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## Treatment choices for Non-Metastatic Prostate Cancer

The treatment available for Non Metastatic prostate Cancer includes Radical prostatectomy, Radical Radiotherapy and Active Surveillance

### Active Surveillance

Includes close observation with periodic physical examination, PSA, biopsies at regular intervals. Advantages – Avoids treatment preserves QOL

Disadvantages – Under diagnosis of grade / stage / progress during the surveillance

### Treatment with Curative Intent

	Radical Prostatectomy	Radical Radiotherapy
Methods	Open/ Laparoscopic/ Robotics	External Beam / IMRT / IGRT/ Cyber knife/ Brachytherapy/ Proton
What does it entails	Operative intervention Remove the whole prostate with vas and seminal vesicles +/- lymph nodes Will have catheter after the operation. It will be removed after day 7. 1-2 days hospital stay Recovery period – few weeks in Robotics & few months in open surgery	Treatment with radiation Can be from 1 -6 weeks ( depending on the modality) Initially scans are performed and then radiation is initiated Usually does not need anaesthesia hospitalisation (except Brachy) Recovery period 4- 6 weeks after radiation is completed
Complications	Bleeding / infection / injury to surrounding tissues Rectal injury can happen on rare occasion and will need further treatments / operations	Bleeding / infection can happen Urinary and feacal urgency can happen and may stay forever Patients with pre existing urinary difficult may have precipitation of retention Late secondary pelvic cancers are known to happen rarely
Urinary symptoms	Symptoms like difficult in passing urine/ slow stream etc will resolve	Symptoms might improve , usually does not resolve completely and if necessary may need an operation to core the prostate ( TURP)
	Stress Leak will happen in most	Stress leak usually does not

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Incontinence (urine leakage)	patients immediately after surgery & will require 3-4 pads a day Improves in 2- 6 weeks with active pelvic floor exercises With time almost all patients will become dry	happen with RT. Almost all patients experience urinary urgency. Some will have urge leak as well, especially as a late symptom
Erection problems	All patients will experience it after operation Nerve sparing operation + Viagra will improve erections in some patients	RT will affect erections in many patients. Brachytherapy appears favourable for preserving erections
Cancer cure / control	Depends on final histopathology (grade/ stage) and PSA at 3 months Surgical patients have better survival than radiation patients in large retrospective studies <sup>1, 2</sup>	Depends on grade / stage
Long term Local symptoms	As prostate is removed, worsening of urinary symptoms, late obstruction of Ureters, recurrent blood in the urine usually does not happen	As prostate is still inside, worsening of urinary symptoms, late obstruction of Ureters, recurrent blood in the urine may happen
Further (adjuvant / Salvage) treatment	After operation , if necessary further radiation can be done with no increased risk of complications	After radiation , salvage operation can be done on very rare circumstances with reasonably high levels of complications

**References**

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