ADVANCED UROLOGY

PATIENT GUIDE

Understanding prostate cancer and your options

A plain-language guide from Advanced Urology. Learn how prostate cancer is described, how it is evaluated, and how to compare choices with your care team — without rushing the decision.

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A guide for a conversation with your care team

Understanding your diagnosis

A prostate cancer diagnosis can feel overwhelming. Many prostate cancers are found while they are still inside the prostate, and many grow slowly. That often means you have time to understand your results, ask questions, and choose a path that fits your cancer and your life. Treatment is not automatically surgery, and there is no single plan that is right for every person.

What shapes the conversation

Your options depend mainly on how the cancer looks under the microscope (grade), how much cancer is present, your PSA pattern, whether the cancer appears confined to the prostate, and your overall health and priorities.

Grade Group	Gleason pattern	In plain language
1	6 (3+3)	Lower grade. Often grows slowly.
2	7 (3+4)	Mostly lower-grade pattern, with some more active cells.
3	7 (4+3)	Mostly the more active pattern.
4	8	Higher grade.
5	9 or 10	Highest grade. More likely to behave aggressively.

Volume matters too: cancer in one or two biopsy samples is different from cancer in many samples. Stage describes whether the cancer appears inside the prostate, through the capsule, in lymph nodes, or farther away.

About PSA

PSA is a blood test. A higher value can be caused by prostate cancer, BPH, infection, or inflammation. **There is no single PSA number that is “normal” for every person.** Your team interprets your PSA with your age, prostate size, exam, trend over time, and other findings.

Risk groups

Clinicians combine grade, PSA, stage, and biopsy findings into a risk group (for example, low, favorable or unfavorable intermediate, or high). This is a starting point for discussing options, not a personal prediction. Your team will tell you how your results are grouped and what that means for you.

Seek urgent care now

- You cannot urinate and your lower belly is painful and swollen
- After a biopsy, you have a high fever or shaking chills
- Sudden leg weakness or numbness, or new loss of bladder or bowel control
- Call 911 for chest pain, trouble breathing, or fainting

Early prostate cancer often causes no symptoms. Urinary changes can also come from BPH. Later or spreading disease may cause bone pain, unexplained weight loss, or swelling. Any new or worsening symptom should be reported, but symptoms alone do not tell you the stage.

Your evaluation

Additional tests sharpen the picture before you choose a treatment. Not everyone needs every test.

Test	What it can add
PSA and exam	Trends over time and how the prostate feels. Useful before diagnosis and during follow-up.
Prostate MRI	Shows suspicious areas, their size and location, and whether cancer may extend outside the prostate. It can also guide biopsy.
Prostate biopsy	Confirms cancer and assigns a Grade Group. At Advanced Urology, biopsies are typically transperineal MRI fusion biopsies: your MRI is combined with live ultrasound to target suspicious areas, and the needle goes through the skin behind the scrotum rather than through the rectum, which can lower infection risk. These biopsies are performed under anesthesia in our own accredited surgery centers. You are asleep during the procedure, with anesthesia to control pain. Some soreness can occur afterward.
Genomic tests on biopsy tissue	For some men, especially with lower or intermediate risk, gene activity in the cancer cells may help decide between close monitoring and treatment.
Imaging for spread	If risk is higher, or if PSA later rises, your team may recommend a PSMA PET scan or other imaging such as CT or a bone scan.
Inherited (germline) genetic testing	May be discussed if you have a strong family history of prostate, breast, ovarian, or pancreatic cancer, or higher-risk disease. Results can affect your care and may matter for relatives.

What to bring

- Your biopsy report, including Grade Group and how many cores contained cancer
- PSA history, not just the most recent number
- MRI or other imaging reports, if you have them
- A full medication and supplement list
- Family history of prostate, breast, ovarian, or pancreatic cancer

Medicine safety

If a biopsy or treatment is planned, **do not stop blood thinners or other prescribed medicines on your own.** Your surgical or procedural team and the clinicians who prescribe those medicines will make a plan that fits you.

Second opinions are reasonable

Because more than one sound option often exists, many people also meet with a radiation oncologist or request another urologic opinion. Asking for that conversation is a normal part of careful decision-making.

Compare your options

Not every prostate cancer needs treatment right away. Many men with lower-risk cancer are watched closely. If treatment is needed or wanted, common paths include robotic surgery, radiation, and, for selected men, Vanquish. Neither surgery nor radiation is automatically “the better” choice for every person.

Active surveillance is not the same as watchful waiting

	Active surveillance	Watchful waiting
Goal	Watch closely so treatment with curative intent can still be offered if the cancer changes.	Focus on comfort and treat symptoms if they appear, rather than trying to cure the cancer.
Who it may fit	Many men with low-risk cancer, and some with favorable intermediate-risk cancer, who would treat if needed and can keep testing appointments.	Often considered for older men or men with other serious health problems, when treatment risks may outweigh the likely benefit.
What follow-up involves	Regular PSA tests, visits, MRI as advised, and repeat biopsies when needed.	Fewer tests, with attention to symptoms and quality of life.
If things change	Move to treatment intended to control or remove the cancer.	Treat symptoms as they arise.

Option	What it is	Urinary, sexual, and bowel effects to discuss	Recovery notes
Active surveillance	Scheduled monitoring. Treat later if tests change or you decide you want treatment.	Usually no treatment-related change in urine control, erections, or bowels. Worry about living with untreated cancer is real and worth discussing.	No treatment recovery, but you must keep appointments. Missing follow-up makes this approach less safe.
Robotic radical prostatectomy	The prostate and seminal vesicles are removed through small incisions. The surgeon controls the robot. Lymph nodes may be removed. Nerves that help with erections may be spared when it is safe to do so.	Leakage is common at first and often improves over weeks to months; some men have lasting leakage. Erections are often weaker; recovery can take a year or more and may be incomplete. There is no ejaculation after surgery. Nearby-organ injury is a surgical risk.	Usually a catheter for about a week, with activity limits until you are cleared. Many men go home the same day or the next day; your plan is individual.
Radiation therapy	External beam radiation uses shaped beams over a series of short sessions. Brachytherapy places radioactive seeds in the prostate. Some men receive both. Hormone therapy is often added for higher-risk disease. A gel spacer may be used to help protect the rectum.	Urinary burning, frequency, and a weaker stream can last weeks to months. Long-term leakage is less common than after surgery but can occur. Erections may fade over years. Bowel irritation or bleeding can occur.	External beam usually requires no hospital stay. Seed implants are typically outpatient under anesthesia. Surgery after radiation, if ever needed, is more difficult.

Vanquish focal therapy

At Advanced Urology, we use Vanquish. Vanquish is FDA 510(k)-cleared for prostate tissue ablation, and it is a self-pay option. Using your MRI and biopsy map, urologists can target tissue through the urethra, with no incisions. The FDA has not cleared or approved Vanquish as a treatment for prostate cancer or evaluated long-term cancer outcomes, so follow-up with PSA tests, MRI, and biopsies is required.

Risks, recovery, and living with the plan

Any operation or anesthesia carries risks such as bleeding, infection, blood clots, injury to nearby organs, hernia at an incision, and, rarely, more serious events. Radiation has risks of lasting bladder or bowel irritation or bleeding. No treatment is guaranteed to eliminate cancer or to avoid side effects, and some people later need additional treatment.

After surgery

- A catheter drains urine while the new connection between bladder and urethra heals
- Walking is encouraged; avoid heavy lifting until you are cleared
- Pelvic floor exercises, ideally started before surgery, can support recovery of bladder control
- Erection recovery, if it occurs, takes time. Medicines, devices, injections, or — later — an implant may be discussed. Orgasm is still possible, but it will be “dry”
- PSA after prostate removal should fall to a very low level. Your first PSA and the schedule that follows are an important part of follow-up

After radiation

- Fatigue and urinary or bowel irritation are common during treatment and for a time afterward
- Most bowel irritation improves, but lasting bleeding or pain should be reported
- If seeds are placed, your team will give you any short-term precautions that apply

On active surveillance

- A typical plan includes regular PSA checks, visits, MRI as advised, and repeat biopsy when needed
- Treatment may be recommended if tests change, or if you decide you would rather treat
- Moving to treatment does not mean surveillance “failed.” It means the plan found a change while treatment can still be discussed

After Vanquish, and hormone therapy

Vanquish is typically done under anesthesia in our own state-of-the-art surgery centers; some soreness can occur afterward. Side effects can still occur. Treatment may be repeated if needed, and surgery and radiation remain available. Insurance coverage may not be available, so costs need to be confirmed. Surveillance is appropriate when the cancer’s risk allows it — not simply to wait for a new treatment. Hormone therapy lowers testosterone and may be combined with radiation or used if cancer has spread, usually with oncology. Side effects can include hot flashes, fatigue, sexual changes, and bone thinning.

Call your team or seek emergency care if

- Fever, or a catheter that stops draining
- Heavy bleeding or large clots
- Worsening redness or drainage from an incision
- One leg becomes swollen, red, warm, or painful
- New, persistent bone pain, especially in the back or hips
- Call 911 for chest pain, sudden shortness of breath, or fainting

Side effects are treatable

Help for leakage and erection changes is part of urologic care. Ask about pelvic floor therapy, medicines, and procedures if problems last or are hard to live with. You do not have to wait until you “should be fine.”

Shared decisions and next steps

There is often more than one reasonable path. Your grade, your MRI, and what matters most to you — treating the cancer as definitively as possible, protecting erections or urine control, avoiding surgery, or delaying treatment unless it becomes necessary — should be spoken out loud.

Care at Advanced Urology

Many procedures, including biopsies and selected treatments, are done in our own state-of-the-art outpatient surgery centers. Anesthesia and comfort options are chosen for the procedure and for you. Our urologists can usually see you fast and schedule your procedure quickly.

Questions to take to your visit

- ☐ What is my Grade Group, how much cancer was found, and what is my risk group?
- ☐ Do I need any more tests, such as MRI, genomic testing, or a PSMA PET scan?
- ☐ Is active surveillance reasonable for me? How is that different from watchful waiting in my case?
- ☐ What would make you recommend moving from surveillance to treatment?
- ☐ How do surgery, radiation, and Vanquish compare for my cancer, including effects on urine control, erections, and bowels?
- ☐ What does Vanquish's FDA clearance cover, and what follow-up would I need?
- ☐ Is nerve-sparing surgery possible for me?
- ☐ Would hormone therapy be added, and for about how long?
- ☐ Should I also meet with a radiation oncologist or medical oncologist?
- ☐ How will we monitor me after whatever path I choose?
- ☐ If the cancer later needs more treatment, what options would I still have?

Explore care at Advanced Urology

Learn more about prostate cancer and how our team approaches evaluation and treatment:

advancedurology.com/conditions/prostate-cancer

You may also visit advancedurology.com or use the contact number published on the practice website to ask about an appointment. Care is individualized; this guide is not an offer of a specific procedure, schedule, or result.

Before you decide

Ask your clinicians to explain why they are recommending one path over the alternatives that also fit your risk group. Bring someone with you if you want help taking notes. It is reasonable to take time to decide when your team says waiting a short while is safe.

This guide is for general patient education. It is not personal medical advice and does not replace a visit with your own clinician. It does not list every possible test, treatment, benefit, or risk. No guide can predict your outcome or guarantee cancer control, cure, continence, or sexual function. Medicine changes — including any change to blood thinners — require a plan from your prescribing team. If you think you have an emergency, call 911 or go to the nearest emergency department.