

# Prostate Cancer



This NCCN QUICK GUIDE™ sheet summarizes key points from the complete *NCCN Guidelines for Patients®: Prostate Cancer*. These guidelines explain which tests and treatments are recommended by experts in cancer. To view and download the guidelines, visit [NCCN.org/patients](http://NCCN.org/patients) or, to order printed copies, visit [Amazon.com](http://Amazon.com).

*NCCN Guidelines  
for Patients®*  
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## Is there any good news about prostate cancer?



Most men with prostate cancer will not die from it. Prostate cancer may become life-threatening only if it has spread outside your prostate. What's more, you'll likely have treatment options and be able to choose what's best for you.

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## How can I know if the cancer has or will spread?

- By tests that detected and confirmed the cancer
- By your doctors' ratings of the extent of the cancer
- By other tests and tools used to assess if the cancer will become life-threatening

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## Where do I start in deciding treatment?

Risk groups can be a starting point to learn which options will likely have the best results. There are 6 risk groups defined by how likely the cancer will spread or if it already has.

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## What are the options for the risk groups?

<b>Very low risk</b>	NCCN experts are concerned about the over-treatment of these cancers. Thus, if you're older or quite sick, observation is recommended. For everybody else, active surveillance is an option. If you'll likely live 20 or more years, other options are radiation therapy (external or seed) and surgery to remove your prostate and maybe lymph nodes.	<a href="#">44</a>
<b>Low risk</b>	Like very low risk, observation is the option if you're older or quite sick. Otherwise, active surveillance, external or seed radiation, and surgery to remove your prostate and maybe lymph nodes are options.	<a href="#">46</a>
<b>Intermediate risk</b>	If you're older or quite sick, options are observation, external radiation ± seed radiation ± hormone therapy, and in some cases, seed radiation only. For everybody else, you have the same radiation options but also surgery to remove your prostate and maybe lymph nodes.	<a href="#">48</a>

## What are the options for the risk groups? (continued)



<b>High risk</b>	Radiation options include external beam + hormone therapy or external and seed radiation ± hormone therapy. Surgery to remove the prostate and lymph nodes is another option.	<a href="#">50</a>
<b>Very high risk</b>	Options are the same as for high risk except surgery is only for cancer not fixed to nearby organs. Hormone therapy is used when the cancer can't be cured.	<a href="#">52</a>
<b>Metastatic</b>	For nearby cancer spread, options are observation, hormone therapy, and external radiation + hormone therapy. For distant cancer spread, start hormone therapy. Docetaxel may be added in very specific cases.	<a href="#">54</a>

## Is my treatment a success?

Ongoing PSA (prostate-specific antigen) testing is one of the tests used to check if the treatment worked. Also, you may get a DRE (digital rectal exam) or a physical exam.	<a href="#">62</a>
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## What if initial treatment fails?

<b>Your prostate was removed</b>	One option is external radiation ± hormone therapy if the cancer hasn't spread far. If it has, an option is hormone therapy ± external radiation. For either case, observation is an option.	<a href="#">64</a>
<b>Your prostate was radiated</b>	When the cancer site is unknown, options are observation, hormone therapy, a clinical trial, or more testing. Cancer confined to the prostate may be observed or treated with surgery, freezing, or radioactive seeds. Start or stay on hormone therapy if the cancer has spread to distant sites.	<a href="#">66</a>
<b>You only had hormone therapy</b>	For CRPC (castration-recurrent prostate cancer) without distant spread, options are a clinical trial, observation, or hormone therapy. For distant spread, there are other hormone therapies, immunotherapy, chemotherapy, and other options.	<a href="#">74</a>

## How do I decide between options?

Ask your doctors many questions. Also, you could get a second opinion, use a decision aid, attend support groups, and compare pros and cons.	<a href="#">84</a>
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