

Prostate Cancer Treatment Options

A patient-centered guide for shared decision making

Being diagnosed with prostate cancer does not mean every patient needs the same treatment right away. This guide helps us match your cancer risk and your personal priorities with the safest options.

Your Cancer Details	
PSA _____	Gleason / Grade Group _____
Clinical stage _____	MRI findings _____
Biopsy cores involved _____	Prolaris / genetics, if used _____
Risk category _____	Options discussed today _____

Common first questions

How serious is this?

Prostate cancer varies widely. Some cancers grow slowly and may be safely watched. Others need active treatment. Your risk comes from PSA, MRI, biopsy, stage, and sometimes genetics.

Do I need to decide today?

Usually no. Most localized prostate cancers allow time to review options, ask questions, and meet radiation oncology when appropriate.

What am I really choosing?

You are balancing cancer control, urinary control, erections, bowel side effects, recovery time, and peace of mind.

Treatment options at a glance

Active Surveillance	HIFU	Radiation ± ADT	Robotic Surgery + Lymph Nodes
<p>Goal: monitor closely and delay or avoid treatment.</p> <p>Best fit: most Stage I and select favorable Stage IIA/IIB cancers.</p> <p>Tradeoff: requires PSA/MRI/biopsy follow-up and comfort with monitoring.</p>	<p>Goal: treat a focused cancer area while preserving function.</p> <p>Best fit: select focal, usually posterolateral disease; Gleason 3+4 or 4+3 at worst; favorable PSA/MRI/genetics.</p> <p>Tradeoff: less long-term data; cancer can remain elsewhere.</p>	<p>Goal: whole-gland cancer treatment without surgery.</p> <p>Best fit: many localized cancers; ADT depends on risk.</p> <p>Tradeoff: urinary, bowel, sexual, fatigue, and ADT side effects may occur.</p>	<p>Goal: remove prostate and check lymph nodes.</p> <p>Best fit: patients wanting prostate removal, final pathology, and PSA expected to become undetectable.</p> <p>Tradeoff: catheter/recovery; urinary leakage and erection risks.</p>

Not every patient is eligible for every option. Your PSA, biopsy, MRI, stage, urinary symptoms, health, and priorities guide the recommendation.

Whole-gland treatment choice

Surgery vs Radiation: Clinical Equipoise

When both surgery and radiation are medically appropriate, both are accepted whole-gland treatment options. One is not automatically better for every patient. Surgery and radiation treat cancer in different ways and have different side-effect tradeoffs. **Only you can decide** which set of tradeoffs fits your life best after counseling with urology and radiation oncology.

Surgery may appeal if you want:

- The prostate removed
- Final pathology from the whole prostate
- PSA expected to become undetectable
- Radiation kept as a possible later option if needed

Radiation may appeal if you want:

- To avoid major surgery and hospital recovery
- To avoid a surgical catheter after prostate removal
- Lower early risk of urinary leakage
- A non-surgical whole-gland treatment

Important notes by option

Active Surveillance

- Best for many low-risk cancers and select favorable intermediate-risk cancers.
- Prolaris may estimate 10-year prostate cancer mortality risk with active monitoring.
- Goal: avoid or delay treatment while preserving urinary and sexual function now.

Key point: This is close monitoring, not ignoring the cancer.

HIFU / Sonablate

- For select focal disease, often posterolateral and targetable on MRI/biopsy.
- Usually Gleason 3+4 or 4+3 at worst, with favorable PSA and genetics when used.
- Goal: treat the cancer focus while preserving continence and erections when reasonable.

Key point: FDA-cleared for prostate tissue ablation; not specifically labeled as a prostate cancer cure. Follow-up is essential.

Radiation ± ADT

- Baytown offers standard external beam radiation therapy.
- HMM colleagues may offer HDR brachytherapy with EBRT boost for a shorter course in selected patients.
- ADT/hormone therapy depends on risk category and is explained by radiation oncology.
- If you choose radiation, I typically place SpaceOAR gel and gold fiducial markers before treatment.

Robotic Prostatectomy + BPLND

- Removes the prostate and seminal vesicles; lymph nodes are checked for staging when indicated.
- PSA is expected to become undetectable afterward and is monitored closely.
- Recovery includes a Foley catheter; urinary leakage and erection changes are key risks.
- Final pathology guides recurrence risk and whether additional radiation/ADT may be needed.

Key point: Surgery gives final pathology but does not guarantee cure.

Questions to ask yourself before choosing

- Am I comfortable monitoring closely, or do I want treatment now?
- How important are erections, urinary control, bowel function, and recovery time?
- Do I want the prostate removed and final pathology, or do I prefer non-surgical treatment?
- How would I feel if additional treatment is needed later?

Bottom line: For many localized prostate cancers, there is time to make a thoughtful decision. We will review your details together and, when appropriate, involve radiation oncology so you can choose the option that best fits your cancer and your life.