

# Radiation Therapy for Prostate Cancer

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Prostate cancer is the most common form of cancer affecting men. The American Cancer Society estimates that this year more than 185,000 men will receive a diagnosis of prostate cancer, and more than 28,000 will die of the disease.

Prostate cancer has some unusual characteristics. For example, it is remarkable for the wide variation in its natural history and prognosis. Prostate cancer can range in behavior from a very slowly progressing tumor that presents no threat to life and may in fact never require any active treatment whatever, to a highly aggressive and widely metastasizing cancer that is rapidly fatal.

In some respects at least, prostate cancer can be considered an almost inevitable product of aging: almost 75 percent of men 80 years and older have signs of cancer in their prostate glands. Yet few of these men will actually die the disease; most will die of other causes and may never experience any symptoms at all related to their prostate cancer. In fact, although 1 man in 6 is diagnosed with prostate cancer during his lifetime, only 1 in 35 dies of it.

With such a wide range of possible presentations and outcomes, it is perhaps not surprising that no single standard of treatment has emerged as clearly better than the rest. For many years it was simply assumed that all men diagnosed with prostate cancer, even those with tumors localized to the prostate gland, required surgical removal of the gland in a major procedure known as radical prostatectomy (RP). But with the advent of better techniques for delivering radiation to the prostate gland, radiation treatment has gradually become an accepted treatment option, in many cases enabling men to forego surgery altogether. Yet there is almost no scientific evidence to indicate which method of treatment is superior in terms of effectiveness and treatment outcome. In fact, there is not even a solid consensus about whether all patients actually require intervention, or whether they can be safely managed conservatively with no immediate treatment.

Just last month, at the American Society of Clinical Oncology's 2008 Genitourinary Cancers Symposium, held in San Francisco, the results of a major prostate cancer study were released. This study, the largest to date investigating the progress and outcome of localized prostate cancer in older men, found that in the majority of such cases there was no need for interventions such as surgery or radiation; these cases could be managed purely by 'watchful waiting' - i.e., periodic observation and monitoring of PSA levels.

The release of these results came soon after the publication of another important prostate cancer study which also concluded that older men with localized prostate cancer did not, as a rule, need to be treated aggressively (Wilt 2008).

Interviewed by Reuters Health, the lead author of this study, Timothy Wilt, MD, MPH, of the Minneapolis Veterans Administration Center for Chronic Disease Outcomes Research, commented on the sparseness of solid data evaluating many of the treatments, such as radiation and surgery, that are routinely offered to men with localized prostate cancer. Because there have been so few well-designed randomized, controlled clinical trials (RCTs), "patients and providers must make treatment decisions based on limited and inadequate information," he said.

With so much uncertainty surrounding the optimum approach to localized prostate cancer, how are men to make sound treatment choices? Can radiation be safely substituted for surgery? Do men treated with radiation alone have the same outcome as men treated with surgery? How safe is radiation for prostate cancer? What are the adverse effects and complications of radiation treatment for prostate cancer?

This 33-page report is designed to help prostate cancer patients understand how radiation is used in the treatment of prostate cancer, and to provide patients with the tools they need in order to make a careful, informed assessment of whether or not radiation therapy is likely to be the treatment of choice in their particular case. To purchase this report, please click here .

