

# Prostate Cancer

Paul Grogan has always been athletic. The 53-year-old power lifter and biker rarely went to the doctor – until he had a problem that became too embarrassing to ignore.

*"About four years ago I started to experience some leaking after urination. It wasn't a large amount, just a drip or two, but sometimes enough to actually be visible on my pants to the outside world. My girlfriend convinced me that I should go see a doctor." -Paul, Patient*

Tests revealed Paul had prostate cancer. Prostate cancer affects the walnut-shaped gland that sits between the bladder and penis. The prostate releases fluid that nourishes sperm and helps carry it out of your body. To diagnose prostate cancer, doctors use a combination of tests including a PSA blood test and a biopsy, in which samples of tissue are removed and examined under a microscope.

*"The doctor took 17 biopsy samples and 10 of those came back positive for cancer." -Paul, Patient*

Your health care provider will use your test results to figure out what's known as a Gleason score.

*"The Gleason score ranges from 2 to 10. And the score tells how similar your cells are to healthy cells within the prostate under the microscope. This also helps the doctor decide how likely your cancer is to spread. As the Gleason score becomes higher, the cancer is likely to become more aggressive to grow outside the prostate." -Dr. Jennifer Linehan, MD, Urologist*

Tests will also help your provider identify your cancer stage. Prostate cancer has four stages. Stage 1 cancer may be too small for the doctor to feel, and it's only in the prostate gland. Stage 2 prostate cancer may be large enough to feel, but it hasn't spread outside the prostate. Stage 3 cancer has grown outside of the prostate, but it hasn't reached the lymph nodes—bean-shaped glands that are part of your immune system—or to other organs. And stage 4 cancer may have spread to lymph nodes, bones, and other organs.

The treatment you get will depend on your cancer stage, your age and health, and your preferences. Some prostate cancers don't need to be treated right away—or at all.

*"Prostate cancer is generally a slow growing cancer. And for men who are over 70, who have prostate cancer that has not spread beyond the prostate—they can often opt for something called active surveillance. Active surveillance is where the doctor will monitor your PSA every 6 months and do prostate exams and will only treat your cancer if it starts to grow." - Dr. Jennifer Linehan, MD, Urologist*

The treatment Paul chose is a procedure called radical prostatectomy.

*"This surgery removes the prostate and some of the tissue around it. When this is done through tiny incisions,*

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*this is called a laparoscopic radical prostatectomy.”- Dr. Jennifer Linehan, MD, Urologist*

Radiation is another treatment that uses high-energy X-rays delivered from a machine outside your body, or from seeds implanted inside your body, to kill cancer cells. It’s an alternative to surgery in men with early-stage prostate cancers, or it can be used with hormone therapy in cancers that have spread. Hormone therapy works by lowering levels of male hormones called androgens in your body. Prostate cancer needs these hormones to grow. This treatment is an option for prostate cancer that has spread.

Chemotherapy uses drugs to kill cancer cells all over your body. It may be an option if your cancer has spread and hormone therapy hasn’t worked. Today, there’s also a vaccine that works against prostate cancer.

*“Unlike vaccines for measles or mumps, which prevent these infections, the prostate cancer vaccine helps your immune system fight off the cancer once you already have it.”- Dr. Jennifer Linehan, MD, Urologist*

Surgery and other prostate cancer treatments work well, but they can have side effects—including controlling urination, as well as trouble getting an erection, which happened to Paul. Fortunately, the effect was only temporary.

*“I currently have a full and active sex life, I’m happy to say.”-Paul, Patient*

Paul is staying on top of his health, getting PSA blood tests to make sure the cancer hasn’t come back and once again following his fitness regimen.

*“After the surgery they said I probably wouldn’t be able to walk that far, just because of just general post-surgical recovery. However, I’m really stubborn, so what should have been maybe a hundred yards ended up being half a mile. Then it turned into a mile, then two.”-Paul, Patient*

And with his cancer successfully treated, Paul intends to keep going the extra miles.