



DOCTOR DISCUSSION GUIDE

Managing Prostate Cancer

Prostate cancer can feel like an intimidating condition, but you and your doctor will work as a team to optimize your treatment and outcomes. Asking the right questions during your conversation with them will help you know what to expect and how to better navigate your condition. Familiarize yourself with these common terms before your appointment to help facilitate your discussion.

Vocabulary to Know

Your doctor might mention these common terms. Here's what they mean.

Prostate-Specific Antigen (PSA)	This blood test is primarily used to screen for prostate cancer in men with or without symptoms. Generally, the lower the PSA level, the lower the likelihood of prostate cancer.
Digital Rectal Exam (DRE)	A DRE is sometimes done by health care providers as part of a physical exam to check for signs of prostate cancer. It involves placing a gloved, lubricated finger into the rectum to feel for any lumps or hard areas on the prostate.
Transrectal Ultrasound (TRUS)	A TRUS is when a health care provider inserts a lubricated wand into the rectum to get an image of the prostate. This allows health care providers to check for signs of prostate cancer if the PSA or DRE results don't come back normal, as well as guide the needle to the right location during a biopsy.
Core Needle Biopsy	A core needle biopsy is the most common method health care providers use to diagnose prostate cancer. It's done by using a small needle to remove samples of the prostate tissue so that they can be looked at under a microscope.
Gleason Score	A Gleason score is used to help determine how advanced the prostate cancer is and how likely it is to spread. The number (typically between 6–10) is based on the results of the biopsy. The lower the score, the lower the chances the cancer will grow and spread quickly.
Active Surveillance	Active surveillance (also called deferred therapy) is when doctors recommend against the immediate treatment of early-stage, low-risk prostate cancer, but continue to monitor the cancerous cells. Forgoing treatment allows men to avoid the side effects and risks of treatments like radiation or surgery—which can be greater than those posed by low-risk prostate cancer—until or unless the cancer starts to grow and spread more rapidly.



Questions to Ask

These questions will help start a conversation with your doctor about how to best manage your prostate cancer.

About Symptoms

- What are some signs that the cancer is growing or spreading outside the prostate?
- Are there any other symptoms I might experience as I continue to live with prostate cancer? Is it likely any of my current symptoms will get worse?

About Causes & Risk Factors

- Is there anything in my health history that might make the prostate cancer grow more rapidly or make it more difficult to treat?
- If the cancer goes away during treatment, is there anything in my health history that will make it more likely to come back?

About Diagnosis

- What is my PSA score, and what does that mean?
- What is my Gleason score? What does it say about my prognosis?
- What stage of prostate cancer do I have? How does that affect my treatment options?
- Has the cancer spread outside of the prostate?

About Treatment

- Given the stage of cancer I'm in, would you recommend active surveillance? Why or why not?
- What treatment options are most appropriate for my stage of prostate cancer, and what are the side effects?
- Will the treatment impact my fertility? What options do I have if I still want to have children in the future?
- Should I avoid having sex or engaging in sexual activity while I'm receiving treatment?
