PATIENT EDUCATION

Prostate cancer & radiation therapy

A plain-language guide for patients and families. Bring this to your visit. It does not replace advice from your clinician.

What is this cancer?

Prostate cancer starts in the prostate gland. Many cases grow slowly; some are more aggressive. PSA blood tests, MRI, and biopsy grade (Gleason / Grade Group) guide care. Options can include active surveillance, surgery, radiation, and hormone therapy. The "right" path depends on risk group, other illnesses, and what matters to you (urinary, bowel, and sexual function).

What you may notice

- Often no symptoms — a PSA rise or exam finding starts the work-up
- Urinary slowing or frequency that may be from the prostate or from other causes
- Bone pain if disease has spread — not typical of early cases
- Questions about erection and fertility that belong in the first consult

Usual care — the big picture

Surveillance is appropriate for some low-risk cancers. Surgery and radiation are both local treatments for many localized cases. Hormone therapy is added for higher-risk disease. We will not pressure you toward one local therapy; we will explain trade-offs.

Where CureRays may fit. CureRays delivers image-guided external radiation for selected prostate patients, with attention to bladder and rectal filling so the dose stays on the prostate. This is education, not a decision that radiation is required. Confirm the plan with your urologist and radiation oncologist.

What radiation treatment usually involves

- Consult, PSA/imaging review, and a discussion of risk group in plain words
- Simulation with a comfortably full bladder if that is your protocol
- Daily outpatient treatments with imaging
- Weekly urinary and bowel checks

Immobilization — why it matters

A mold or knee cushion keeps you from sliding. Immobilization is for accuracy. Follow your bladder/rectum sheet so the anatomy matches the plan.

Side effects you should know about

Effects depend on the area treated, the dose, and other therapies. This list is typical, not a promise and not complete. Confirm your personal list with your clinician.

- **Urinary.** Frequency or urgency — see the pelvic urinary handout.
- **Bowel.** Softer stool or urgency can occur.
- **Fatigue.** Mild to moderate in longer courses.
- **Sexual.** Erection change can occur over time; ask us early. Hormone therapy adds hot flashes and lower desire when used.
- **Rare / serious.** Inability to urinate, fever, or heavy bleeding need a same-day call.

What this means for you at CureRays

Radiation is one established local option for many localized and some regional prostate cancers. We will describe expected urinary, bowel, and sexual effects for your dose without quoting trial percentages that may not match you.

Questions to ask

- Is my cancer in a group that can be watched, or do I need treatment now?
- How do surgery and radiation compare for my goals?
- What daily bladder prep do you want?
- How will we watch PSA after the course?

How to schedule or learn more

CureRays Radiation Medicine® — 300 Sierra College Drive, Suite 150, Grass Valley, CA 95945

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