



UNDERSTAND YOUR CHOICES

Prostate cancer: treat or monitor?

Start with the risk of the cancer, then consider the burden of treatment.

A prostate cancer diagnosis does not mean everyone needs immediate treatment. The biopsy Grade Group, amount of cancer, PSA, stage, imaging, health and personal priorities help determine whether monitoring or active treatment makes sense.

Active surveillance is an active plan

For many people with low-risk localized cancer, particularly Grade Group 1, structured surveillance can avoid or delay treatment side effects while retaining the option of treatment if risk changes. It requires reliable follow-up; it is not simply ignoring cancer.

The cancer risk changes the conversation

Lower-risk localized

Surveillance often leads.

Selected intermediate-risk

Individual balance matters.

Higher-risk or spread

Specialist treatment often needed.

1

Define the risk

Review Grade Group, stage, PSA, tumor extent and relevant imaging.

2

Compare the choices

Discuss cancer control and urinary, sexual, bowel and overall-health effects.

3

Write the plan

Set monitoring dates, triggers to change course and contact arrangements.



COMPARE THE OPTIONS

Benefits, burdens & fit

Use this comparison to prepare for a shared decision.

OPTION	WHY CONSIDER IT	WHAT TO WEIGH
Active surveillance	Regular PSA and clinical review, with MRI and repeat biopsy as appropriate; treatment if the cancer is reclassified or progresses.	Often preferred for low-risk disease. Selected favorable intermediate-risk cases require careful counseling; it is not a guarantee against progression.
Watchful waiting / observation	Focuses on symptoms and quality of life rather than repeated testing aimed at later cure.	May fit limited life expectancy or substantial competing illness. Different purpose from active surveillance.
Radical prostatectomy	Removes the prostate and provides detailed pathology; a curative option for selected localized cancers.	Can affect continence, erections, ejaculation and fertility. Recovery, surgical risk and possible additional treatment matter.
Radiation therapy	External-beam treatment or brachytherapy can treat suitable localized cancer; hormone treatment may be added according to risk.	Urinary, bowel and sexual effects differ from surgery; hormone therapy adds its own burdens when used.
Focal treatment	Treats a selected area in carefully chosen situations.	Long-term comparative evidence and follow-up needs differ; ask about trials and the risk of untreated cancer elsewhere.
Higher-risk or spread disease	May need combined radiation, hormone/systemic treatment and specialist oncology input.	A localized-disease comparison is insufficient. Staging and a coordinated plan are essential.

Not every option is right for every person. Confirm the treatment, provider and location at your consultation.



BRING THIS PAGE TO YOUR VISIT

Your questions. Your next step.

A useful appointment ends with a plan you understand.

Questions to ask

- ☐ What is my exact risk group, and why?
- ☐ Am I a good surveillance candidate, and what would trigger treatment?
- ☐ How do surgery and radiation compare for someone like me?
- ☐ Would a second pathology opinion or multidisciplinary review help?

What you can do now

- Obtain copies of the biopsy report, imaging and PSA history. Do not choose from PSA alone.
- Discuss family history and whether inherited-risk or tumor testing would change care.
- Do not miss surveillance tests; a new PSA rise needs interpretation rather than an automatic treatment switch.

When to seek urgent care

New leg weakness, trouble walking, loss of bowel/bladder control or severe back pain can require emergency evaluation, especially with known advanced cancer. Inability to urinate also needs urgent care.

My next step / follow-up date: _____

Further reading & sources

1. National Cancer Institute - prostate information
2. National Cancer Institute - prostate information

Further reading: A Urology Consult in a Book, by David Shusterman, MD.



HOW OUR PRACTICE APPROACHES CARE

Modern tools. Less burden.

Our office approach is separate from the general treatment comparison.

The least invasive effective path

We prioritize effective care with less procedural burden when it fits your diagnosis, anatomy and goals. Our interventional service invests in advanced imaging for targeted procedures; equipment and manufacturers change over time. Imaging, contrast, radiation and anesthesia are discussed for your particular treatment.

Focused ultrasound expertise

Our practice provides modern in-office ultrasound for urology, gynecology and interventional care. Experienced, dedicated ultrasound technologists focus on these specialties, with much of their work in urology. An in-house radiologist interprets images, and treating physicians trained in image interpretation also review relevant studies. Ultrasound uses no ionizing radiation; CT, MRI or other tests may still be needed.

Prompt answers and a clear follow-up plan

We usually generate ultrasound reports and explain the findings and follow-up to patients the same day. Some studies need additional review, and turnaround varies. Ask what the result means and what happens next. Confirm your service and location before visiting.

More of your evaluation in one place

In-office blood collection and urine testing can reduce separate testing visits; preparation and result timing depend on the test. Bladder ultrasound can measure urine remaining after urination. For suitable men, we favor noninvasive UroCuff pressure-flow assessment when it can answer the question, rather than routine catheter-based urodynamics. These tests are not interchangeable; complex cases may need additional studies.