation or cryosurgery. It kills cancer cells by freezing them.
- Salvage cryotherapy is treatment given if the cancer has not responded to certain earlier treatments or has come back, possibly months or year later.
- It can be a second chance at cure.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about Cryotherapy](#)
- [Explore possible clinical trials.](#)

Radiotherapy + Hormone Therapy (injections)

You will be offered radiotherapy along with a course of hormone therapy.

What is Radiotherapy?

- It is a type of treatment where radiation is used to kill cancer cells. It is given from outside of the body.
- It is also known as External Beam Radiotherapy (EBRT).

What is Hormone Therapy?

- It is a treatment that blocks or lowers the amount of testosterone in your body.
- It can shrink your prostate cancer or slow down its growth. It will usually be given to you in the form of an injection. You can also discuss with your healthcare team about the option of a tablet. This may be a possible alternative.
- Doctors will usually recommend that you are on hormone therapy anywhere from a few months up to 3 years.
- This depends on a few things. This includes how many side effects you get from the treatment. Your healthcare team will advise how long they think is best for you.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about Radiotherapy](#)
- [Find out all about Hormone Therapy \(injections\)](#)
- [Explore possible clinical trials.](#)

If this treatment stops working, what might my options be?

Some of the treatment options presented below may not be suitable for you. Further treatment depends on a number of factors.

This includes fitness levels, if the cancer has returned or developed and the time it might have taken to do so. These will form part of a conversation with your wider clinical team.

From here you can:

Radiotherapy + Hormone Therapy (injections)

1. [Visit the treatment comparison tool](#) to compare the treatment options below
2. Click on one of the treatment options below to learn more and continue your journey.

Treatment Options:

1. Radical Prostatectomy (salvage) →

Go to **Page 68**

2. Hormone Therapy (injections) + monitoring →

Go to **Page 69**

3. Brachytherapy (salvage) →

Go to **Page 71**

4. Cryotherapy (salvage) →

Go to **Page 73**

Radical Prostatectomy

What is Radical Prostatectomy?

- It is the surgical removal of your prostate gland, the cancer inside it and the seminal vesicles.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about Radical Prostatectomy](#)
- [Explore possible clinical trials.](#)

If this treatment stops working, what might my options be?

Some of the treatment options presented below may not be suitable for you. Further treatment depends on a number of factors.

This includes fitness levels, if the cancer has returned or developed and the time it might have taken to do so. These will form part of a conversation with your wider clinical team.

From here you can:

1. [Visit the treatment comparison tool](#) to compare the treatment options below
2. Click on one of the treatment options below to learn more and continue your journey.

Treatment Options:

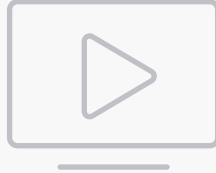
1. Radiotherapy (salvage) →

Go to **Page 77**

2. Hormone Therapy (injections) + monitoring →

Go to **Page 78**

Radiotherapy (salvage)



<https://youtu.be/eibsEkEbfUo>

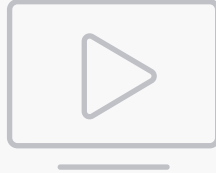
What is salvage Radiotherapy?

- Radiotherapy is a type of treatment where radiation is used to kill cancer cells. It is given from outside of the body.
- It is also known as External Beam Radiotherapy (EBRT).
- Salvage radiotherapy is treatment given if the radical prostatectomy has not cured the cancer or it has come back, possibly months or year later.
- It can be a second chance at cure.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about Radiotherapy](#)
- [Explore possible clinical trials.](#)

Hormone Therapy (injections) + monitoring



<https://youtu.be/0t7Kr8bnsWU>

What is Hormone Therapy?

- It is a treatment that blocks or lowers the amount of testosterone in your body.
- It can shrink your prostate cancer or slow down its growth. It will usually be given to you in the form of an injection. You can also discuss with your healthcare team about the option of a tablet. This may be a possible alternative.
- Doctors usually recommend that you are on the hormone therapy anywhere from a few months up to 3 years. This depends on a few things. This includes how many side effects you get from the treatment. Your healthcare team will advise how long they think is best for you.

You will be monitored closely by your healthcare team to keep an eye on how the hormone therapy is working.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about Hormone Therapy \(injections\)](#)

Hormone Therapy (injections) + monitoring

- [Explore possible clinical trials.](#)

Focal Therapy (under 'special arrangements')

What is focal therapy?

- Focal therapy only targets areas of your prostate that contain the most significant cancer.
- There are different types of focal therapy. The three currently available under 'special arrangements' are:
 - High intensity focused ultrasound (HIFU)
 - Cryotherapy (sometimes called cryoablation or cryosurgery)
 - Irreversible electroporation (IRE and sometimes called Nanoknife)
- Focal therapy is available from the NHS in England in a few centres under 'special arrangements'. Although these centres are mostly in London or the South of England, numbers are increasing across the country.
- 'Special arrangements' means that at the moment there is a lack of long-term data on the effectiveness of these treatments.
- Focal therapy may also be available in clinical trials and privately.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about Focal Therapy and what is meant by 'special arrangements'](#)
- [Explore possible clinical trials.](#)

If this treatment stops working, what might my options be?

Initially you may be offered a second treatment of focal therapy. If the cancer comes back again then you may be offered one of the following treatments.

Please note some of the treatment options presented below may not be suitable for you. Further treatment depends on a number of factors.

This includes fitness levels, if the cancer has returned or developed and the time it might have taken to do so. These will form part of a conversation with your wider clinical team.

From here you can:

Focal Therapy (under 'special arrangements')

1. [Visit the treatment comparison tool](#) to compare the treatment options below
2. Click on one of the treatment options below to learn more and continue your journey.

Treatment Options:

1. Radical Prostatectomy (salvage) →

Go to **Page 82**

2. Radiotherapy (salvage) →

Go to **Page 83**

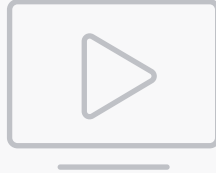
3. Brachytherapy (salvage) →

Go to **Page 84**

4. Hormone Therapy (injections) + monitoring →

Go to **Page 86**

Radical Prostatectomy (salvage)



<https://www.youtube.com/watch?v=5JOATVnFszU>

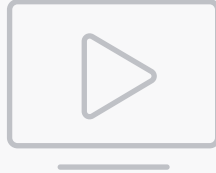
What is salvage Radical Prostatectomy?

- It is the surgical removal of your prostate gland. This includes the cancer inside it and the seminal vesicles.
- Salvage treatment is treatment given if the cancer has not responded to your focal therapy treatment.
- It can be a second chance at cure. But it can have a higher risk of side effects compared to when given simply as a first treatment.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about Radical Prostatectomy](#)
- [Explore possible clinical trials.](#)

Radiotherapy (salvage)



<https://youtu.be/eibsEkEbfUo>

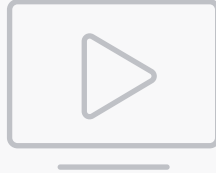
What is salvage Radiotherapy?

- Radiotherapy is a type of treatment where radiation is used to kill cancer cells. It is given from outside of the body.
- It is also known as External Beam Radiotherapy (EBRT).
- Salvage radiotherapy is treatment given if the focal therapy has not cured the cancer or it has come back, possibly months or year later.
- It can be a second chance at cure.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about Radiotherapy](#)
- [Explore possible clinical trials.](#)

Brachytherapy (salvage)



<https://youtu.be/joSOE2-y8zo>

What is salvage Brachytherapy?

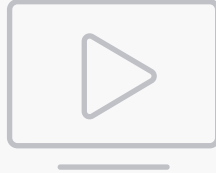
- Brachytherapy is a type of radiotherapy. It is given from inside of the body. There are two types - high dose rate (HDR) and low dose rate (LDR).
- Salvage brachytherapy is treatment given if the cancer has not responded to the focal therapy or has come back, possibly months or year later.
- It can be a second chance at cure.
- The choice between HDR and LDR will be based on the recommendation of your doctor, and the availability of equipment.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about LDR Brachytherapy](#)
- [Find out all about HDR Brachytherapy](#)
- [Explore possible clinical trials.](#)

Brachytherapy (salvage)

Hormone Therapy (injections) + monitoring



<https://youtu.be/0t7Kr8bnsWU>

What is Hormone Therapy?

- It is a treatment that blocks or lowers the amount of testosterone in your body.
- It can shrink your prostate cancer or slow down its growth. It will usually be given to you in the form of an injection. You can also discuss with your healthcare team about the option of a tablet. This may be a possible alternative.
- Doctors usually recommend that you are on the hormone therapy anywhere from a few months up to 3 years. This depends on a few things. This includes how many side effects you get from the treatment. Your healthcare team will advise how long they think is best for you.

You will be monitored closely by your healthcare team to keep an eye on how the hormone therapy is working.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about Hormone Therapy \(injections\)](#)

Hormone Therapy (injections) + monitoring

- [Explore possible clinical trials.](#)

CPG 4 or 5 (high risk)

Based on what you have told us your Cambridge Prognostic Group (CPG) is 4 or 5 ([click here to learn more about CPG](#)). You may sometimes hear this described as high risk prostate cancer.

What does this mean for me?

What this means is if no action is taken it is likely that your disease will spread to other parts of your body.

This would mean the prostate cancer becomes incurable. The intention is to try to cure your prostate cancer now.

The treatment options below may be suitable in your situation.

*If you are in relatively good health your doctor may also discuss the option of chemotherapy (docetaxel) with you alongside a course of hormone therapy (injections).

From here you can:

1. [Visit the treatment comparison tool](#) to compare the treatment options below
2. Click on one of the treatment options below to learn more and continue your journey.

Treatment Options:

1. Radical Prostatectomy →

Go to **Page 96**

2. Radiotherapy + Hormone Therapy +/- Brachytherapy →

Go to **Page 89**

Radiotherapy + Hormone Therapy +/- Brachytherapy

You will be offered radiotherapy and a course of hormone therapy. You may also be offered brachytherapy alongside these.

What is Radiotherapy?

- It is a type of treatment where radiation is used to kill cancer cells. It is given from outside of the body.
- It is also known as External Beam Radiotherapy (EBRT).

What is Hormone Therapy?

- It is a treatment that blocks or lowers the amount of testosterone in your body.
- It can shrink your prostate cancer or slow down its growth. It will usually be given to you in the form of an injection. You can also discuss with your healthcare team about the option of a tablet. This may be a possible alternative.
- In your situation, doctors will usually recommend that you are on hormone therapy for up to 3 years.

What is Brachytherapy?

- It is a type of radiotherapy. It is given from inside of the body. There are two types - high dose rate (HDR) and low dose rate (LDR).

- Further information about the different options can be found below (clicking on these will open a new tab):

- [Radiotherapy](#)
- Brachytherapy
 - [LDR Brachytherapy](#)
 - [HDR Brachytherapy](#)
- [Hormone Therapy](#)
- [Explore possible clinical trials.](#)

If this treatment stops working, what might my options be?

Radiotherapy + Hormone Therapy +/- Brachytherapy

What is important in this situation is to know whether the cancer has spread (to the lymph glands, other organs or bones).

Has the cancer spread (to the lymph glands, other organs or bones)?

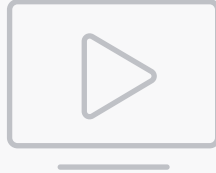
No - the cancer hasn't spread →

Go to **Page 91**

Yes - the cancer has spread →

Go to **Page 37**

No, the cancer hasn't spread



<https://youtu.be/0t7Kr8bnsWU>

Did your PSA rise while you were still on your course of hormone therapy?

Yes it did - I am still on the hormone therapy course →

Go to **Page 92**

No it didn't - the hormone therapy course was finished →

Go to **Page 95**

Yes it did - I am still on the hormone therapy course

The speed of the PSA rise is important to know what may happen next.

- If the PSA is rising slowly you may not need any further treatment. Close monitoring may be more suitable.
- If the PSA is rising quickly, then the treatment below may be suitable for you.

Click on the treatment below to learn more about it and what may happen next.

[Hormone Therapy \(tablets\) →](#)

Go to **Page 93**

Hormone Therapy (tablets)



<https://youtu.be/0t7Kr8bnsWU>

What is Hormone Therapy (tablets)?

Hormone Therapy (tablets) stop testosterone from reaching the prostate cancer cells. Examples of hormone therapy (tablets) which you might be offered are:

- Enzalutamide (Xtandi)
- Darolutamide (Nubeqa)
- Apalutamide (Erleada)
- Abiraterone (Zytiga)

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about Hormone Therapy \(tablets\)](#)
- [Explore possible clinical trials.](#)

Hormone Therapy (tablets)

Click on the button below to learn what may happen next?

Find out what is next →

Go to **Page 38**

No it didn't - the hormone therapy course was finished

You may be offered a PSMA-PET scan. This is to assess the next steps before a treatment discussion.

- These scans are funded in England and Scotland. They are not in Wales or Northern Ireland.

What are my options likely to be?

- The salvage treatment options may include: HDR Brachytherapy, Radical Prostatectomy or Focal HIFU.
- These salvage treatments may or may not be options for you. This is because the risk of their failure to cure you is high.
- Salvage treatment is treatment given if the cancer has not responded to a previous treatment.

What will influence my options?

- The time since your initial treatment and your fitness levels will play a role. You may still wish to discuss these treatments with your doctor.

What if none of these options are suitable for me?

- If salvage treatment is not suitable for you there is still treatment that can help. You will be offered hormone therapy for the rest of your life.
- It will usually be given to you in the form of an injection. You can also discuss with your healthcare team about the option of a tablet. This may be a possible alternative.
- You will also receive regular monitoring.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about HDR Brachytherapy](#)
- [Find out all about Radical Prostatectomy](#)
- [Find out all about Focal HIFU](#)
- [Find out all about Hormone Therapy](#)
- [Explore possible clinical trials.](#)

Radical Prostatectomy

What is Radical Prostatectomy?

- It is the surgical removal of your prostate gland, the cancer inside it and the seminal vesicles.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about Radical Prostatectomy](#)
- [Explore possible clinical trials.](#)

If this treatment stops working, what might my options be?

What is important in this situation is to know whether the cancer has spread (to the lymph glands, other organs or bones).

Has the cancer spread (to the lymph glands, other organs or bones)?

Yes - the cancer has spread →

Go to **Page 37**

No - the cancer hasn't spread →

Go to **Page 97**

Cancer hasn't spread

You may be offered a PSMA-PET scan. This is to assess the next steps before a treatment discussion. These scans are funded in England and Scotland. They are not in Wales or Northern Ireland.

Based on what you have told us, the following treatment options may be suitable in your situation.

From here you can:

1. [Visit the treatment comparison tool](#) to compare the treatment options below
2. Click on one of the treatment options below to learn more and continue your journey.

Treatment Options:

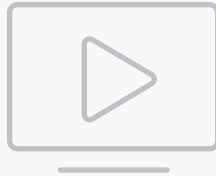
1. Radiotherapy (salvage) →

Go to **Page 98**

2. Hormone Therapy (injections) + monitoring →

Go to **Page 99**

Radiotherapy (salvage)



<https://youtu.be/eibsEkEbfUo>

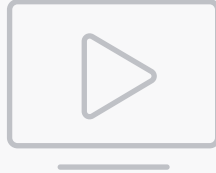
What is salvage Radiotherapy?

- Radiotherapy is a type of treatment where radiation is used to kill cancer cells. It is given from outside of the body.
- It is also known as External Beam Radiotherapy (EBRT).
- Salvage radiotherapy is treatment given if the radical prostatectomy has not cured the cancer or it has come back, possibly months or year later.
- It can be a second chance at cure.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about Radiotherapy](#)
- [Explore possible clinical trials.](#)

Hormone Therapy (injections) + monitoring



<https://youtu.be/0t7Kr8bnsWU>

What is Hormone Therapy?

- It is a treatment that blocks or lowers the amount of testosterone in your body.
- It can shrink your prostate cancer or slow down its growth. It will usually be given to you in the form of an injection. You can also discuss with your healthcare team about the option of a tablet. This may be a possible alternative.
- In your situation doctors may recommend that you are on the hormone therapy for the rest of your life.

You will be monitored closely by your healthcare team to keep an eye on how the hormone therapy is working.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about Hormone Therapy \(injections\)](#)
- [Explore possible clinical trials.](#)

Hormone Therapy (injections) + monitoring

I don't know

We are sorry. Without this information we cannot accurately share with you possible treatment options.

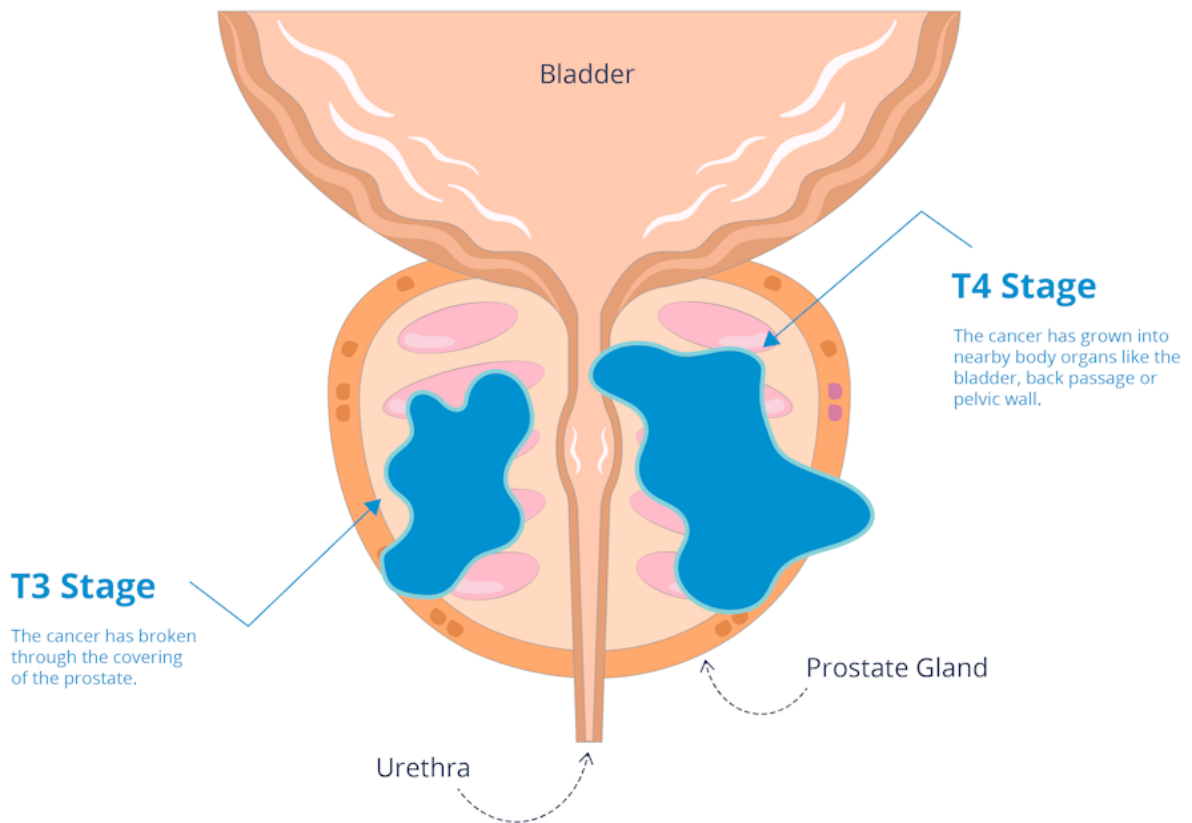
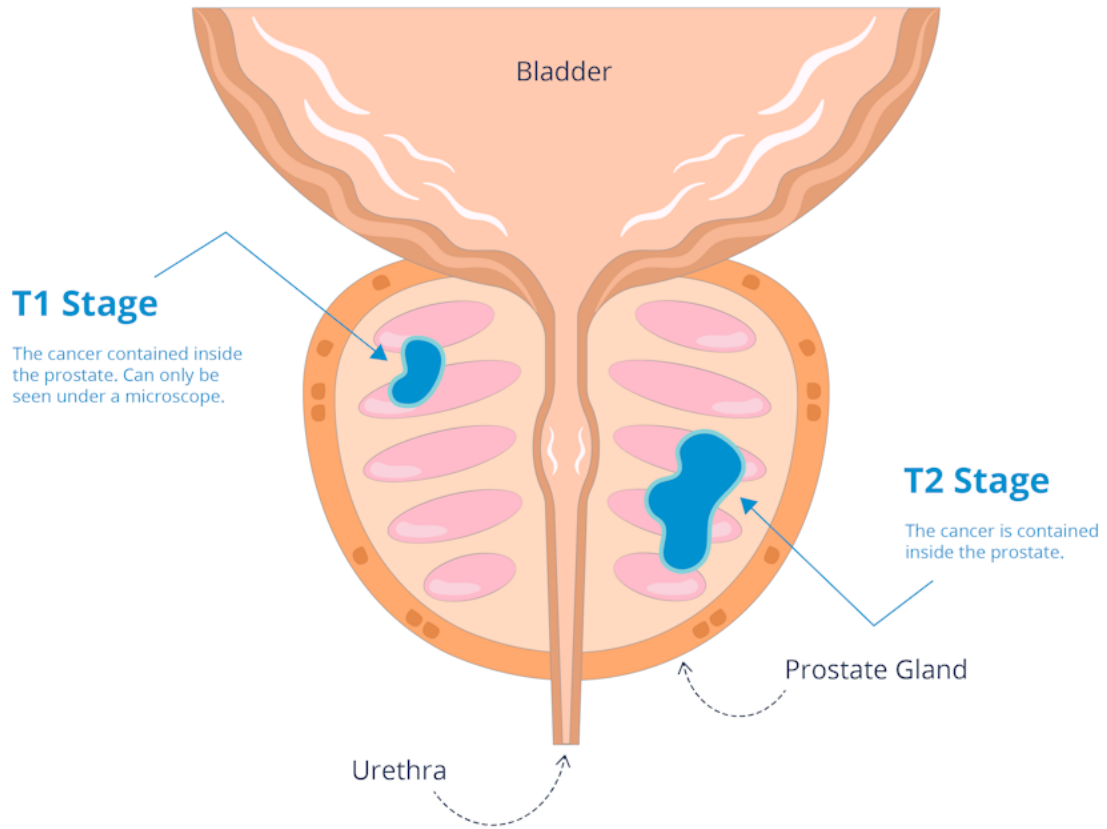
Please ask your specialist nurse or doctor (urologist or oncologist) if you are not sure of any answers.

But you can still learn about all the different treatments for prostate cancer using our comparison tool.

From here you can still:

- [Visit the treatment comparison tool](#) to learn about and compare different treatments.

PSA = 10-20ng/ml



PSA = 10-20ng/ml

Finally, we need to ask about the stage of the prostate cancer. The stage is how far it has spread. This is often known as the T stage.

Check out the two images for more information on T stages.

Do you know if the prostate cancer:

Is still confined in the prostate →

Go to **Page 104**

Spread outside the prostate and/or to other parts of the body →

Go to **Page 88**

I don't know →

Go to **Page 101**

CPG 3 (medium risk)

Based on what you have told us your Cambridge Prognostic Group (CPG) is 3 ([click here to learn more about CPG](#)). You may sometimes hear this described as medium or intermediate risk prostate cancer.

What does this mean for me?

The current guidance is that you should receive treatment to try to cure you. If left untreated, there is a high risk your cancer will spread.

Some people may wish to consider monitoring the cancer first. Your fitness levels and other medical conditions may affect your decision.

In making a decision you will want to consider the:

- Benefits of treatment to cure you
- Risks of side effects from treatment

From here you can:

1. [Visit the treatment comparison tool](#) to compare the treatment options below
2. Click on one of the treatment options below to learn more and continue your journey.

Treatment Options:

1. LDR Brachytherapy →

Go to **Page 108**

2. Radiotherapy + Hormone Therapy (injections) +/- Brachytherapy →

Go to **Page 116**

3. Radical Prostatectomy →

Go to **Page 118**

4. Active Surveillance →

Go to **Page 122**

5. Watchful Waiting →

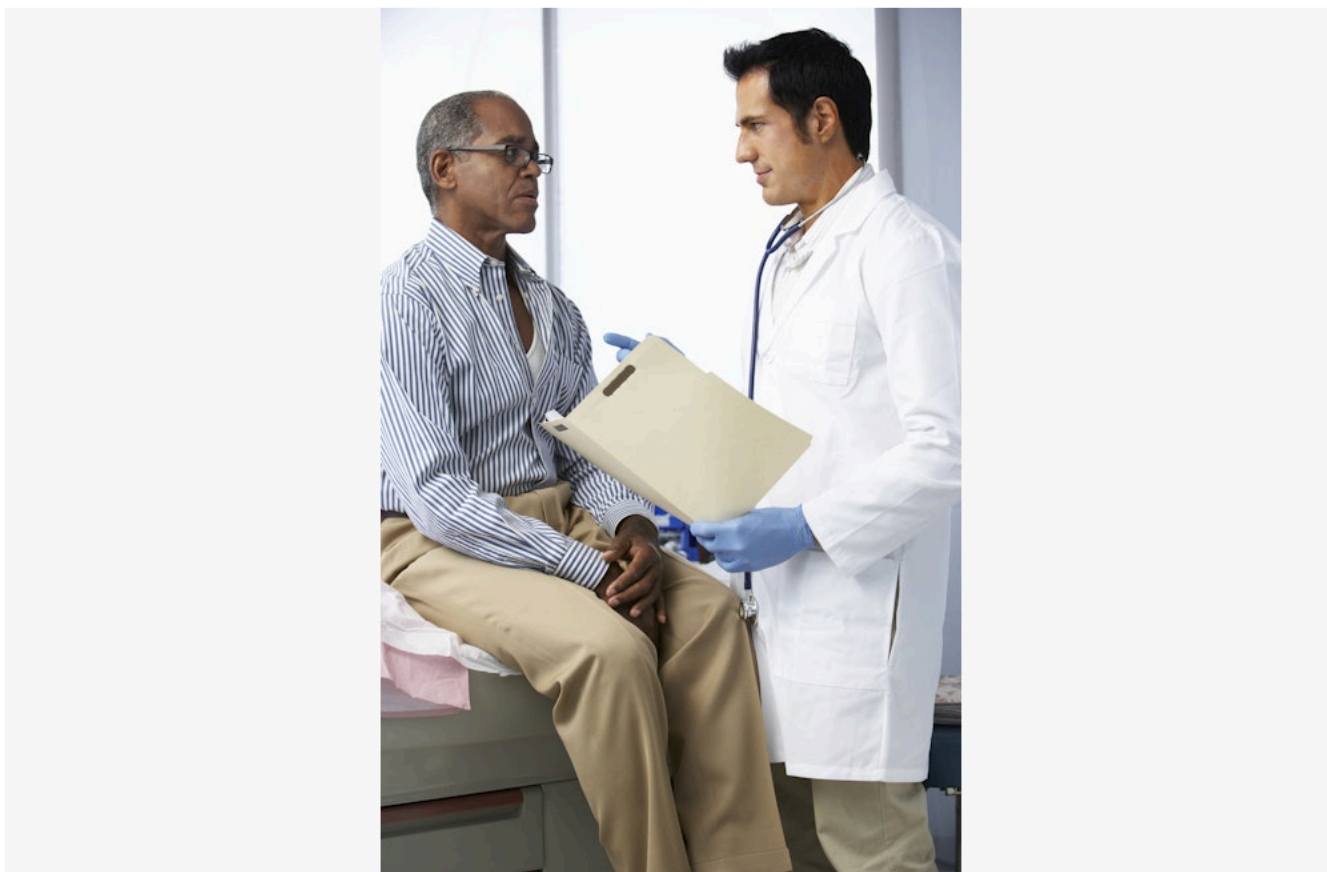
Go to **Page 106**

CPG 3 (medium risk)

6. Focal Therapy (under 'special arrangements') →

Go to **Page 128**

Watchful Waiting



What is Watchful Waiting?

It is another way of monitoring your prostate cancer. It avoids the need for active treatment like surgery or radiotherapy. This means you won't get side effects that may affect your everyday life.

Your doctor might suggest it because they think the risks of treatment outweigh the benefits.

What might cause the risks to outweigh the benefits?

- Your fitness levels
- Your age (if you have less than 10 years life expectancy)
- If they believe your prostate cancer is slow growing

You will still be offered the following treatments to help control symptoms and manage any pain:

- Hormone Therapy (injections) - this can help to shrink prostate cancer or slow its growth.
-

Watchful Waiting

Radiotherapy - if your cancer has spread to the bones. This will be to control the cancer. It will not cure it.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about Watchful Waiting](#)
- [Find out all about Hormone Therapy \(injections\)](#)
- [Find out all about Radiotherapy](#)
- [Explore possible clinical trials.](#)

LDR Brachytherapy

What is LDR Brachytherapy?

- It is sometimes called low dose rate or permanent seed brachytherapy. It is a type of internal radiotherapy.
- It involves placing very small radioactive seeds into your prostate. These seeds will stay in your prostate forever.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about LDR Brachytherapy](#)
- [Explore possible clinical trials.](#)

If this treatment stops working, what might my options be?

Some of the treatment options presented below may not be suitable for you. Further treatment depends on a number of factors.

This includes fitness levels, if the cancer has returned or developed and the time it might have taken to do so. These will form part of a conversation with your wider clinical team.

From here you can:

1. [Visit the treatment comparison tool](#) to compare the treatment options below
2. Click on one of the treatment options below to learn more and continue your journey.

Treatment Options:

1. Radical Prostatectomy →

Go to **Page 110**

2. Hormone Therapy (injections) + monitoring →

Go to **Page 111**

3. Brachytherapy (salvage) →

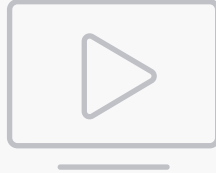
Go to **Page 113**

LDR Brachytherapy

4. Cryotherapy (salvage) →

Go to **Page 115**

Radical Prostatectomy (salvage)



<https://www.youtube.com/watch?v=5JOATVnFszU>

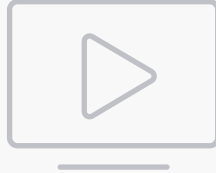
What is salvage Radical Prostatectomy?

- It is the surgical removal of your prostate gland. This includes the cancer inside it and the seminal vesicles.
- Salvage treatment is treatment given if the cancer has not responded to other treatments.
- It can be a second chance at cure. But it can have a higher risk of side effects compared to when given simply as a first treatment.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about Radical Prostatectomy](#)
- [Explore possible clinical trials.](#)

Hormone Therapy (injections) + monitoring



<https://youtu.be/0t7Kr8bnsWU>

What is Hormone Therapy?

- It is a treatment that blocks or lowers the amount of testosterone in your body.
- It can shrink your prostate cancer or slow down its growth. It will usually be given to you in the form of an injection. You can also discuss with your healthcare team about the option of a tablet. This may be a possible alternative.
- Doctors usually recommend that you are on the hormone therapy anywhere from a few months up to 3 years. This depends on a few things. This includes how many side effects you get from the treatment. Your healthcare team will advise how long they think is best for you.

You will be monitored closely by your healthcare team to keep an eye on how the hormone therapy is working.

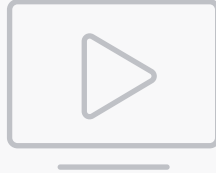
Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about Hormone Therapy \(injections\)](#)

Hormone Therapy (injections) + monitoring

- [Explore possible clinical trials.](#)

Brachytherapy (salvage)



<https://youtu.be/joSOE2-y8zo>

What is salvage Brachytherapy?

- Brachytherapy is a type of radiotherapy. It is given from inside of the body. There are two types - high dose rate (HDR) and low dose rate (LDR).
- Salvage brachytherapy is treatment given if the cancer has not responded to other treatments or has come back, possibly months or year later.
- It can be a second chance at cure.
- The choice between HDR and LDR will be based on the recommendation of your doctor, and the availability of equipment.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about LDR Brachytherapy](#)
- [Find out all about HDR Brachytherapy](#)
- [Explore possible clinical trials.](#)

Brachytherapy (salvage)

Cryotherapy (salvage)

What is salvage Cryotherapy?

- Cryotherapy is a type of treatment sometimes called cryoablation or cryosurgery. It kills cancer cells by freezing them.
- Salvage cryotherapy is treatment given if the cancer has not responded to certain earlier treatments or has come back, possibly months or year later.
- It can be a second chance at cure.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about Cryotherapy](#)
- [Explore possible clinical trials.](#)

Radiotherapy + Hormone Therapy (injections) +/- Brachytherapy

You will be offered radiotherapy and a course of hormone therapy. You may be offered brachytherapy alongside these.

What is Radiotherapy?

- It is a type of treatment where radiation is used to kill cancer cells. It is given from outside of the body.
- It is also known as External Beam Radiotherapy (EBRT).

What is Hormone Therapy?

- It is a treatment that blocks or lowers the amount of testosterone in your body.
- It can shrink your prostate cancer or slow down its growth. It will usually be given to you in the form of an injection. You can also discuss with your healthcare team about the option of a tablet. This may be a possible alternative.
- Doctors will usually recommend that you are on hormone therapy anywhere from 1.5 to 3 years

What is Brachytherapy?

- It is a type of radiotherapy. It is given from inside of the body. There are two types - high dose rate (HDR) and low dose rate (LDR).

Further information about the different options can be found below (clicking on these will open a new tab):

- [Radiotherapy](#)
- Brachytherapy
 - [LDR Brachytherapy](#)
 - [HDR Brachytherapy](#)
- [Hormone Therapy \(injections\)](#)
- [Explore possible clinical trials.](#)

If this treatment stops working, what might my options be?

Radiotherapy + Hormone Therapy (injections) +/- Brachytherapy

Some of the treatment options presented below may not be suitable for you. Further treatment depends on a number of factors.

This includes fitness levels, if the cancer has returned or developed and the time it might have taken to do so. These will form part of a conversation with your wider clinical team.

From here you can:

1. [Visit the treatment comparison tool](#) to compare the treatment options below
2. Click on one of the treatment options below to learn more and continue your journey.

Treatment Options:

1. Radical Prostatectomy (salvage) →

Go to **Page 110**

2. Hormone Therapy (injections) + monitoring →

Go to **Page 111**

3. Brachytherapy (salvage) →

Go to **Page 113**

4. Cryotherapy (salvage) →

Go to **Page 115**

Radical Prostatectomy

What is Radical Prostatectomy?

- It is the surgical removal of your prostate gland, the cancer inside it and the seminal vesicles.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about Radical Prostatectomy](#)
- [Explore possible clinical trials.](#)

If this treatment stops working, what might my options be?

Some of the treatment options presented below may not be suitable for you. Further treatment depends on a number of factors.

This includes fitness levels, if the cancer has returned or developed and the time it might have taken to do so. These will form part of a conversation with your wider clinical team.

From here you can:

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Treatment Options:

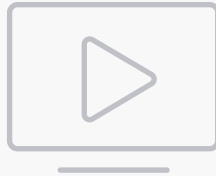
1. Radiotherapy (salvage) →

Go to **Page 119**

2. Hormone Therapy (injections) + monitoring →

Go to **Page 120**

Radiotherapy (salvage)



<https://youtu.be/eibsEkEbfUo>

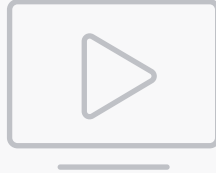
What is salvage Radiotherapy?

- Radiotherapy is a type of treatment where radiation is used to kill cancer cells. It is given from outside of the body.
- It is also known as External Beam Radiotherapy (EBRT).
- Salvage radiotherapy is treatment given if the radical prostatectomy has not cured the cancer or it has come back, possibly months or year later.
- It can be a second chance at cure.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about Radiotherapy](#)
- [Explore possible clinical trials.](#)

Hormone Therapy (injections) + monitoring



<https://youtu.be/0t7Kr8bnsWU>

What is Hormone Therapy?

- It is a treatment that blocks or lowers the amount of testosterone in your body.
- It can shrink your prostate cancer or slow down its growth. It will usually be given to you in the form of an injection. You can also discuss with your healthcare team about the option of a tablet. This may be a possible alternative.
- Doctors usually recommend that you are on the hormone therapy anywhere from a few months up to 3 years. This depends on a few things. This includes how many side effects you get from the treatment. Your healthcare team will advise how long they think is best for you.

You will be monitored closely by your healthcare team to keep an eye on how the hormone therapy is working.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about Hormone Therapy \(injections\)](#)

Hormone Therapy (injections) + monitoring

- [Explore possible clinical trials.](#)

Active Surveillance

What is Active Surveillance?

- It is a way of monitoring slow-growing localised prostate cancer, rather than treating it straight away.
- The aim is to avoid or delay unnecessary treatment and its side effects.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about Active Surveillance](#)
- [Explore possible clinical trials](#).

You may decide, with your doctor, to stop active surveillance at any time if:

- You decide you wish to have treatment to try to cure you
- Your cancer is found to be growing

What might my options be then?

Usually you would be offered one of the treatments below. However some of these options may not be suitable for you.

It will depend on a number of factors. This includes general health, fitness levels and, if the cancer has grown, how long it took to grow. These will form part of a conversation with your wider clinical team.

From here you can:

1. [Visit the treatment comparison tool](#) to compare the treatment options below
2. Click on one of the treatment options below to learn more and continue your journey.

Treatment Options:

1. Radical Prostatectomy →

Go to Page 124

Active Surveillance

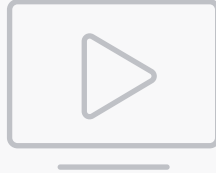
2. Radiotherapy + Hormone Therapy (injections) +/- Brachytherapy →

Go to **Page 125**

3. LDR Brachytherapy →

Go to **Page 127**

Radical Prostatectomy



<https://www.youtube.com/watch?v=5JOATVnFszU>

What is Radical Prostatectomy?

- It is the surgical removal of your prostate gland, the cancer inside it and the seminal vesicles.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about Radical Prostatectomy](#)
- [Explore possible clinical trials.](#)

Radiotherapy + Hormone Therapy (injections) +/- Brachytherapy



<https://youtu.be/eibsEkEbfUo>

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What is Hormone Therapy?

- It is a treatment that blocks or lowers the amount of testosterone in your body.
- It can shrink your prostate cancer or slow down its growth. It will usually be given to you in the form of an injection. You can also discuss with your healthcare team about the option of a tablet. This may be a possible alternative.
- Doctors will usually recommend that you are on hormone therapy anywhere from 1.5 to 3 years

What is Brachytherapy?

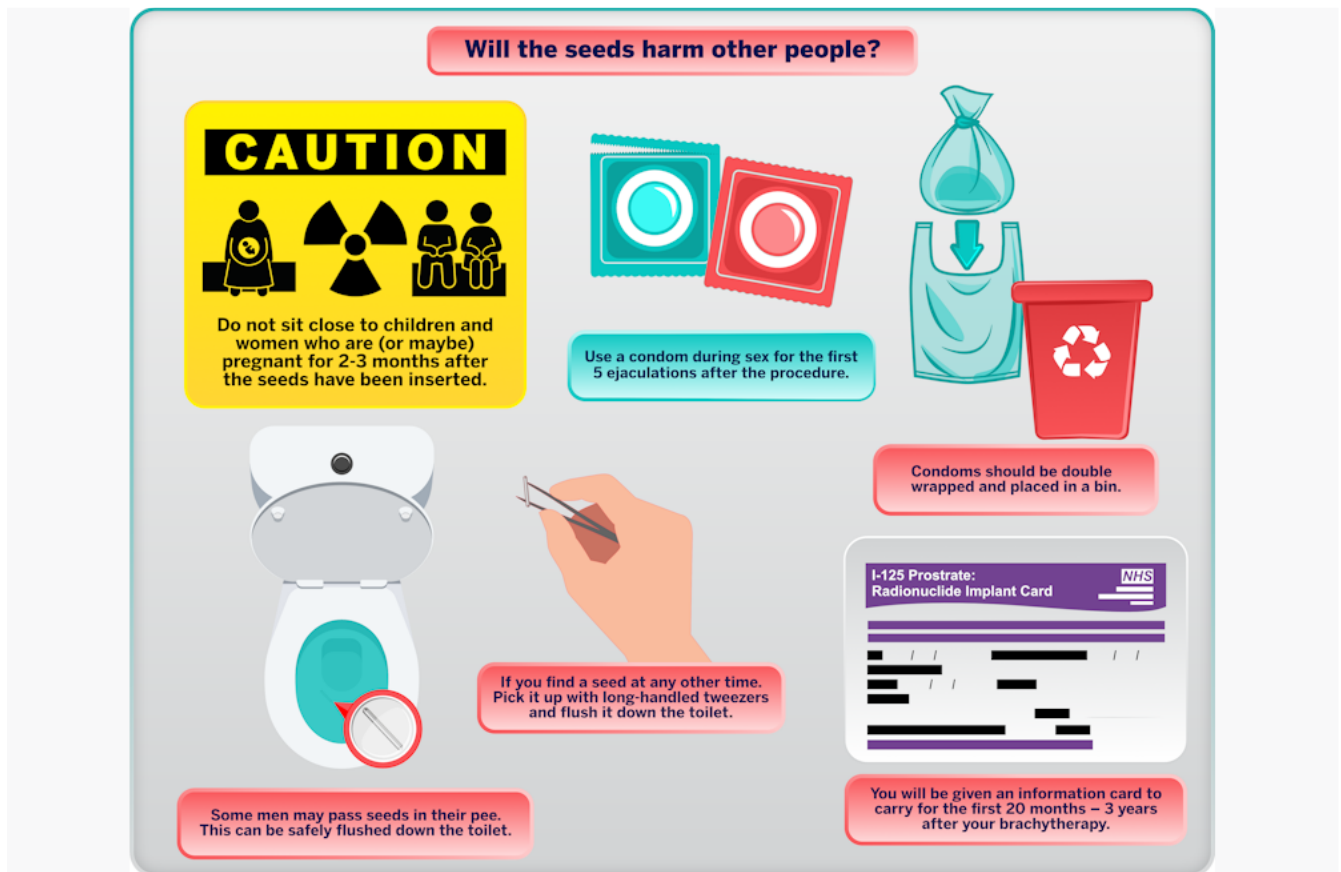
Radiotherapy + Hormone Therapy (injections) +/- Brachytherapy

- It is a type of radiotherapy. It is given from inside of the body. There are two types - high dose rate (HDR) and low dose rate (LDR).

Further information about the different options can be found below (clicking on these will open a new tab):

- [Radiotherapy](#)
- Brachytherapy
 - [LDR Brachytherapy](#)
 - [HDR Brachytherapy](#)
- [Hormone Therapy \(injections\)](#)
- [Explore possible clinical trials](#).

LDR Brachytherapy



What is LDR Brachytherapy?

- It is sometimes called low dose rate or permanent seed brachytherapy. It is a type of internal radiotherapy.
- It involves placing very small radioactive seeds into your prostate. These seeds will stay in your prostate forever.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about LDR Brachytherapy](#)
- [Explore possible clinical trials.](#)

Focal Therapy (under 'special arrangements')

What is focal therapy?

- Focal therapy only targets areas of your prostate that contain the most significant cancer.
- There are different types of focal therapy. The three currently available under 'special arrangements' are:
 - High intensity focused ultrasound (HIFU)
 - Cryotherapy (sometimes called cryoablation or cryosurgery)
 - Irreversible electroporation (IRE and sometimes called Nanoknife)
- Focal therapy is available from the NHS in England in a few centres under 'special arrangements'. Although these centres are mostly in London or the South of England, numbers are increasing across the country.
- 'Special arrangements' means that at the moment there is a lack of long-term data on the effectiveness of these treatments.
- Focal therapy may also be available in clinical trials and privately.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about Focal Therapy and what is meant by 'special arrangements'](#)
- [Explore possible clinical trials.](#)

If this treatment stops working, what might my options be?

Initially you may be offered a second treatment of focal therapy. If the cancer comes back again then you may be offered one of the following treatments.

Please note some of the treatment options presented below may not be suitable for you. Further treatment depends on a number of factors.

This includes fitness levels, if the cancer has returned or developed and the time it might have taken to do so. These will form part of a conversation with your wider clinical team.

From here you can:

Focal Therapy (under 'special arrangements')

1. [Visit the treatment comparison tool](#) to compare the treatment options below
2. Click on one of the treatment options below to learn more and continue your journey.

Treatment Options:

1. Radical Prostatectomy (salvage) →

Go to **Page 130**

2. Radiotherapy (salvage) +/- Hormone Therapy (injections) +/- Brachytherapy →

Go to **Page 131**

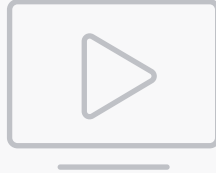
3. Brachytherapy (salvage) →

Go to **Page 133**

4. Hormone Therapy (injections) + monitoring →

Go to **Page 135**

Radical Prostatectomy (salvage)



<https://youtu.be/5JOATVnFszU>

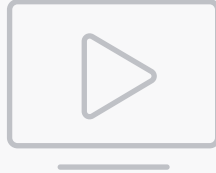
What is salvage Radical Prostatectomy?

- It is the surgical removal of your prostate gland. This includes the cancer inside it and the seminal vesicles.
- Salvage treatment is treatment given if the cancer has not responded to your focal therapy treatment.
- It can be a second chance at cure. But it can have a higher risk of side effects compared to when given simply as a first treatment.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about Radical Prostatectomy](#)
- [Explore possible clinical trials.](#)

Radiotherapy + Hormone Therapy (injections) +/- Brachytherapy



<https://youtu.be/eibsEkEbfUo>

You will be offered radiotherapy and may be offered a course of hormone therapy as well. You may also be offered brachytherapy alongside.

What is salvage Radiotherapy?

- Radiotherapy is a type of treatment where radiation is used to kill cancer cells. It is given from outside of the body.
- It is also known as External Beam Radiotherapy (EBRT).
- Salvage radiotherapy is treatment given if the focal therapy has not cured the cancer or it has come back, possibly months or year later.
- It can be a second chance at cure.

What is Hormone Therapy?

- It is a treatment that blocks or lowers the amount of testosterone in your body.
- It can shrink your prostate cancer or slow down its growth. It will usually be given to you in the form of an injection. You can also discuss with your healthcare team about the option of a tablet. This may be a possible alternative.

Radiotherapy + Hormone Therapy (injections) +/- Brachytherapy

- Doctors may recommend that you are on hormone therapy anywhere from 1.5 to 3 years

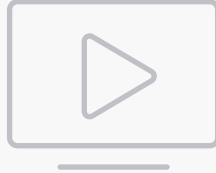
What is Brachytherapy?

- It is a type of radiotherapy. It is given from inside of the body. There are two types - high dose rate (HDR) and low dose rate (LDR).

Further information about the different options can be found below (clicking on these will open a new tab):

- [Radiotherapy](#)
- Brachytherapy
 - [LDR Brachytherapy](#)
 - [HDR Brachytherapy](#)
- [Hormone Therapy \(injections\)](#)
- [Explore possible clinical trials.](#)

Brachytherapy (salvage)



<https://youtu.be/joSOE2-y8zo>

What is salvage Brachytherapy?

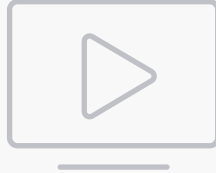
- Brachytherapy is a type of radiotherapy. It is given from inside of the body. There are two types - high dose rate (HDR) and low dose rate (LDR).
- Salvage brachytherapy is treatment given if the cancer has not responded to the focal therapy or has come back, possibly months or year later.
- It can be a second chance at cure.
- The choice between HDR and LDR will be based on the recommendation of your doctor, and the availability of equipment.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about LDR Brachytherapy](#)
- [Find out all about HDR Brachytherapy](#)
- [Explore possible clinical trials.](#)

Brachytherapy (salvage)

Hormone Therapy (injections) + monitoring



<https://youtu.be/0t7Kr8bnsWU>

What is Hormone Therapy?

- It is a treatment that blocks or lowers the amount of testosterone in your body.
- It can shrink your prostate cancer or slow down its growth. It will usually be given to you in the form of an injection. You can also discuss with your healthcare team about the option of a tablet. This may be a possible alternative.
- Doctors usually recommend that you are on the hormone therapy anywhere from a few months up to 3 years. This depends on a few things. This includes how many side effects you get from the treatment. Your healthcare team will advise how long they think is best for you.

You will be monitored closely by your healthcare team to keep an eye on how the hormone therapy is working.

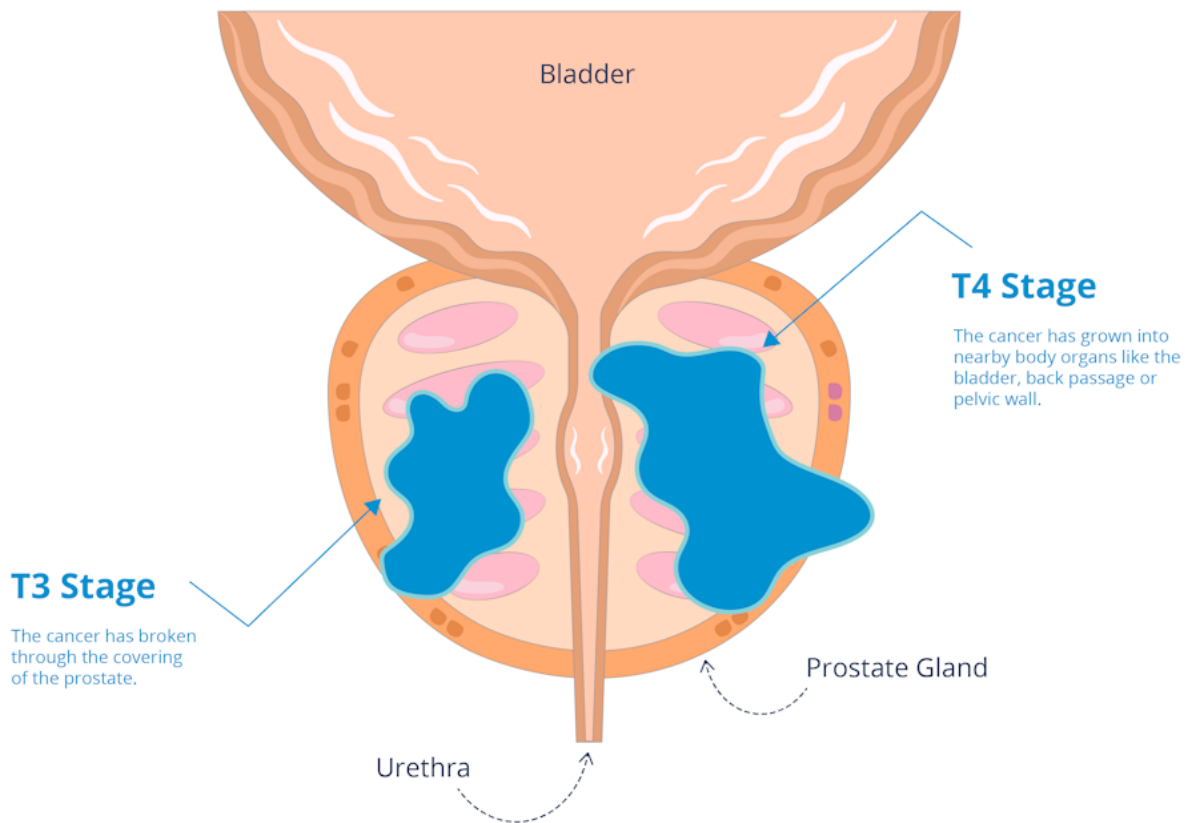
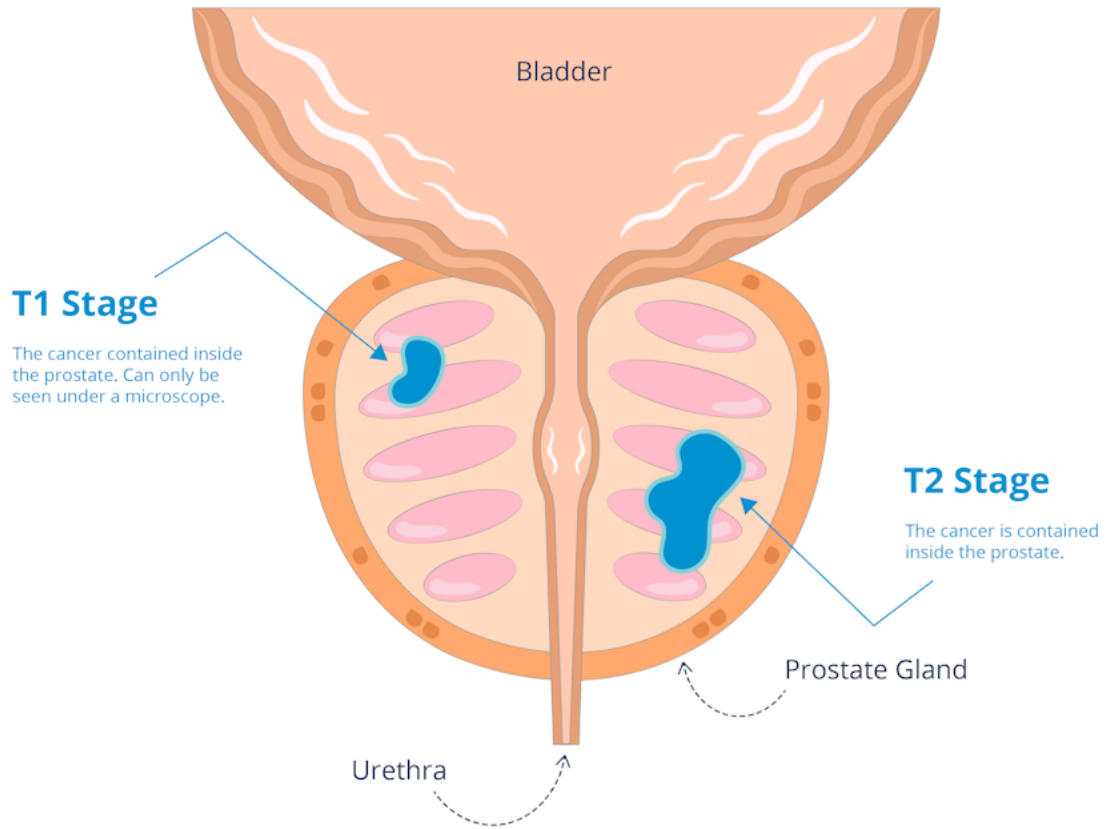
Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about Hormone Therapy \(injections\)](#)

Hormone Therapy (injections) + monitoring

- [Explore possible clinical trials.](#)

I don't know



I don't know

Finally, we need to ask about the stage of the prostate cancer. The stage is how far it has spread. This is often known as the T stage.

Check out the two images for more information on T stages.

Do you know if the prostate cancer:

Is still confined in the prostate →

Go to **Page 52**

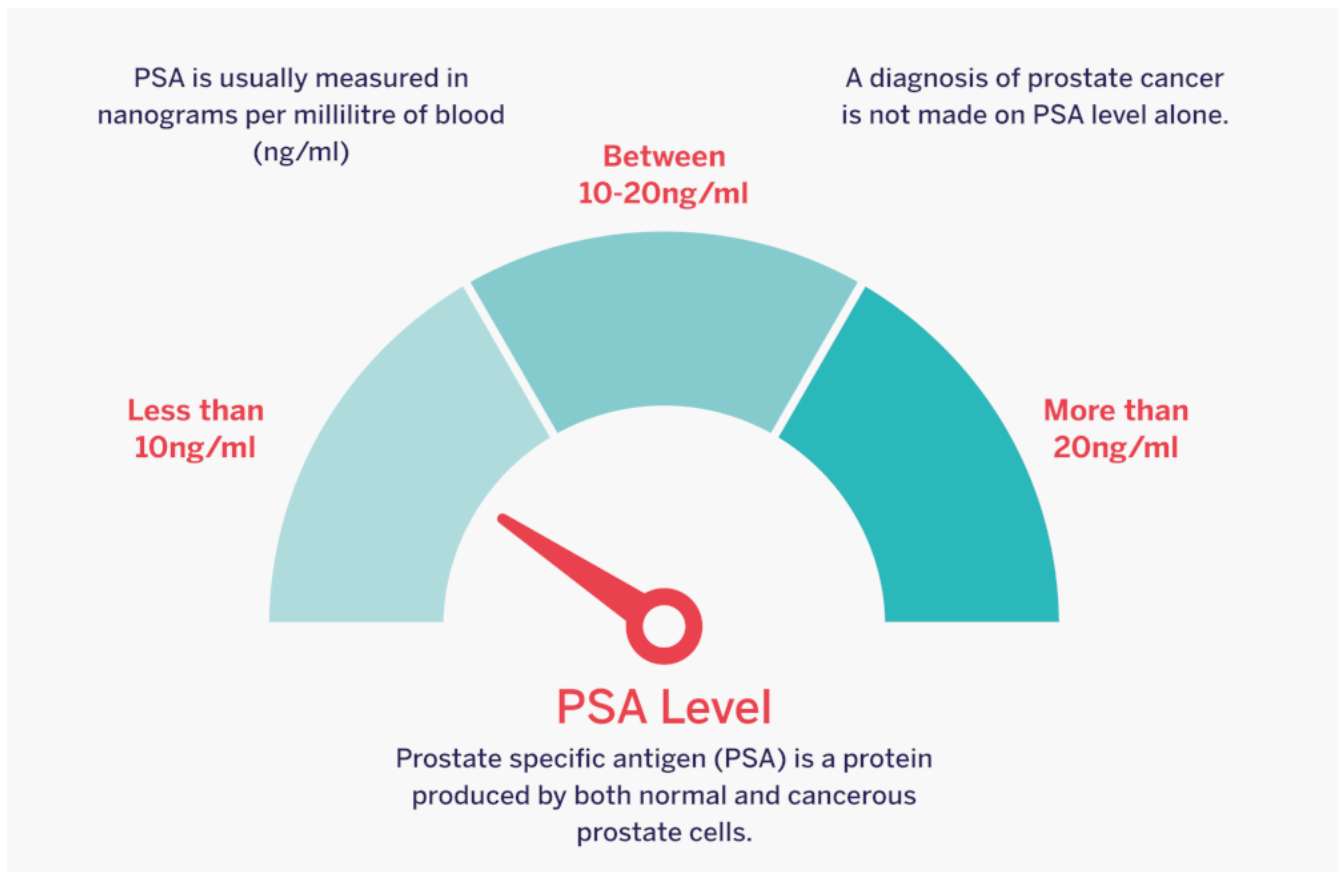
Spread outside the prostate and/or to other parts of the body →

Go to **Page 88**

I don't know →

Go to **Page 101**

Gleason 7 (4+3)



We need to ask about the latest PSA level.

You can ask your specialist nurse or doctor (urologist or oncologist) if you are not sure of any answers.

Is the PSA level?

Less than 10ng/ml →

Go to [Page 140](#)

Between 10-20ng/ml →

Go to [Page 142](#)

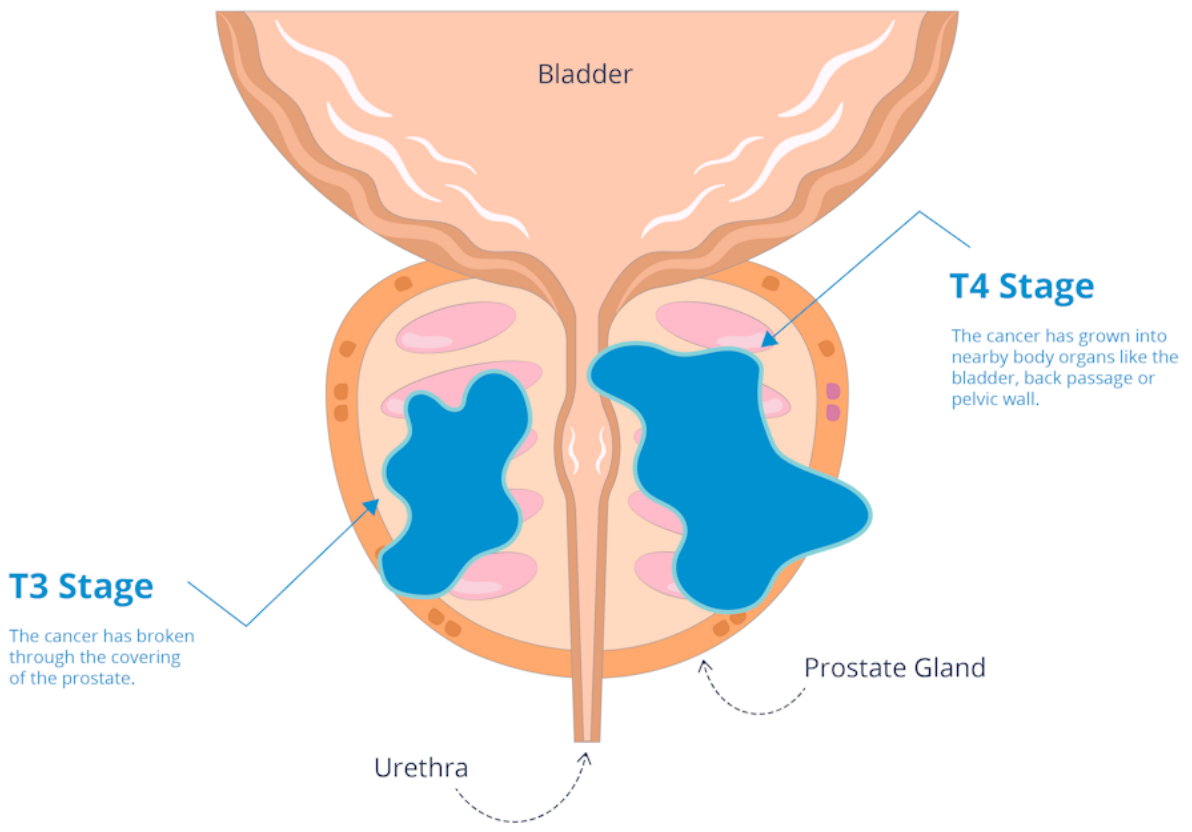
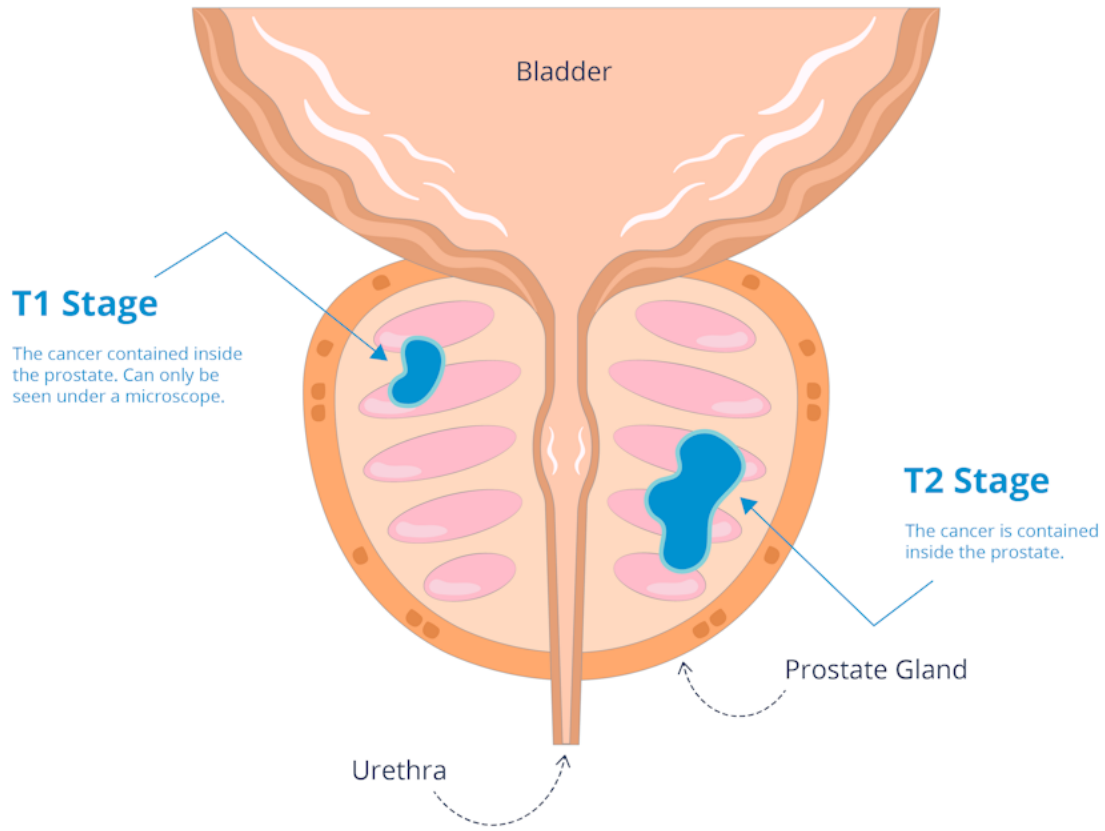
Greater than 20ng/ml →

Go to [Page 88](#)

I don't know →

Go to [Page 144](#)

PSA = less than 10ng/ml



PSA = less than 10ng/ml

Finally, we need to ask about the stage of the prostate cancer. The stage is how far it has spread. This is often known as the T stage.

Check out the two images for more information on T stages.

Do you know if the prostate cancer:

Is still confined in the prostate →

Go to **Page 104**

Spread outside the prostate and/or to other parts of the body →

Go to **Page 88**

I don't know →

Go to **Page 101**

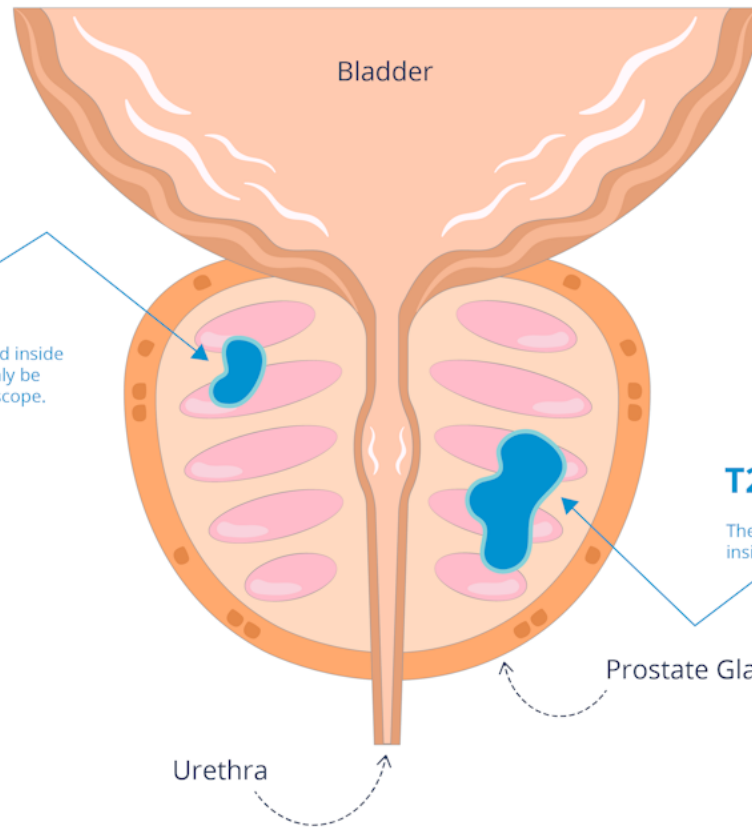
PSA = 10-20ng/ml

T1 Stage

The cancer contained inside the prostate. Can only be seen under a microscope.

T2 Stage

The cancer is contained inside the prostate.

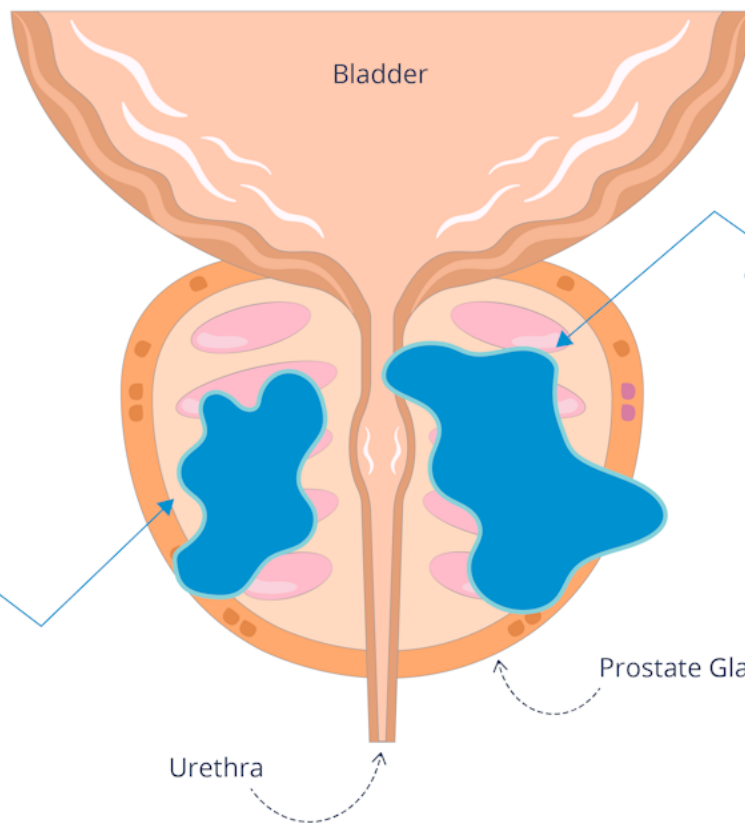


T3 Stage

The cancer has broken through the covering of the prostate.

T4 Stage

The cancer has grown into nearby body organs like the bladder, back passage or pelvic wall.



PSA = 10-20ng/ml

Finally, we need to ask about the stage of the prostate cancer. The stage is how far it has spread. This is often known as the T stage.

Check out the two images for more information on T stages.

Do you know if the prostate cancer:

Is still confined in the prostate →

Go to **Page 104**

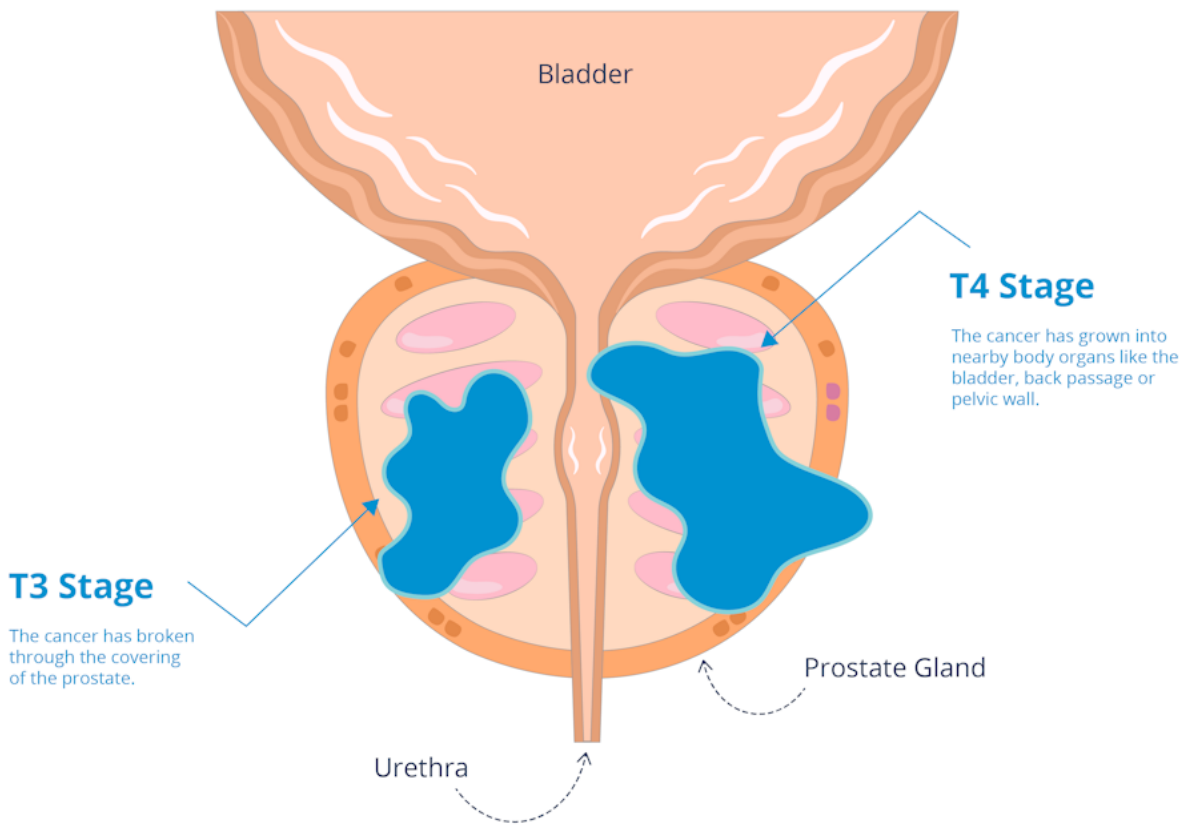
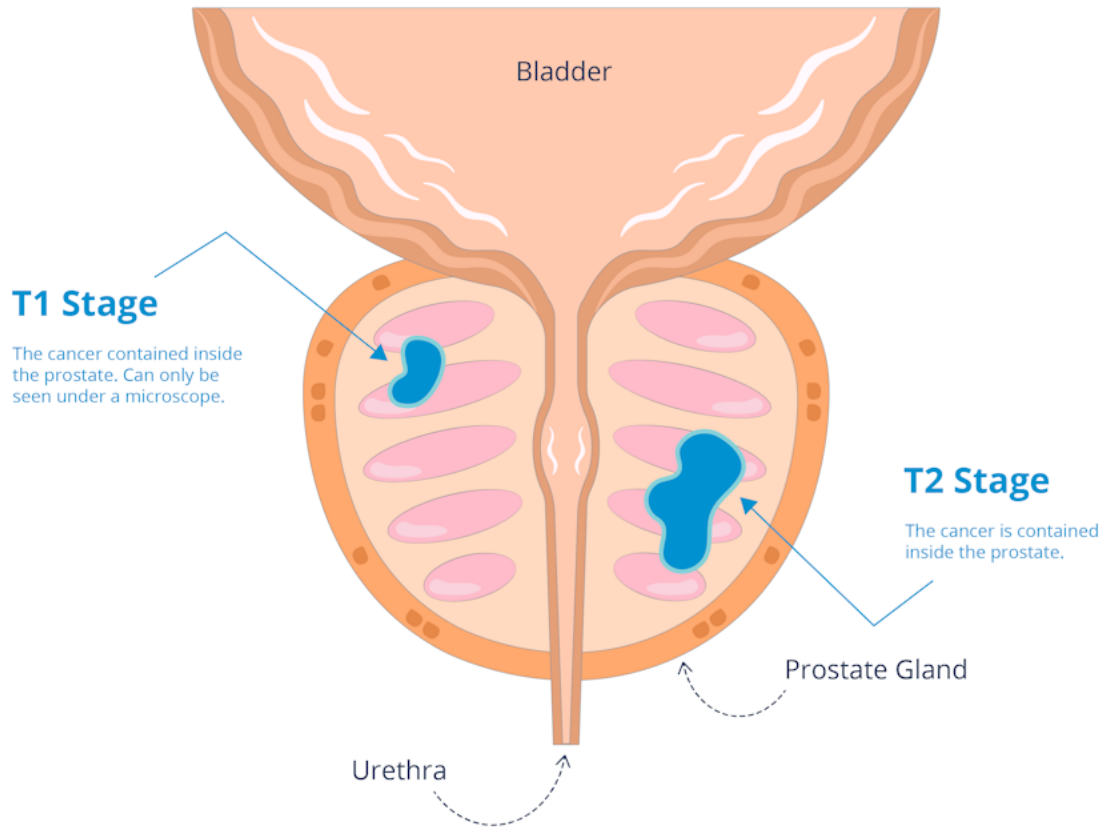
Spread outside the prostate and/or to other parts of the body →

Go to **Page 88**

I don't know →

Go to **Page 101**

I don't know



I don't know

Finally, we need to ask about the stage of the prostate cancer. The stage is how far it has spread. This is often known as the T stage.

Check out the two images for more information about T stages.

Do you know if the prostate cancer:

Is still confined in the prostate →

Go to **Page 104**

Spread outside the prostate and/or to other parts of the body →

Go to **Page 88**

I don't know →

Go to **Page 101**

I'm not sure

We are sorry. Without this information we cannot accurately share with you possible treatment options.

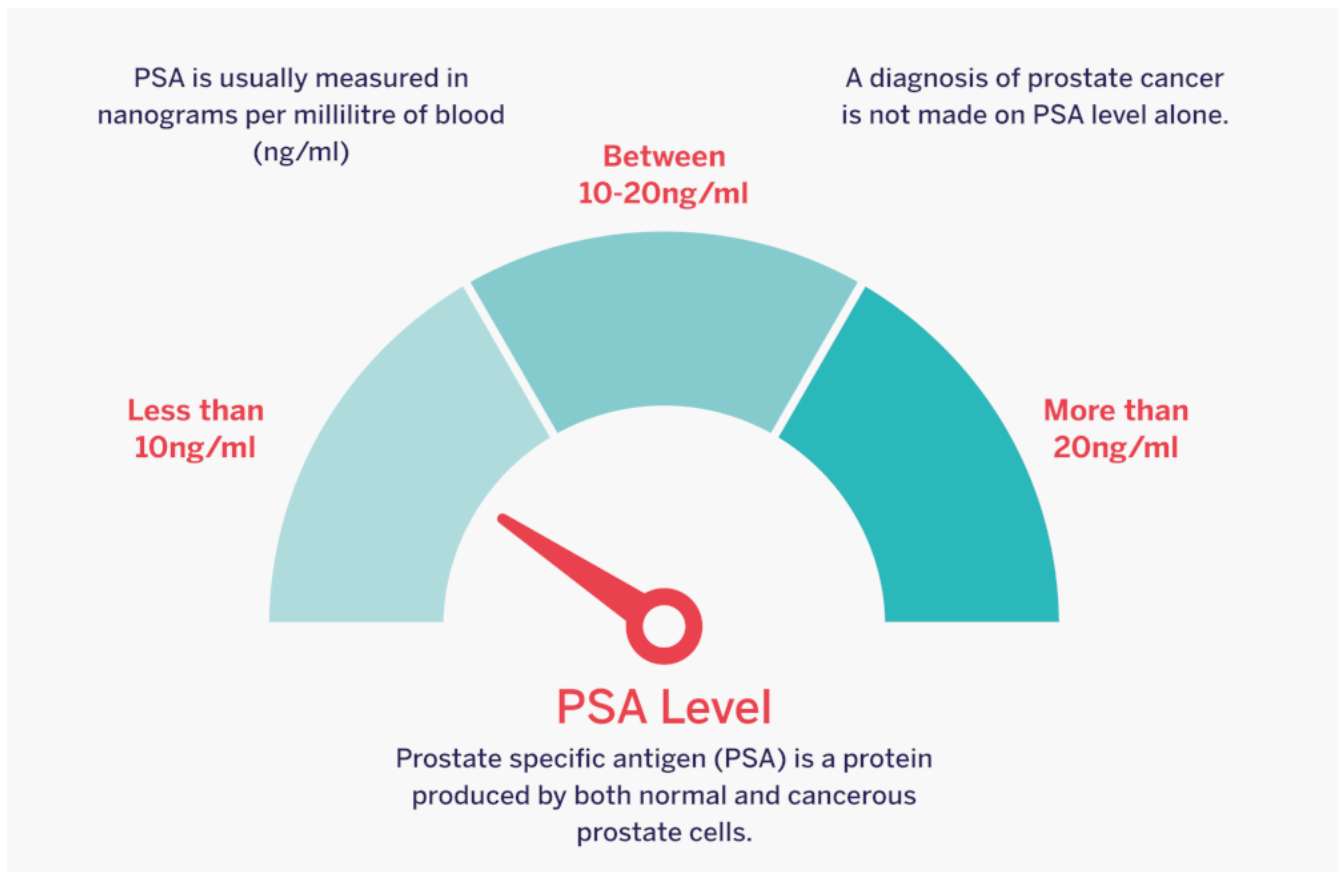
Please ask your specialist nurse or doctor (urologist or oncologist) if you are not sure of any answers.

But you can still learn about all the different treatments for prostate cancer using our comparison tool.

From here you can still:

- [Visit the treatment comparison tool](#) to learn about and compare different treatments for prostate cancer.

Gleason 6 (3+3)



We need to ask about the latest PSA level.

You can ask your specialist nurse or doctor (urologist or oncologist) if you are not sure.

Is the PSA level?

Less than 10ng/ml →

Go to [Page 148](#)

Between 10-20ng/ml →

Go to [Page 172](#)

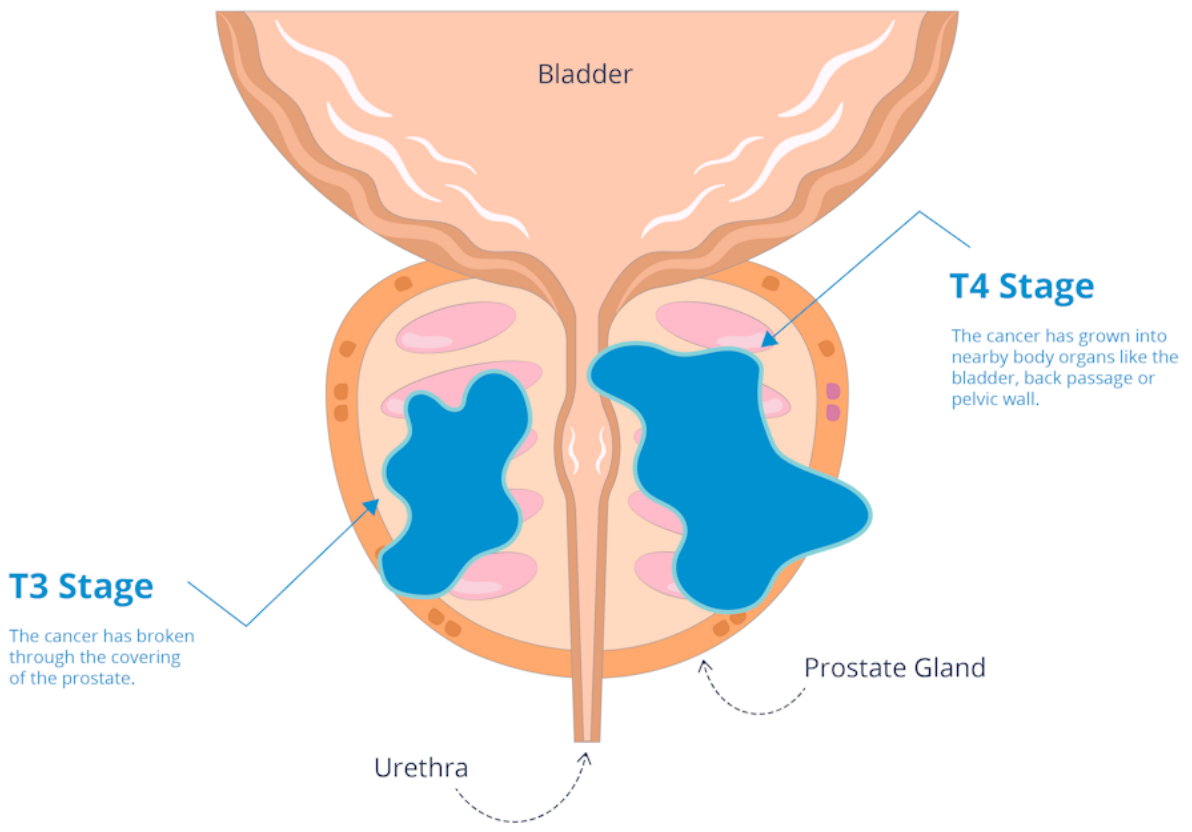
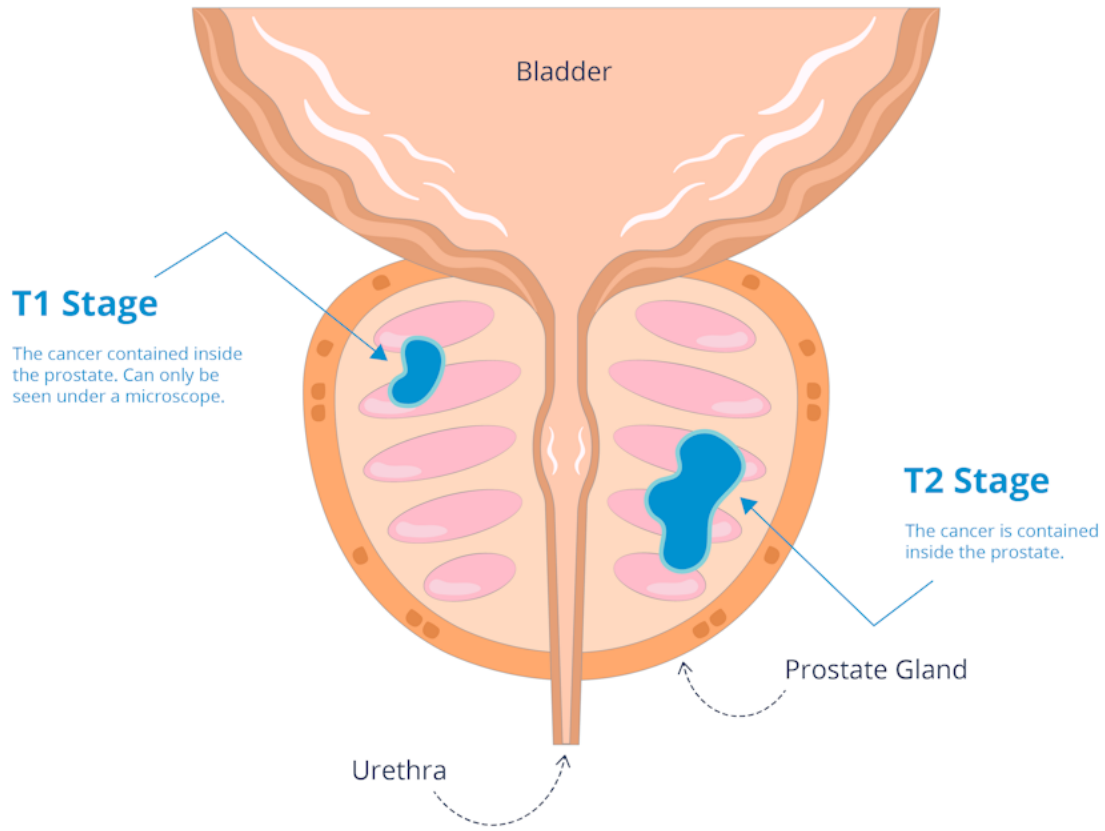
Greater than 20ng/ml →

Go to [Page 88](#)

I don't know →

Go to [Page 174](#)

PSA = less than 10ng/ml



PSA = less than 10ng/ml

Finally, we need to ask about the stage of the prostate cancer. The stage is how far it has spread. This is often known as the T stage.

Check out the two images for more information on T stages.

Do you know if the prostate cancer:

Is still confined in the prostate →

Go to **Page 150**

Has spread outside the prostate and/or to other parts of the body →

Go to **Page 88**

I don't know →

Go to **Page 36**

CPG 1 (low risk)

Based on what you have told us your Cambridge Prognostic Group (CPG) is 1 ([click here to learn more about CPG](#)). You may sometimes hear this described as low risk prostate cancer.

What does this mean for me?

What this means is the following treatment options may be suitable in your situation.

Active Surveillance is normally recommended. However you may be advised by your healthcare team that some of these other treatments are also available to you.

From here you can:

1. [Visit the treatment comparison tool](#) to compare the treatment options below
2. Click on one of the treatment options below to learn more and continue your journey.

Treatment Options:

1. Active Surveillance →

Go to **Page 153**

2. Watchful Waiting →

Go to **Page 151**

3. LDR Brachytherapy →

Go to **Page 160**

4. Radiotherapy →

Go to **Page 168**

5. Radical Prostatectomy →

Go to **Page 170**

Watchful Waiting



What is Watchful Waiting?

It is another way of monitoring your prostate cancer. It avoids the need for active treatment like surgery or radiotherapy. This means you won't get side effects that may affect your everyday life.

Your doctor might suggest it because they think the risks of treatment outweigh the benefits.

What might cause the risks to outweigh the benefits?

- Your fitness levels
- Your age (if you have less than 10 years life expectancy)
- If they believe your prostate cancer is slow growing

You will still be offered the following treatments to help control symptoms and manage any pain:

- Hormone Therapy (injections) - this can help to shrink prostate cancer or slow its growth.
-

Watchful Waiting

Radiotherapy - if your cancer has spread to the bones. This will be to control the cancer. It will not cure it.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about Watchful Waiting](#)
- [Find out all about Hormone Therapy \(injections\)](#)
- [Find out all about Radiotherapy](#)
- [Explore possible clinical trials.](#)

Active Surveillance

What is Active Surveillance?

- It is a way of monitoring slow-growing localised prostate cancer, rather than treating it straight away.
- The aim is to avoid or delay unnecessary treatment and its side effects.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about Active Surveillance](#)
- [Explore possible clinical trials](#).

You may decide, with your doctor, to stop active surveillance at any time if:

- You decide you wish to have treatment to try to cure you
- Your cancer is found to be growing

What might my options be then?

Usually you would be offered one of the treatments below. However some of these options may not be suitable.

It will depend on a number of factors. This includes general health, fitness levels and, if the cancer has grown, how long it took to grow. These will form part of a conversation with your wider clinical team.

From here you can:

1. [Visit the treatment comparison tool](#) to compare the treatment options below
2. Click on one of the treatment options below to learn more and continue your journey.

Treatment Options:

1. Radiotherapy →
Go to Page 155

Active Surveillance

2. Radical Prostatectomy →

Go to **Page 156**

3. LDR Brachytherapy →

Go to **Page 157**

4. Radiotherapy + HDR Brachytherapy →

Go to **Page 158**

Radiotherapy



<https://youtu.be/eibsEkEbfUo>

What is Radiotherapy?

- It is a type of treatment where radiation is used to kill cancer cells. It is given from outside of the body.
- It is also known as External Beam Radiotherapy (EBRT).

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about Radiotherapy](#)
- [Explore possible clinical trials.](#)

Radical Prostatectomy



<https://www.youtube.com/watch?v=5JOATVnFszU>

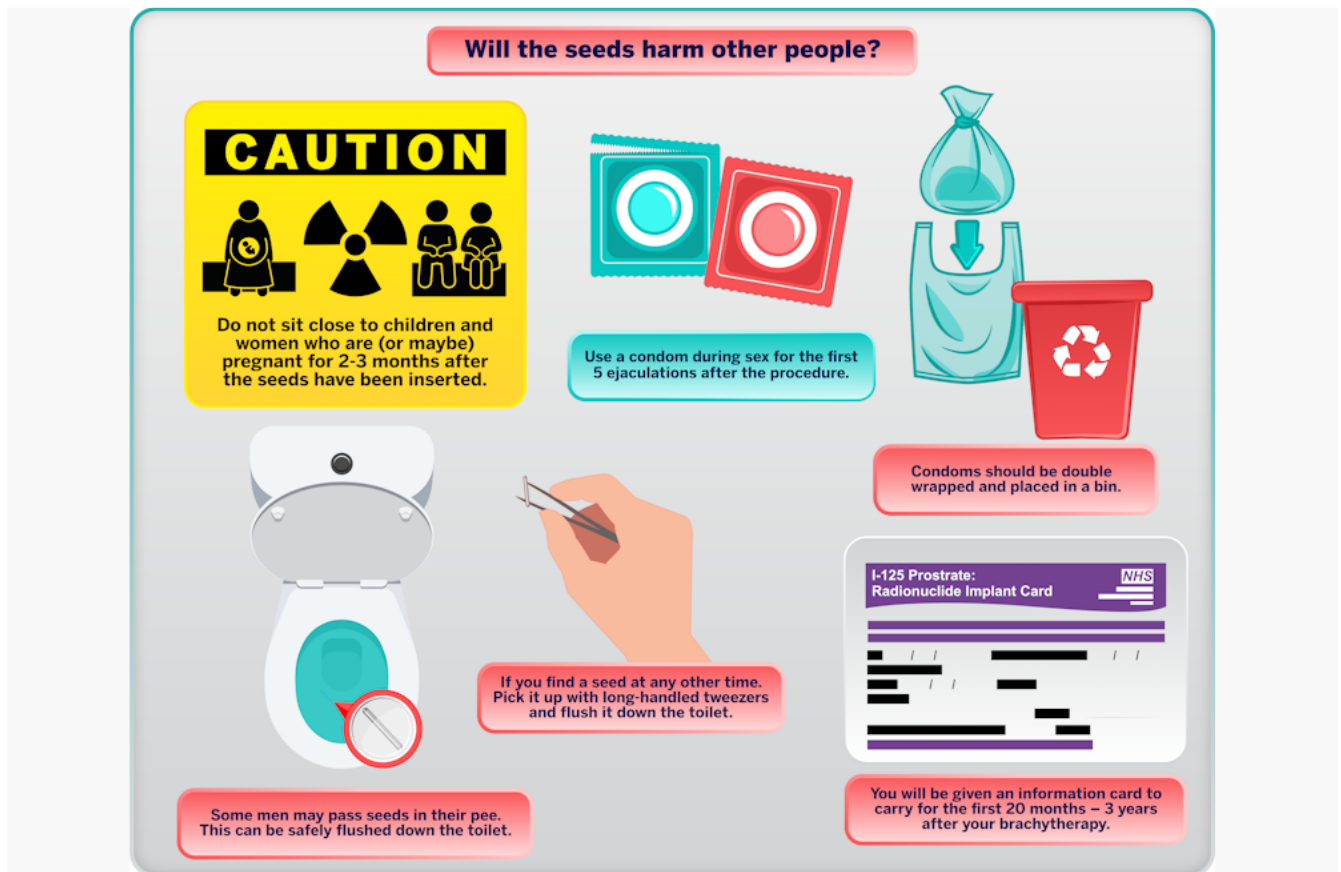
What is Radical Prostatectomy?

- It is the surgical removal of your prostate gland, the cancer inside it and the seminal vesicles.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about Radical Prostatectomy](#)
- [Explore possible clinical trials.](#)

LDR Brachytherapy



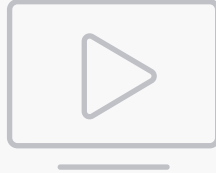
What is LDR Brachytherapy?

- It is sometimes called low dose rate or permanent seed brachytherapy. It is a type of internal radiotherapy.
- It involves placing very small radioactive seeds into your prostate. These seeds will stay in your prostate forever.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about LDR Brachytherapy](#)
- [Explore possible clinical trials.](#)

Radiotherapy + HDR Brachytherapy



<https://youtu.be/joSOE2-y8zo>

These two treatments are given together to treat the prostate cancer. This is sometimes known as radiotherapy with a brachytherapy boost.

What is Radiotherapy?

- It is a type of treatment where radiation is used to kill cancer cells. It is given from outside of the body.
- It is also known as External Beam Radiotherapy (EBRT).

What is HDR Brachytherapy?

- It is sometimes called high dose rate or temporary brachytherapy. It is a type of internal radiotherapy.
- It involves placing thin tubes into the prostate gland. These tubes deliver the dose of radiotherapy into the prostate and are then removed.

Further information about the different options can be found below (clicking on these will open a new tab):

Radiotherapy + HDR Brachytherapy

- [Find out all about HDR Brachytherapy](#)
- [Find out all about Radiotherapy](#)
- [Explore possible clinical trials.](#)

LDR Brachytherapy

What is LDR Brachytherapy?

- It is sometimes called low dose rate or permanent seed brachytherapy. It is a type of internal radiotherapy.
- It involves placing very small radioactive seeds into your prostate. These seeds will stay in your prostate forever.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about LDR Brachytherapy](#)
- [Explore possible clinical trials.](#)

If this treatment stops working, what might my options be?

Some of the treatment options presented below may not be suitable for you. Further treatment depends on a number of factors.

This includes fitness levels, if the cancer has returned or developed and the time it might have taken to do so. These will form part of a conversation with your wider clinical team.

From here you can:

1. [Visit the treatment comparison tool](#) to compare the treatment options below
2. Click on one of the treatment options below to learn more and continue your journey.

Treatment Options:

1. Radical Prostatectomy (salvage) →

Go to [Page 162](#)

2. Hormone Therapy (injections) + monitoring →

Go to [Page 163](#)

3. Brachytherapy (salvage) →

Go to [Page 165](#)

LDR Brachytherapy

4. Cryotherapy (salvage) →

Go to **Page 167**

Radical Prostatectomy (salvage)



<https://www.youtube.com/watch?v=5JOATVnFszU>

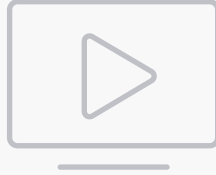
What is salvage Radical Prostatectomy?

- It is the surgical removal of your prostate gland. This includes the cancer inside it and the seminal vesicles.
- Salvage treatment is treatment given if the cancer has not responded to other treatments.
- It can be a second chance at cure. But it can have a higher risk of side effects compared to when given simply as a first treatment.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about Radical Prostatectomy](#)
- [Explore possible clinical trials.](#)

Hormone Therapy (injections) + monitoring



<https://youtu.be/0t7Kr8bnsWU>

What is Hormone Therapy?

- It is a treatment that blocks or lowers the amount of testosterone in your body.
- It can shrink your prostate cancer or slow down its growth. It will usually be given to you in the form of an injection. You can also discuss with your healthcare team about the option of a tablet. This may be a possible alternative.
- Doctors usually recommend that you are on the hormone therapy anywhere from a few months up to 3 years. This depends on a few things. This includes how many side effects you get from the treatment. Your healthcare team will advise how long they think is best for you.

You will be monitored closely by your healthcare team to keep an eye on how the hormone therapy is working.

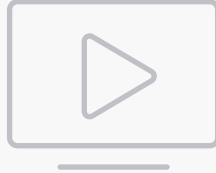
Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about Hormone Therapy \(injections\)](#)

Hormone Therapy (injections) + monitoring

- [Explore possible clinical trials.](#)

Brachytherapy (salvage)



<https://youtu.be/joSOE2-y8zo>

What is salvage Brachytherapy?

- Brachytherapy is a type of radiotherapy. It is given from inside of the body. There are two types - high dose rate (HDR) and low dose rate (LDR).
- Salvage brachytherapy is treatment given if the cancer has not responded to other treatments or has come back, possibly months or year later.
- It can be a second chance at cure.
- The choice between HDR and LDR will be based on the recommendation of your doctor, and the availability of equipment.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about LDR Brachytherapy](#)
- [Find out all about HDR Brachytherapy](#)
- [Explore possible clinical trials.](#)

Brachytherapy (salvage)

Cryotherapy (salvage)

What is salvage Cryotherapy?

- Cryotherapy is a type of treatment sometimes called cryoablation or cryosurgery. It kills cancer cells by freezing them.
- Salvage cryotherapy is treatment given if the cancer has not responded to certain earlier treatments or has come back, possibly months or year later.
- It can be a second chance at cure.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about Cryotherapy](#)
- [Explore possible clinical trials.](#)

Radiotherapy

You may be offered radiotherapy along with a course of hormone therapy.

What is Radiotherapy?

- It is a type of treatment where radiation is used to kill cancer cells. It is given from outside of the body.
- It is also known as External Beam Radiotherapy (EBRT).

- Further information about the different options can be found below (clicking on these will open a new tab):
- [Find out all about Radiotherapy](#)
- [Explore possible clinical trials](#).

If this treatment stops working, what might my options be?

Some of the treatment options presented below may not be suitable for you. Further treatment depends on a number of factors.

This includes fitness levels, if the cancer has returned or developed and the time it might have taken to do so. These will form part of a conversation with your wider clinical team.

From here you can:

1. [Visit the treatment comparison tool](#) to compare the treatment options below
2. Click on one of the treatment options below to learn more and continue your journey.

Treatment Options:

1. Radical Prostatectomy (salvage) →

Go to [Page 162](#)

2. Hormone therapy (injections) + monitoring →

Go to [Page 163](#)

3. Brachytherapy (salvage) →

Go to [Page 165](#)

Radiotherapy

4. Cryotherapy (salvage) →

Go to **Page 167**

Radical Prostatectomy

What is Radical Prostatectomy?

- It is the surgical removal of your prostate gland, the cancer inside it and the seminal vesicles.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about Radical Prostatectomy](#)
- [Explore possible clinical trials.](#)

If this treatment stops working, what might my options be?

Some of the treatment options presented below may not be suitable for you. Further treatment depends on a number of factors.

This includes fitness levels, if the cancer has returned or developed and the time it might have taken to do so. These will form part of a conversation with your wider clinical team.

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Treatment Options:

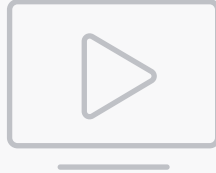
1. Radiotherapy (salvage) →

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2. Hormone therapy (injections) + monitoring →

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Radiotherapy (salvage)



<https://youtu.be/eibsEkEbfUo>

What is salvage Radiotherapy?

- Radiotherapy is a type of treatment where radiation is used to kill cancer cells. It is given from outside of the body.
- It is also known as External Beam Radiotherapy (EBRT).
- Salvage radiotherapy is treatment given if the radical prostatectomy has not cured the cancer or it has come back, possibly months or year later.
- It can be a second chance at cure.

Further information about the different options can be found below (clicking on these will open a new tab):

- [Find out all about Radiotherapy](#)
- [Explore possible clinical trials.](#)

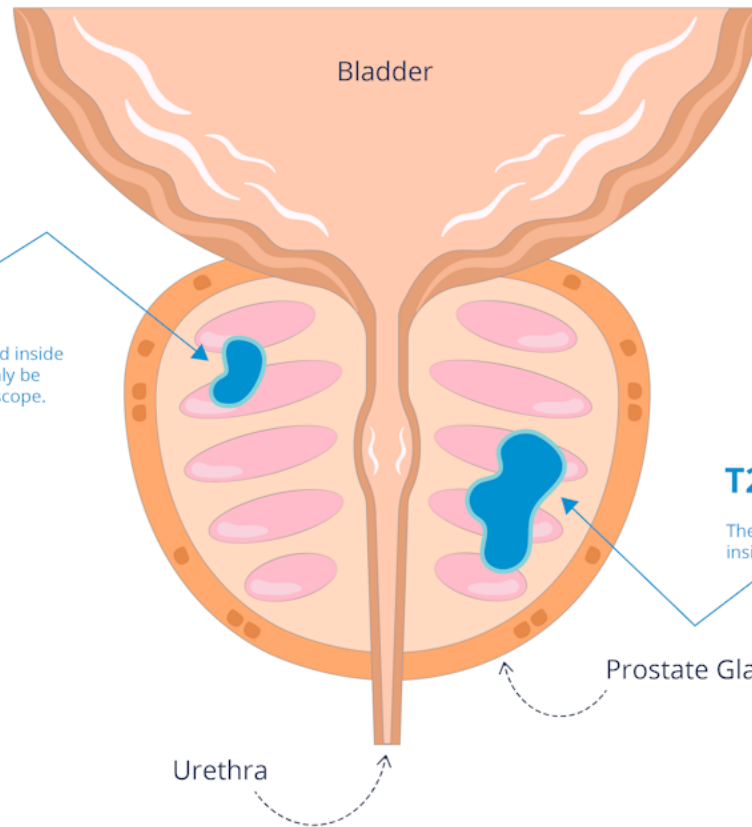
PSA = 10-20ng/ml

T1 Stage

The cancer contained inside the prostate. Can only be seen under a microscope.

T2 Stage

The cancer is contained inside the prostate.

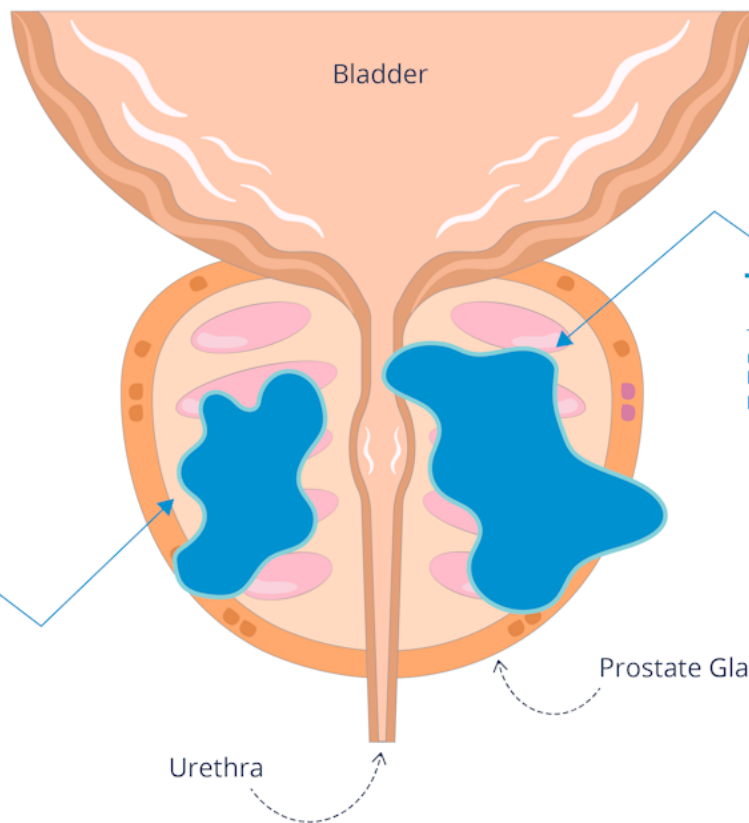


T3 Stage

The cancer has broken through the covering of the prostate.

T4 Stage

The cancer has grown into nearby body organs like the bladder, back passage or pelvic wall.



PSA = 10-20ng/ml

Finally, we need to ask about the stage of the prostate cancer. The stage is how far it has spread. This is often known as the T stage.

Check out the two images for more information on T stages.

Do you know if the prostate cancer:

Is still confined in the prostate →

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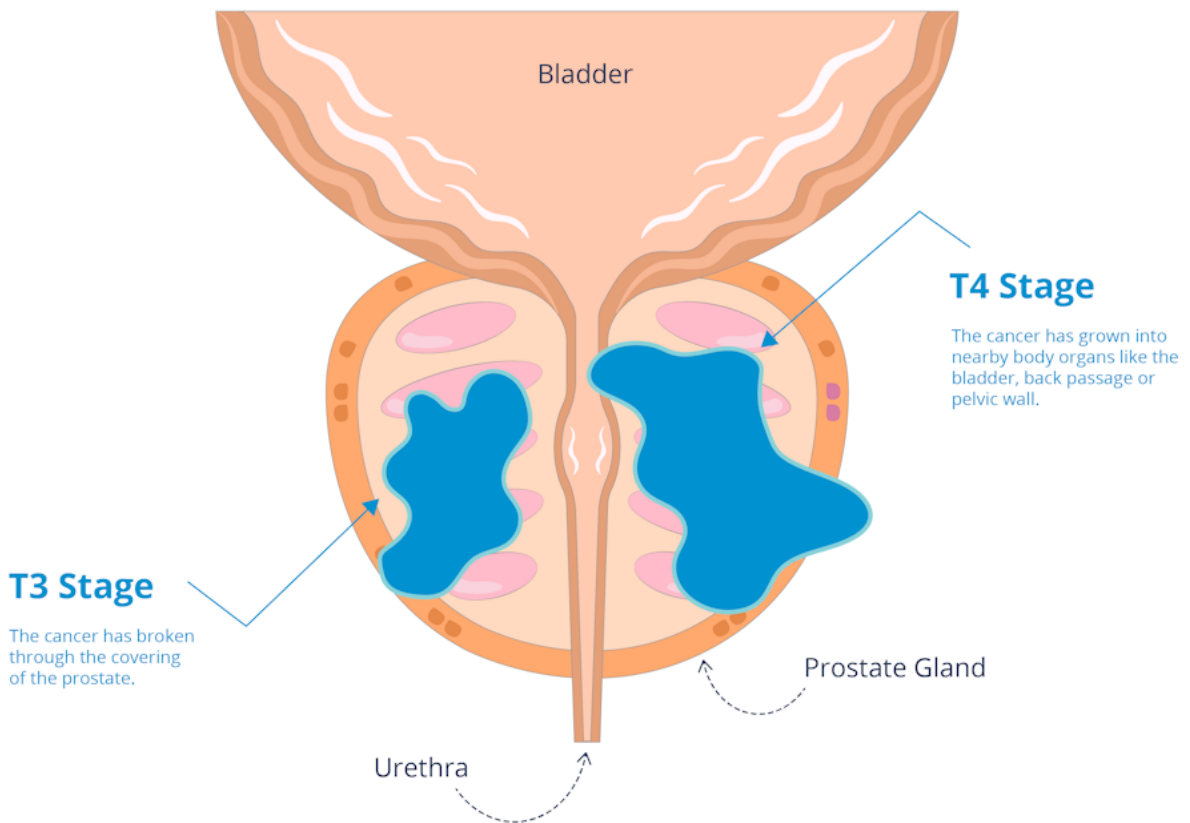
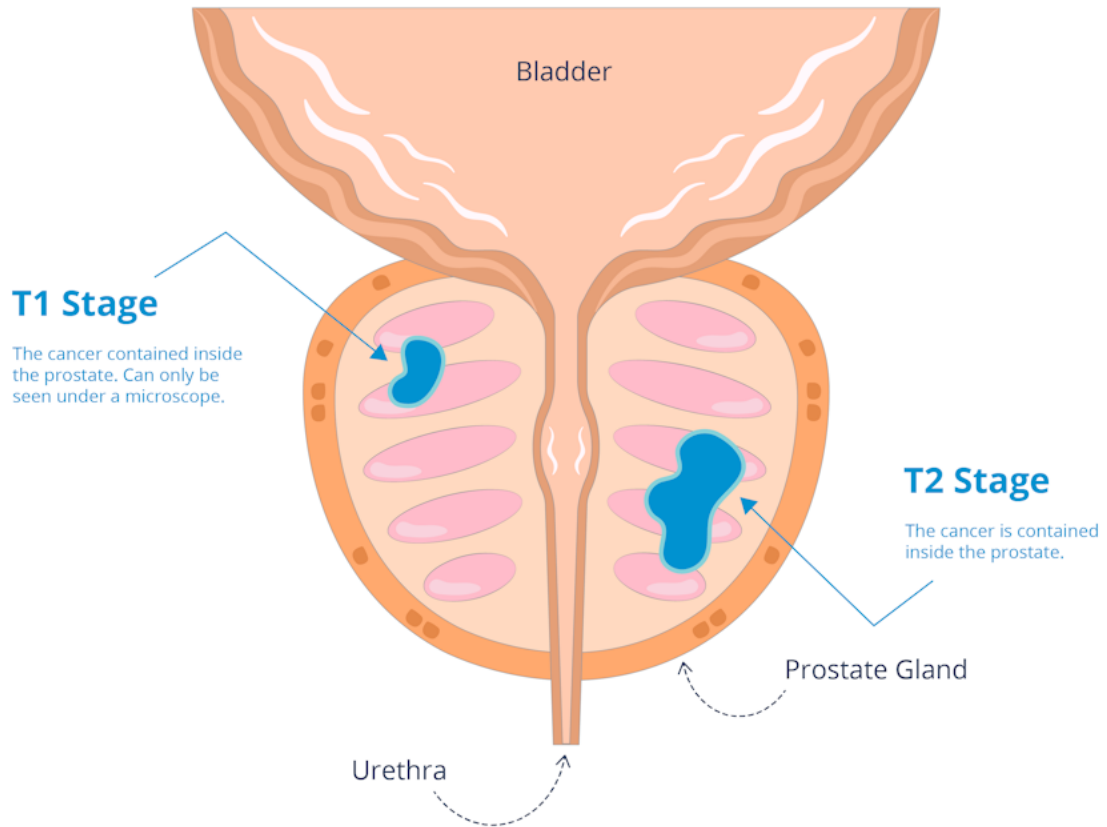
Has spread outside the prostate and/or to other parts of the body →

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I don't know →

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I don't know



I don't know

Finally, we need to ask about the stage of the prostate cancer. The stage is how far it has spread. This is often known as the T stage.

Check out the two images for more information on T stages.

Do you know if the prostate cancer:

Is still confined in the prostate →

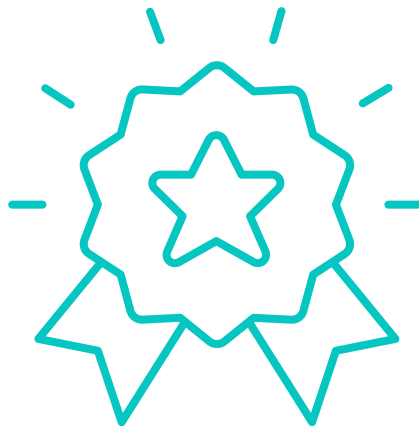
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Has spread outside the prostate and/or to other parts of the body →

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I don't know →

Go to **Page 36**



You have reached the end of this guide

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