

UROLOGY CARE FOUNDATION

Prostate Health PLAYBOOK

Urology Care
FOUNDATION™
The Official Foundation of the
American Urological Association

Know
Your
Stats
About Prostate Cancer®

About the Urology Care Foundation

The Urology Care Foundation is committed to advancing urologic research and education. We work with researchers, health care providers, patients and caregivers to improve patients' lives. The Urology Care Foundation is the official foundation of the American Urological Association.



About Prostate Cancer®

African-Americans will be diagnosed with prostate cancer. About **1 in 3 men with a family history** will develop the disease.

Don't sit on the sidelines. Know your risk of prostate cancer. Talk to your health care provider about whether prostate cancer testing is right for you.

Know Your Risk. Talk to Your Doctor.

Table of Contents

I. Pregame Preparation	Pg. 2
II. What is Prostatitis?	Pg. 4
III. Score Your Prostate Symptoms	Pg. 6
IV. What is Enlarged Prostate?	Pg. 7
V. Who is at Risk for Prostate Cancer?	Pg. 9
VI. What is Prostate Cancer Screening?	Pg. 11
VII. Is Prostate Cancer Screening Right for You?	Pg. 13
VIII. What are the Treatment Options?	Pg. 14
IX. What is Incontinence?	Pg. 17
X. What is Sexual Health?	Pg. 18
XI. The Prostate Health Playbook Glossary	Pg. 19
XII. Postgame Wrap-Up	Pg. 21

The National Football League (NFL) and the Urology Care Foundation have teamed up to raise awareness about prostate cancer through the ***Know Your Stats About Prostate Cancer***® campaign. *Know Your Stats*® messages have been seen by millions of Americans on TV and radio, in print and on the Web.

Know Your Stats® has been a useful resource for men who don't know their risk. It also is making a difference for the more than 220,000 men who will be diagnosed this year.

The campaign is led by some of our favorite heroes of football, like Pro Football Hall of Fame member and prostate cancer survivor Mike Haynes. As a spokesperson for the campaign, Mike gives interviews across the country to raise awareness of prostate cancer. Mike's story gives hope to those diagnosed and in treatment. His story also reminds families to talk about their health history. Mike and his Team Haynes members work together to get this powerful message out to men everywhere.

After reading this Playbook, go to **KnowYourStats.org** to learn more. There you can find more information on prostate health, prostate cancer and its treatment, and life after. You can also find out about prostate health educational events taking place near you. Hospitals and doctors' offices across the country are hosting local events to help families learn about this potentially devastating disease.

Pregame Preparation: What should you know about your prostate?

Prostate health — much like success in football — depends a great deal upon key members of the team. In prostate health, the *urologist** is your head coach, the leader of your health care team. This team also includes you, your family and your friends working together to design and carry out the right game plan for you.

Any football fan or player knows the best defense is a good offense. Learning about your risk for prostate cancer is like learning about your football opponent. The more you know, the better you can pick the best plays to keep you off the sidelines and in the game – for life.

Only men have a *prostate*. This walnut-shaped gland is part of the male reproductive system. The prostate sits under the *bladder* and in front of the *rectum*. It surrounds the *urethra*, the tube that carries *urine* and *semen* out of the body (see pages 7 and 11 for drawings). The prostate's main job is to help make fluid for semen to help protect and energize the sperm. Think of semen as the offensive line. As the sperm run into the end zone where the female egg is waiting, the semen protects the sperm. This lets the sperm fertilize the egg and form a new life — touchdown! The *seminal vesicles*, found next to the prostate, also add fluid to semen.

The most common prostate health problems are non-cancerous enlarged prostate (*benign prostatic hyperplasia – BPH*), inflammatory disease (*prostatitis*) and prostate cancer. Men who have any problems when urinating should talk to their health care provider about their prostate health.

Because of its location inside the *pelvis*, there are no self-exams for men to check their own prostate. Health care providers use two tests to check prostate health. They are the *digital rectal examination (DRE)* and a blood test called *prostate-specific antigen (PSA)*.

African-Americans and men with a family history are at higher risk for prostate cancer. Men without these risk factors benefit most from screening for prostate cancer between the ages of 55 and 69.



27,000

More than 27,000 men die each year from prostate cancer in the United States.

What are Prostatitis and Chronic Pelvic Pain Conditions?

*Prostatitis** and chronic pelvic pain conditions are painful but common. While these conditions are not the end of the game, they can put any player on the sidelines.

Researchers estimate that 1 in 10 men get prostatitis-like symptoms.

What causes prostatitis and chronic pelvic pain conditions?

Prostatitis means inflammation of the prostate. Some prostatitis is caused by bacteria. It can be acute, and come on suddenly. It can also be chronic, and keep coming back. Chronic pelvic pain conditions have similar symptoms but do not seem to be caused by bacteria. For some men, the cause of their prostatitis or chronic pelvic pain is not known.

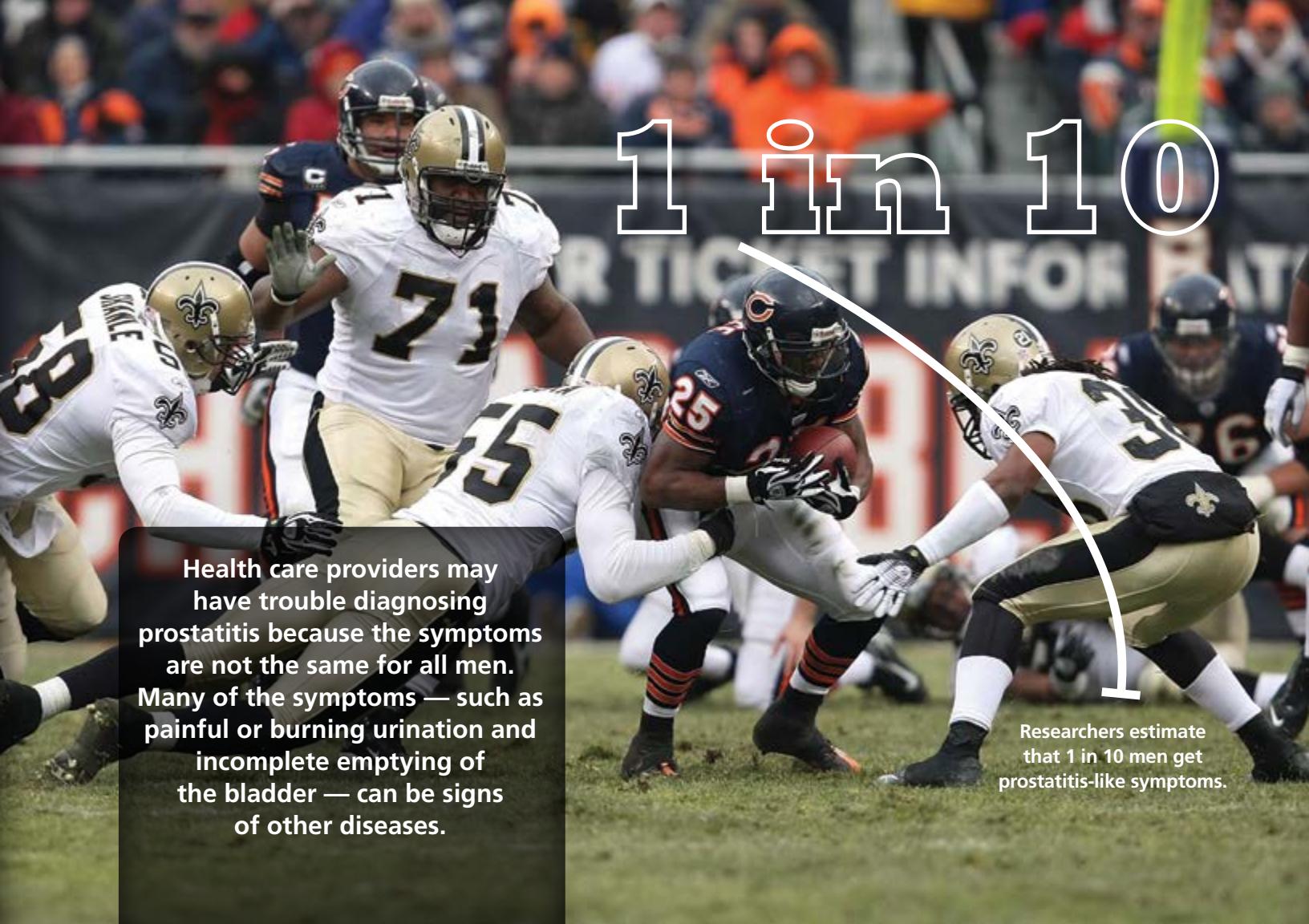
What is the game plan to treat prostatitis and chronic pelvic pain conditions?

The treatment is different for the different types of prostatitis disorders. It is important to make sure other health problems are not causing the symptoms. Problems such as inflammation of the *urethra* or *bladder*, *urinary tract infection* (UTI), an enlarged prostate, and cancer have similar symptoms. To help make an accurate diagnosis, several types of tests are useful. These include a *prostate-specific antigen (PSA)* blood test and a *digital rectal exam (DRE)*. A DRE is where your health care provider feels your prostate for anything abnormal. (See Page 10 for more information about these tests.)

A prostate infection can raise your PSA level. Your health care provider may also test samples of urine and prostatic fluid for signs of inflammation and infection. These samples may help the urologist find out whether the problem is inflammation or infection. These samples may also help the urologist find out whether the problem is in the urethra, bladder or prostate. The urologist may use *cystoscopy* — passing a small telescope through the urethra to see inside the urethra, prostate and bladder. The urologist may also order urine flow studies. These tests help measure the strength of your urine flow and any blockage caused by the prostate, urethra or pelvic muscles.

The treatment recommended often depends on the type of prostatitis a man has. For many men with prostatitis, the urologist may give antibiotics. Depending on his symptoms, a man may receive other treatments as well. While prostatitis may place you on the sidelines, it is not life threatening. Treatments are available once you are diagnosed.

For more information on prostatitis, visit UrologyHealth.org/Prostatitis.



1 in 10

Health care providers may have trouble diagnosing prostatitis because the symptoms are not the same for all men. Many of the symptoms — such as painful or burning urination and incomplete emptying of the bladder — can be signs of other diseases.

Researchers estimate that 1 in 10 men get prostatitis-like symptoms.

AUA Symptom Score

Have you noticed any of the following when you have urinated over the past month? Circle the correct answer for you and write your score in the right-hand column. Talk with your health care provider if your total score on the first seven questions is 8 or greater or if you are bothered at all.

	Not at all	Less than 1 time in 5	Less than half the time	About half the time	More than half the time	Almost always	Your score
Incomplete emptying — It does not feel like I empty my bladder all the way.	0	1	2	3	4	5	
Frequency — I have to go again less than two hours after I finish urinating.	0	1	2	3	4	5	
Intermittency — I stop and start again several times when I urinate.	0	1	2	3	4	5	
Urgency — It is hard to wait when I have to urinate.	0	1	2	3	4	5	
Weak stream — I have a weak urinary stream.	0	1	2	3	4	5	
Straining — I have to push or strain to begin urination.	0	1	2	3	4	5	
	None	1 time	2 times	3 times	4 times	5 times or more	Your score
Nocturia — I get up to urinate after I go to bed until the time I get up in the morning.	0	1	2	3	4	5	
Total AUA Symptom Score							

Total score: 0–7 mildly symptomatic; 8–19 moderately symptomatic; 20–35 severely symptomatic.

Quality of life due to urinary symptoms	Delighted	Pleased	Mostly satisfied	Mixed: about equally satisfied and dissatisfied	Mostly dissatisfied	Unhappy	Terrible
If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?	0	1	2	3	4	5	6

What is Enlarged Prostate?

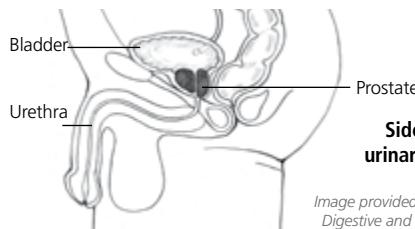
The prostate may become larger and start to cause problems as a man ages. Enlarged prostate is also known as *benign prostatic hyperplasia (BPH)**. The prostate of a 50-year-old man is about the size of a walnut or golf ball. But a prostate can grow to almost the size of a baseball or more. As the prostate enlarges, it can squeeze the urethra. This can cause some men to have lower urinary tract symptoms (LUTS), such as those listed on the previous page.

Who is at risk for enlarged prostate?

Aging is the biggest known risk factor for an enlarged prostate. Family history, obesity and high blood sugar may also be risk factors.

How is an enlarged prostate diagnosed?

The American Urological Association (AUA) designed a series of questions to find out how often symptoms occur. The AUA Symptom Score, on the previous page, allows men to rate their symptoms so their doctors can understand how bad they are.



Side view drawing of the male urinary tract, showing the prostate.

Image provided courtesy of National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health

When a health care provider checks a man for an enlarged prostate, he or she takes an in-depth health history. He or she may also ask questions from the AUA Symptom Score. The provider does a physical exam, along with a *digital rectal exam (DRE)*. The health care provider will often do a urine test called a *urinalysis* for a man with an enlarged prostate. The provider may also run other tests, including a PSA blood test. (For more information about the DRE and the PSA blood test, see Page 11.)

*All words that appear in *italics* are explained in the Glossary.

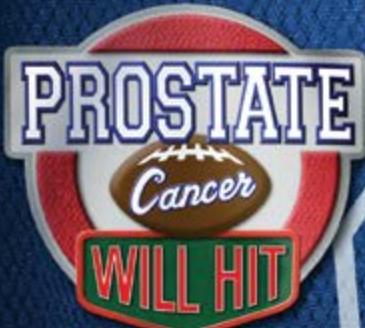
When should a man see a doctor about an enlarged prostate?

A man should see his health care provider if he has any of the symptoms mentioned on the previous page. Also, he should see a provider right away if he has blood in his urine, has pain or burning with urination or is not able to urinate. Your health care provider may refer you to a urologist. An enlarged prostate is not cancer and cannot lead to cancer. Still, both problems can happen at the same time. So whether their prostate is enlarged or not, men should talk to their health care providers about whether PSA testing is right for them.

What is the game plan to treat enlarged prostate problems?

As men age, enlarged prostates can get worse. Knowing if you have an enlarged prostate can help your game plan. An enlarged prostate can lead to bladder damage, infection and even kidney damage. One way to tackle an enlarged prostate can be to use prescription drugs. If drugs do not work, some minimally invasive options or minor surgery may help relieve symptoms. If symptoms do not improve after treatment, men should talk with a urologist who specializes in prostate issues to see if their problems may have a different cause.

For more information on BPH, visit UrologyHealth.org/BPH.



About 1 in 7 men
will be diagnosed
with prostate cancer
in his lifetime.

1 in 7

Who is at Risk for Prostate Cancer?

This year more than 220,000 American men will learn they have prostate cancer. That is more than twice the number of fans who could fit in MetLife Stadium, home of the NFL's New York Giants and Jets! Sometimes this cancer can be small, slow growing and of very little risk to the patient. Other prostate cancers may threaten a man's well-being or life. More than 27,000 men die each year from prostate cancer in the United States.

Who is at risk for prostate cancer?

While prostate cancer is rare before age 40, the risk grows with age. About **1 in 7 men** in the United States faces a diagnosis of prostate cancer in his lifetime. African-American men and men with a family history of prostate cancer are more likely to be diagnosed.

One in 5 African-American men will be diagnosed with prostate cancer in his lifetime. African-American men are also twice as likely to be diagnosed with more deadly forms of the disease.

About **1 in 3 men whose fathers or brothers had prostate cancer** will be diagnosed. Your risk grows if two or more close relatives have been diagnosed, or if they were diagnosed before age 55.

Men may be able to decrease their risk of prostate cancer if they eat a diet low in animal fat and high in fruits and vegetables. Most doctors agree that, if you do things that are **heart healthy**, you will also help keep your **prostate healthy**. Eating right, exercising, keeping to a healthy weight and not smoking can improve men's health and help them stay in the game.

What are the symptoms of prostate cancer?

In early stages, prostate cancer usually causes no symptoms. When symptoms do occur, they can be like those of an enlarged prostate, or BPH (see page 7). Thus, it is vital to talk to your health care provider when you have urinary symptoms.

Things to watch for include frequent urination, being unable to urinate, pain or burning with urination or weak urine flow. Blood in the urine or semen and painful ejaculation can also be symptoms. Pain in the hips, pelvis*, lower back or upper thighs that doesn't go away can be symptoms of later stage prostate cancer. So can loss of appetite and/or weight.

If you have any of these symptoms, talk to your health care provider about your prostate health.

How do you screen for prostate cancer?

Screening is when you test for a disease even if you have no symptoms. The *prostate-specific antigen (PSA)* blood test is the main method for screening for prostate cancer (see page 11). Your health care provider may also do a *digital rectal exam* (see page 11).

What is PSA?

PSA is a protein made only by the prostate gland. Remember, a high level of PSA can be a sign of other prostate diseases, not just prostate cancer.

For more information about prostate cancer stats and symptoms, visit KnowYourStats.org/Resources.

*All words that appear in italics are explained in the Glossary.



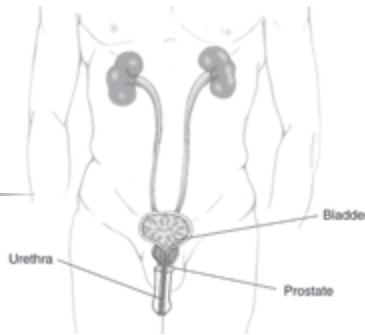
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African-American men
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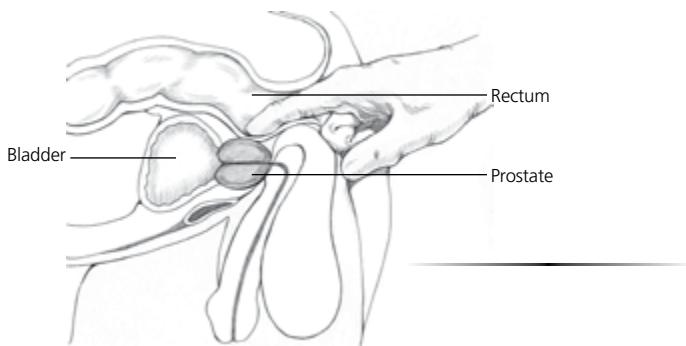
What is Prostate Cancer Screening?

What is the PSA test?

This blood test measures the level of prostate-specific antigen (PSA) in the blood. Very little PSA is found in the blood of a man with a healthy prostate. Keeping your opponent's score low is the name of the game. A low PSA is better for prostate health. A rapid rise in PSA may be a sign that something is wrong. One possible cause of a high PSA level is enlargement of the prostate (discussed on Page 7). Inflammation of the prostate, called *prostatitis**, is one more possible cause. (See Page 4 for more information on prostatitis.) Prostate cancer is the most serious cause of a high PSA result. Talk with your health care provider about whether the PSA test is right for you. If you decide to get tested, be sure to talk about changes in your PSA score with your provider. This can help you stay on top of your game.



The male urinary tract. The prostate surrounds the urethra, the tube that carries urine out of the body.



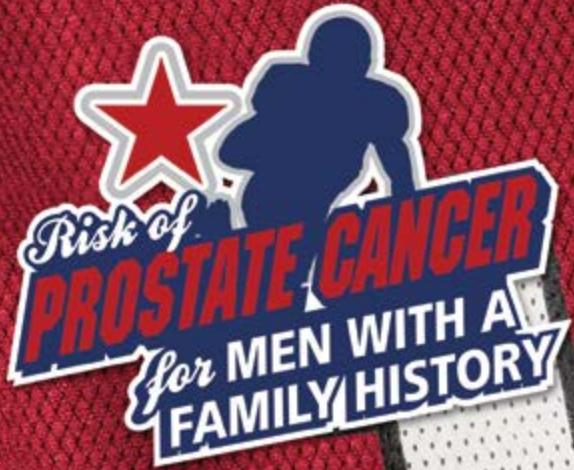
Digital (Finger) Rectal Exam, or DRE

Image provided courtesy of National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health

*All words that appear in *italics* are explained in the Glossary.

What is the DRE?

During a DRE, the health care provider puts a lubricated gloved finger into the rectum. He or she feels for abnormal shape or thickness in the prostate. The DRE can help the provider find prostate problems.



One in three men
whose fathers or
brothers had prostate
cancer will be diagnosed
with the disease.



Is Prostate Cancer Screening Right for You?

The choice to be screened for prostate cancer is a personal one. Before you decide to have a PSA test, talk with your health care provider about your own risk for prostate cancer and your personal preferences for screening. Also talk about the benefits and risks of testing.

Should I be screened for prostate cancer?

Men should talk to their health care provider about their prostate cancer risk and whether PSA testing is right for them.

You are at **higher risk** and may want to talk to your doctor about prostate screening **before age 55** if you:

- are **African-American**, or
- have a **family history** of prostate cancer.

If you are not at higher risk, men aged 55 to 69 benefit most from screening.

Does a high PSA mean I have prostate cancer?

Not necessarily. Less than one-third of high PSA results are caused by prostate cancer. If a PSA is high or DRE is not normal, your doctor may repeat your PSA or do further testing.

A prostate *biopsy** (tissue sample) is the only way to know for sure if you have cancer. The biopsy removes small pieces of prostate *tissue*. A *pathologist* (a doctor who identifies diseases by looking at them under a microscope) looks at the prostate tissue to see if cancer is there. If cancer is seen, the pathologist will also "grade" the tumor. The grade tells the tumor's aggressiveness — that is, how quickly it is likely to grow and spread.

Possible benefits of a PSA test:

- A normal PSA test may put your mind at ease.
- A PSA test may find prostate cancer early before it has spread.
- Early treatment of prostate cancer may help some men slow the spread of the disease.
- Early treatment of prostate cancer may help some men live longer.

Possible risks of a PSA test:

- A normal PSA result may miss some prostate cancer.
- Sometimes the test results suggest something is wrong when it isn't (a "false positive"). This can cause unneeded stress and worry.
- A "false positive" PSA result may lead to an unneeded prostate biopsy.
- A positive PSA test may find a prostate cancer that is slow-growing and never would have caused you problems.

Possible risks of biopsy and treatment:

Biopsies can cause side effects of bleeding and infection. Treatment of prostate cancer can also cause side effects. Erection problems, urine leakage or bowel problems can occur.

For more information on the benefits and risks of screening, visit KnowYourStats.org/Resources. There, you can also find tools for you and your health care provider to make a shared decision on whether PSA testing is right for you.

*All words that appear in *italics* are explained in the Glossary.

What are the Treatment Options?

What is the game plan to treat prostate cancer?

Active surveillance* is where your doctors watch your cancer closely with regular PSA (and other) tests. Most prostate cancers never become life-threatening, so not all men need treatment right away. Active surveillance is a good choice for men with no symptoms and a slow-growing cancer. If your cancer is not expected to grow very quickly, this choice can give you years with good quality of life. It is also a good choice for older men and men who have other serious health issues.

Radiation therapy uses high-energy rays to kill cancer cells. Radiation can be used as primary treatment for prostate cancer (in place of surgery). It can also be used after surgery if the cancer is not completely removed or it returns. Imaging tests are run to find the exact location of the tumor. Then one of two kinds of radiation therapy are used. Brachytherapy (where small, radioactive “seeds” are placed inside in the prostate) is the most common internal radiation. External beam radiation is where the prostate is treated with targeted rays from outside the body.

Radical Prostatectomy (RP) is surgery that removes the prostate, the seminal vesicles, nearby tissue and some of the lymph nodes. Cancer cells may be scattered throughout the prostate gland. Because of this, the whole prostate must be removed. There are several ways to perform an RP. The surgeon can go in through the lower abdomen (retropubic open). The surgeon can go in between the scrotum and the anus (perineal). The surgeon can also do *laparoscopic surgery* (with several small incisions for the use of tube-like instruments) with or without robotic assistance.

Cryotherapy freezes the prostate to kill cancer cells. During cryosurgery, your doctor places small needles into the prostate. A cold gas is placed

into the needles, freezing the prostate tumor and nearby tissues. After each freezing process (there are usually two), the tissue is able to thaw. This repeated freezing and thawing cycle kills the cancer cells.

Hormonal therapy uses drugs to lower or block testosterone and other male sex hormones. This can stop or slow the growth and spread of prostate cancer.

Chemotherapy drugs may kill prostate cancer cells that have spread. Hormone therapy and chemotherapy can be used to reduce prostate cancer growth and/or to reduce prostate cancer-related symptoms.

Doctors are looking at new, more targeted treatments for prostate cancer. One newer treatment currently in use is **Immunotherapy**. This treatment boosts the ability of the immune system to fight prostate cancer.

Get support. To find support group options near you, contact Us TOO International at www.UsTOO.org or 800-808-7866.

What is the game plan after prostate cancer?

After treatment, you may feel like you ran into the end zone while scoring the game-winning touchdown. You may feel very emotional and even overjoyed. You could also feel anxious with thoughts of *recurrence* (your cancer returning). Whatever you’re feeling, talk to your doctor about any issues you may have. That lets you work together as a team. By now, you know your stats about the disease, and you’ve built a solid game plan with your doctor. So it’s time to plan out your defense for any side effects of treatment.

For more information on treatment for prostate cancer, please visit KnowYourStats.org/Resources.

220,000



More than 220,000 men in the United States will be diagnosed with prostate cancer this year.

Your treatment choice should be based on your personal health and fully discussed with your doctor and family. While treatment choices differ, each year more men are surviving prostate cancer and winning back their lives. Prostate cancer can be a manageable disease if caught early and treated appropriately.



2.5
MILLION

There are 2.5 million
men in the U.S. who are
prostate cancer
survivors.

Life After Prostate Cancer

Now you have finished treatment, and it is time to begin thinking about the postseason. **Incontinence*** is when you cannot control your urine. After prostate cancer treatment, you may leak or dribble urine. While this is very common, being incontinent can affect your physical and emotional healing.

What kinds of incontinence are there?

There are several types of incontinence. **Stress incontinence (SUI)**, the most common, is when urine leaks when coughing, laughing, sneezing or even exercising. It is caused by problems with the muscular valve that keeps urine in the bladder (the bladder sphincter). Prostate cancer surgery or radiation may harm the muscles that form this valve or the nerves that keep the muscles working. **Overflow incontinence** happens when you are not able to empty the bladder fully. You may find yourself taking longer to urinate, and when you do, you get a weak stream of urine. This can occur because your bladder outlet is blocked or narrowed by scar tissue. Men with **overactive bladder, or urge incontinence**, have a sudden need to urinate even when the bladder is not full. This can happen with or without urine leakage. **Mixed incontinence** is a blend of stress and urge incontinence with symptoms from both types. While uncommon, some men can experience **continuous incontinence** – not being able to control urine at any time.

How long can incontinence last after treatment?

After surgery or radiation, improvement in urine control can take several weeks to several months. It varies from patient to patient, and your own healing could be quick or slow. You should talk to your doctor about what to expect after treatment.

What is the game plan to treat incontinence?

Treatment is based on many factors, such as what kind of incontinence you have and how much it affects you. While you may feel embarrassed, incontinence is common and can be treated. Many men regain full control and get back into the game.

Before and after treatment, you may be told to do *Kegel exercises*. This tensing and relaxing of certain pelvic floor muscles helps strengthen your bladder control. Your doctor can refer you to a physical therapist who specializes in *pelvic floor rehabilitation*. They can teach you how to do these exercises the right way. You may also need to change your diet, liquid intake or prescription drugs to help gain better control.

In the short term, your urologist may prescribe drugs to help you maintain better control. Your urologist may also suggest electrical stimulation of your bladder muscles and nerves. Additional surgery can be a long-term treatment option. A surgeon can inject collagen (a natural protein) into the bladder opening and urethra to tighten the bladder sphincter. A small device called a urethral sling can be surgically implanted to tighten the bladder neck. Urologists can also implant an artificial sphincter to control urination. If your incontinence is not managed with these options, talk with your urologist and make a game plan. There is also a wide range of absorbent products that can help you cope with this issue.

For more information about incontinence after prostate cancer treatment, visit KnowYourStats.org/Resources.

*All words that appear in *italics* are explained in the Glossary.

Life After Prostate Cancer

Maintaining a good sexual life is important not only for your health but also for the health of your relationship with your partner. While ***erectile dysfunction (ED)**** is common after treatment, it can be treated.

What causes erection problems after prostate cancer treatment?

Nerves that are involved in an erection surround the prostate gland. Surgeries may harm nerve bundles that control blood flow to the penis, causing ED. While most surgeons will do a *nerve-sparing procedure*, saving the nerves from harm is not always possible. If the cancer spread around the nerves, they may need to be removed. If nerves are damaged, the brain can no longer send a clear signal to the penis to start an erection. Also, there could be less blood flowing to the penis after treatment. During surgery, the blood vessels that bring blood to the penis to help it expand during arousal are harmed. While blood will still flow to the penis, it may not get erect enough for penetration.

How long can ED last after treatment?

Men can have ED issues for varying amounts of time. However, the ability to recover depends in part on the type of treatment. It also depends on whether you had erection problems before surgery. It is important to know that some men may recover full ability after surgery, but many men will not. If you are having trouble, do not feel embarrassed. Your doctor can offer you a variety of treatment choices for your playbook.

What is the game plan to treat erection problems?

To get the greatest benefit from treatment, it is important to communicate clearly with your doctor. Equally important is clear communication with your partner, a vital member of your team.

Oral drugs are often the first line of treatment for ED. They can improve blood flow to the penis. Vacuum pumps are mechanical devices used to create an erection. Injections can be used to increase blood flow, which creates an erection. Your doctor can help you decide which choice is best for you. If ED continues, a permanent penile implant may be an option. This surgery places a device in the erectile tissue of the penis.

If any of these treatment options are needed, your urologist will help you decide on the best choice for a game-winning season. What is most important to remember is that there are options that can work for every patient. To reach better sexual health, have an open and honest talk with your doctor.

If you have a partner, you may be worried about maintaining sexual intimacy and your relationship. If you do not have a partner, you may want help talking through how to manage your dating life after prostate cancer treatment. Either way, you (and your partner) may benefit from the advice of a counselor who specializes in discussing sexual issues. Your urologist may be able to refer you to medical professionals and counselors who specialize in ED after prostate cancer. You can also find a certified sex therapist near you at the website of the American Association of Sexuality Educators, Counselors and Therapists at www.aasect.org.

For more information about ED after prostate cancer treatment, visit KnowYourStats.org/Resources.

The Prostate Health Playbook Glossary

Active surveillance: Watching prostate cancer closely using PSA, DRE, other tests and possibly biopsies on a regular basis

Benign prostatic hyperplasia (BPH): An enlarged prostate not caused by cancer. BPH can cause problems urinating because as it grows, the prostate squeezes the urethra

Biopsy: Samples of prostate tissue are removed to look at under a microscope and see if they contain cancer or other abnormal cells

Bladder: The balloon-shaped pouch of thin, flexible muscle in which urine is stored before leaving through the urethra

Brachytherapy: A type of therapy for prostate cancer where small, radioactive "seeds" are placed in the prostate

Chemotherapy: The use of medications to kill prostate cancer cells

Cryotherapy: Killing prostate cancer cells through freezing

Cystitis: Urinary tract infection (UTI) that causes inflammation of the bladder and results in pain and a burning feeling in the pelvis or urethra

Cystoscopy: Passing a narrow, tube-like device through the urethra to see the inside of the bladder and urinary tract

Digital rectal examination (DRE): The insertion of a gloved, lubricated finger into the rectum to feel the prostate and check for anything abnormal

Ejaculation: Release of semen from the penis during sexual climax

Erectile dysfunction: Problems getting or keeping an erection

Immunotherapy: A treatment that boosts the ability of the immune system to fight prostate cancer.

Incontinence: Leakage of urine. There are various types: stress, overflow, urge, mixed and continuous

Hormonal therapy: Use of medications that decrease or block testosterone and other male hormones to stop or slow the growth of prostate cancer

Kegel exercises: Exercises to strengthen bladder control by tensing and relaxing certain pelvic floor muscles

Laparoscopic surgery: Surgery done with thin, tube-like instruments that allow several small incisions to be made, rather than one large incision

Lower Urinary Tract Symptoms: Urinary problems such as frequency, urgency and incomplete emptying. They can be signs of BPH, UTI, and other urinary issues.

Lymph nodes: Rounded masses of tissue that produce cells to fight invading germs or cancer

Nerve-sparing procedure: Surgical technique to avoid harming the nerve bundles near the prostate, which control blood flow to the penis

Pathologist: A doctor who identifies diseases by studying cells and tissues under a microscope

Pelvic floor rehabilitation: Physical therapy that is designed to help regain bladder control

Pelvis: The lower part of the abdomen, between the hip bones

The Prostate Health Playbook Glossary

Penis: The male organ used for urination and sex

Prostate: In men, a walnut-shaped gland below the bladder that surrounds the urethra. The prostate makes fluid that goes into semen

Prostatectomy: Surgical removal of the prostate

Prostatitis: Inflammation or infection of the prostate. Chronic prostatitis is repeated inflammation of the prostate

Prostate-specific antigen (PSA): A protein made only by the prostate. High levels of PSA in the blood may be a sign of cancer or other prostate health issues

Radiation therapy: Use of radiation to treat prostate cancer; two options include brachytherapy (small radioactive “seeds” implanted in the prostate) and external beam radiation (rays targeted at the tumor from outside the body)

Radical prostatectomy: Surgery to remove the entire prostate and cancerous tissues; includes two approaches: retropubic and perineal (See Page 13)

Rectum: The lower part of the bowel, ending in the anal opening

Recurrence: The return of cancer after treatment in the same location or another part of the body

Semen: The fluid that protects and energizes the sperm; also known as seminal fluid or ejaculate fluid

Seminal vesicles: A gland that helps produce semen

Sex counselor or therapist: A specially trained counselor who can help men and couples maintain sexual intimacy after prostate cancer treatment

Sperm: Also called spermatozoa. Male reproductive cells made in the testicles that can fertilize a female partner’s eggs

Tissue: Group of cells in an organism that is similar in form and function

Tumor: An abnormal mass of tissue or growth of cells

Urethra: A narrow tube through which urine leaves the body. In males, semen travels through this tube during ejaculation. Extends from the bladder to the tip of the penis

Urethritis: Inflammation of the urethra

Urinalysis: Urine test to assess general health of the body

Urinary tract: Organs of the body that make and void urine. These include the kidneys, ureters, bladder and urethra

Urinate: To pass or void urine

Urine: Liquid waste product filtered from the blood by the kidneys, stored in the bladder and expelled from the body through the urethra by the act of urinating (voiding)

Urologist: Doctor who specializes in problems of the urinary tract and male sex organs

Watchful waiting: Watch for signs of prostate cancer and possibly treat in the future

Postgame Wrap Up

Prostate health is important for all men. Winning the battle against prostate diseases involves a team approach. Your urologist can be a solid head coach leading the way. Other health care providers, your family and your friends make up the team to put you on the path to victory. When a prostate problem arises, be sure to huddle up with your entire team and move into formation. Keep your head up as you advance toward your ultimate treatment choice, leading to a cure ... touchdown and the extra point!

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The Foundation provides this information based on current medical and scientific knowledge. This information is not a tool for self-diagnosis or a substitute for professional medical advice, and should not be used or relied upon for such purposes. Please see your urologist or other health care provider regarding any health concerns, and always consult a health care provider before you start or stop any treatments, including medications.

Know Your Risk. Talk to Your Doctor.

Visit KnowYourStats.org for:

- Information on your risk for prostate cancer
- A quiz to rate your urinary symptoms
- Tools to decide if screening is right for you
- Information on treatments and life after treatment
- Prostate health educational events near you



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Any football fan knows the best offense is a good defense.

Urology Care Foundation

Prostate Health PLAYBOOK

Now that you know the plays, please help us get the word out in your community! The Urology Care Foundation is committed to helping the one in seven men who will develop prostate cancer in their lifetime. Please help today by making a donation in support of this vital educational outreach program and join the team at KnowYourStats.org.

Your teammates are counting on you.

Visit KnowYourStats.org/Donate to make a donation today.

For more information, contact the Urology Care Foundation

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For more copies of this and other materials about prostate cancer and other urologic issues, visit UrologyHealth.org/Order.

The NFL has teamed up with the Urology Care Foundation to bring you the *Know Your Stats About Prostate Cancer*® campaign.

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