for a while. The older a man is when he is treated, the more likely he is to have problems getting good erections and having perfect bladder control.

In general, similar complications can develop regardless of which type of radiation is used. This includes Proton Beam, permanent seed implants (brachytherapy), high-dose, temporary brachytherapy, IMRT, IGRT, SBRT and any other form of radiation to the prostate. The intent of the treatment is to deliver sufficient radiation to eliminate the cancer. However, the urethra, which goes through the center of the prostate, the bottom of the bladder, and the surface of the rectum that is next to the prostate also receive radiation. It is radiation to these areas that causes complications like urinary frequency, urgency, burning with urination and difficult bladder emptying. These symptoms can start during the first few weeks or months following the completion of the therapy and can last for a year. They tend to gradually go away and medications that are prescribed to minimize these problems can be beneficial.

Helpline Corner

Jan Manarite, PCRI, Senior Educational Facilitator

Mr. N.B. called the PCRI Helpline in March of this year, along with his wife. He is a military veteran and was recently diagnosed with prostate cancer. He was 62, had a PSA of 7 (before biopsy), and a Gleason of 3+3=6 on his biopsy pathology report. N.B. was looking for more information, as he felt rushed by his urologist to make a treatment decision very soon. Both he and his wife felt unsure about what to do. He did have copies of his medical records, so that was very helpful. His wife was worried about him dying soon, and claimed that this was the impression they got from their recent doctor's appointment. But they felt a strong need to slow down, and do further research.

As N.B. read his pathology report, it was clear that his Gleason score from the biopsy was 3+3=6 as there was no reference to any other Gleason Score. I asked them if they understood what this meant. They said they weren't sure. I proceeded to explain that the Gleason was just part of the overall risk category evaluation for a newly diagnosed patient (PSA, Clinical Stage, and core percentages were also important), but that the purpose of the Gleason was to help evaluate the aggressiveness of the cancer cells. For biopsy Gleason – a Gleason of 6 was the lowest, and the least aggressive he could have. Many experts agree that Gleason 6 should not even be called a cancer since it never metastasizes.

His wife became emotional and instantly relieved. I directed them to websites that explained the Gleason 6 issue further, including PCRI's, but also Stanford, American Cancer Society, and Johns Hopkins. N.B. also was encouraged, and no longer worried about dying soon, which was weighing heavily on them both. He decided to take more time to research his options, is consulting with a radiation oncologist and may consider active surveillance.

It is important to remember that every prostate cancer is different. The best way to understand yours is to have copies of your medical records. Because N.B. had a copy of his pathology report, we were able to speak about accurate details, which enabled me to empower him. Mental recall and verbal information are inadequate when you are trying to evaluate the specifics of your cancer. PCRI is here to help.