

Prostate cancer (localized, low risk): treatment options

Use this **Option Grid™** decision aid to help you and your healthcare professional talk about how best to treat your low risk localized prostate cancer.

Localized prostate cancer **Option Grid** decision aids are also available for *intermediate risk* (<http://optiongrid.org/option-grids/grid-landing/72>) and *high risk* (<http://optiongrid.org/option-grids/grid-landing/30>) individuals.

Frequently Asked Questions ↓	Watch and wait	Active surveillance	Low dose brachytherapy	Radiotherapy and neoadjuvant hormones	Surgery
What does this treatment involve?	Treatment will aim to control symptoms. You will get regular checks and blood tests.	You will get regular checks with blood tests and prostate biopsies. If you change your mind or if the cancer changes, you will be offered treatment aimed at cure.	Small radioactive pellets are put into your prostate under general anesthetic.	Radiation beams and hormone therapy are used together for four to eight weeks, where you visit the hospital every weekday.	The prostate gland is removed under general anesthetic. You will stay in hospital for at least one night.
How will this treatment affect long-term survival?	After around 10 years, approximately 85 in every 100 men (85%) will be alive.	After around 10 years, approximately 90 in every 100 men (90%) will be alive.	After around 10 years, approximately 90 in every 100 men (90%) will be alive.	After around 10 years, approximately 90 in every 100 men (90%) will be alive.	After around 10 years, approximately 90 in every 100 men (90%) will be alive.
Will I need additional treatment?	Perhaps. Other treatments may be needed to control your symptoms.	Perhaps. Around 30 in every 100 men (30%) will need additional treatment.	Perhaps. Some men benefit from using hormones to shrink the prostate before brachytherapy.	Yes, most patients have hormone treatment for at least three months before radiotherapy.	Perhaps. Radiotherapy might be offered to you after surgery.
What are the side effects associated with this treatment?	Does not apply	Symptoms generally occur in the first two weeks after biopsy, typically pain, and blood in sperm, urine or stools. 10 in every 100 men (10%) get a urine infection.	After the treatment, most men will pass urine frequently, and have bleeding. Some men will be unable to pass urine. After six months, around 30 in every 100 men (30%) will have problems with erections, and some men may pass urine more often than before.	After the treatment, most men will pass urine frequently, have diarrhea and tiredness. After six months or more, around 30 to 60 in every 100 men (30 to 60%) will have problems with erections. A few men will become incontinent and have bowel problems.	Most problems happen immediately after surgery. Most men will have some incontinence for the first three months. After six months or more, around 40 to 70 in every 100 men (40 to 70%) will have problems with erections. A few men will become incontinent.
How long before I return to usual daily activities?	Does not apply	2 days	2 weeks	6 weeks	12 weeks

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Evidence document: <http://optiongrid.org/admin/resources/grid/evidences/31.pdf?x=or0GUcuQ5>

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