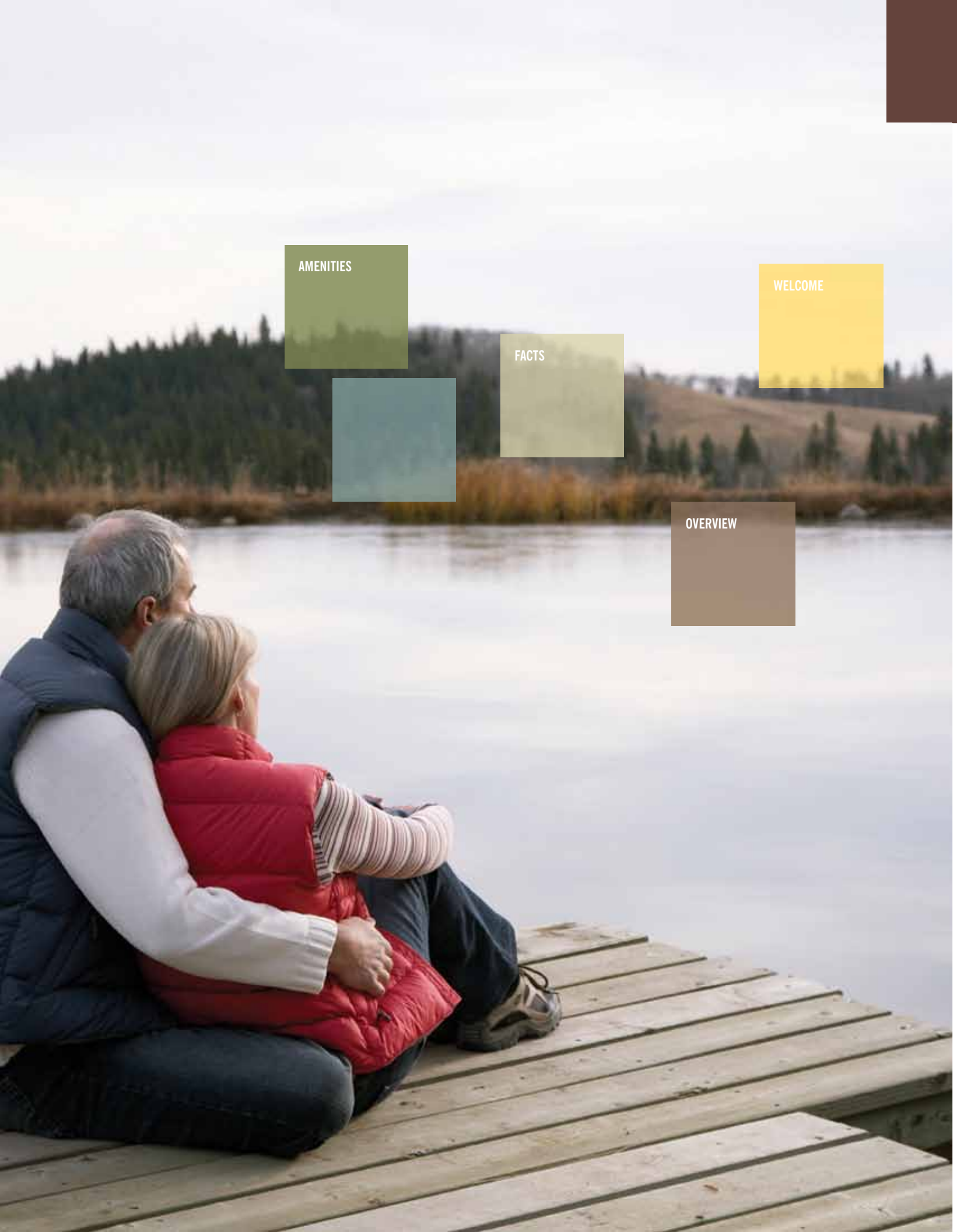

AMENITIES
WELCOME
FACTS
OVERVIEW

CANCER CARE
OF WESTERN NEW YORK

cancercarewny.com

Dear

We understand that fighting prostate cancer is hard enough without having to remember all your appointments, meet new doctors and technicians, and learn about different treatment options.

This binder is designed to answer your questions, help you make informed decisions, and explain your treatment options.

You can use this binder to keep track of your appointments and personal data, take notes, and file everything all in one place. Inside, you will find:

- Names, biographies and contact information for the providers and cancer specialists who will be treating you
- Your personalized care summary, with space for you to write down your appointment schedules and other details about your specific treatment option
- Facts about prostate cancer, including a glossary of medical terms
- Information about the different treatment options available, including some tools to help you choose the right option for you
- Legal forms that explain your rights as a patient
- Local resources that can offer additional support
- Helpful tips and insights from patients who have survived prostate cancer

The good news is that you are already on the right track, simply by choosing Western New York Urology Associates and Cancer Care of Western New York as your treatment partners. We specialize in the treatment of prostate cancer, and are committed to offering the latest technology and the most current treatment options available.

Our board-certified specialists use evidence-based medicine and national guidelines to develop a treatment plan based on your specific needs. We are also known for being at the forefront of cancer care—our urologists were among the first to offer minimally invasive surgery, and our radiation oncologists have more experience with RapidArc Intensity Modulated Radiation Therapy (IMRT) than any other facility in the area.

While we have tried to make this binder as comprehensive as possible, we know that you will probably have more questions and concerns. Please feel free to talk with your doctors and cancer specialists (you'll find all of their contact information inside), or give us a call if there is anything else you need.

Sincerely,

Patient Advocate

Michael Duff, M.D.
Dhiren K. Shah, M.D.
Christina Mangovski, RPA-C

Urologic Pathology
William A. Geary, M.D., PhD
John E. Schrecengost, M.D.

HORMONE THERAPY

RAPID ARC™

CHEMOTHERAPY

Cancer Care of Western New York and Western New York Urology Associates

ACTIVE SURVEILLANCE

At Cancer Care of Western New York, we are focused on curing cancer. For years, our radiation oncologists have used their world-class expertise to help thousands of people just like you. We are committed to treating nearly all types of cancer, combining our many years of experience with the latest technological advances.

As part of your treatment plan, you may have already met some of the specialists at Western New York Urology Associates—a leading group of urologists who will help oversee all aspects of your prostate cancer treatment. This practice group has been around since 1949 and provides care for a wide variety of urological conditions.

Together, Western New York Urology Associates and Cancer Care of Western New York are one multi-specialty practice group. Having everything in one location makes it easier for you to get the care you need, make all your appointments, and focus your time and energy on what matters most—your health. By bringing all of our services together, our team can focus on caring for you. Today, we are proud to be recognized as the authorities and technological leaders when it comes to urologic oncology and prostate cancer.

da Vinci® ROBOTIC PROSTATECTOMY

HELPING YOU FEEL COMFORTABLE

Everything about our practice is designed with you in mind.

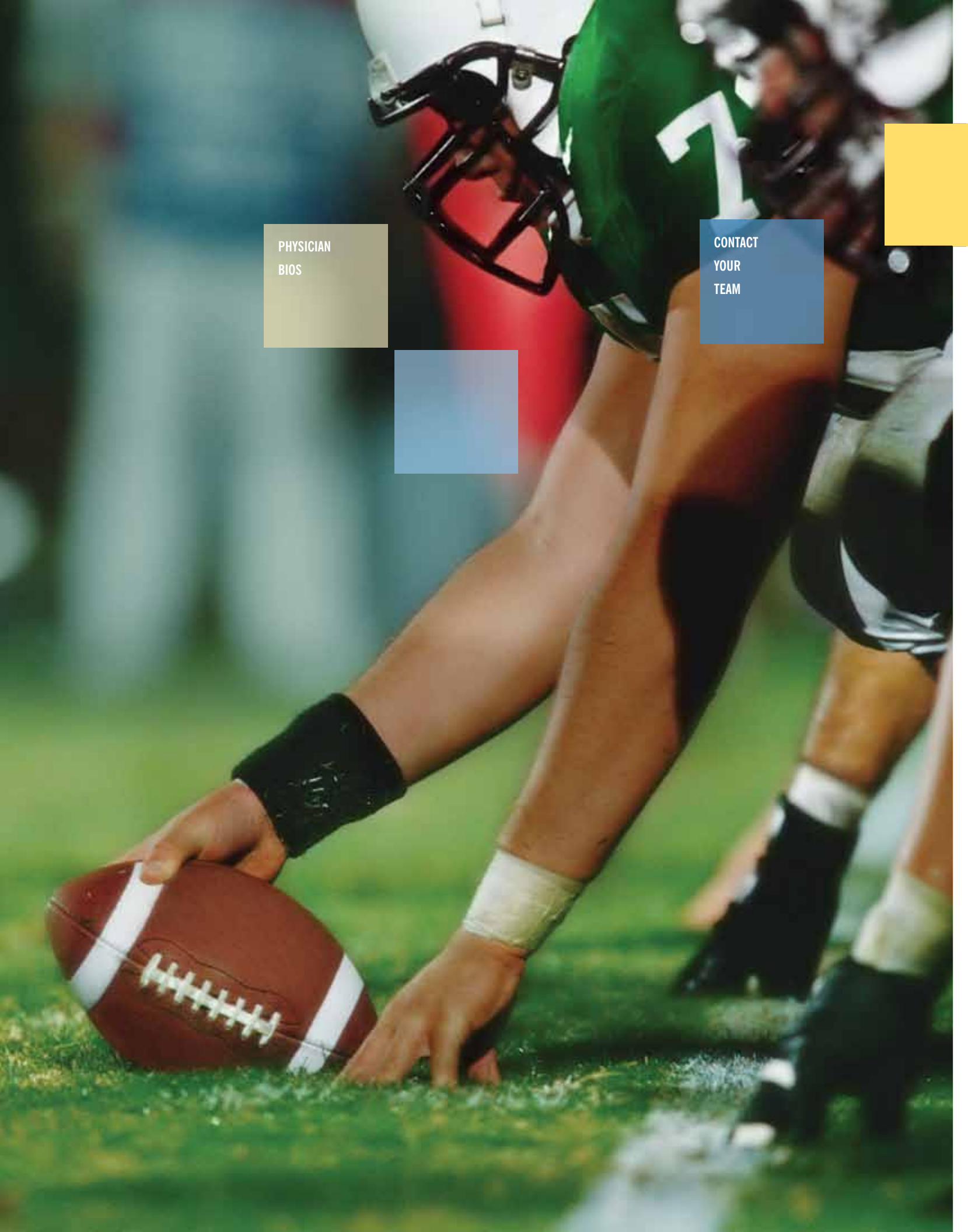
All of our offices are conveniently located, typically just a minute or two (at most) from a main road or expressway. Getting here is fast and convenient, wherever you're coming from.

At each location, you will find lots of safe, free parking, all just steps from our front door. There is also a drop-off area right in front of each office—perfect if someone else is driving you to or from your appointments.

When you walk inside any of our offices, you will notice the difference immediately. We are not a hospital or institution where you can wander the halls endlessly. One of our friendly receptionists will greet you, help you check in and make sure you are comfortable as you wait. We want you to feel "at home," which is why you will find things like cozy chairs, coffee, cookies, magazines and other literature, and flat-screen TVs. There is also plenty of room for friends, family members or others who you may want to bring with you. You already have enough on your mind, and we understand how important it is for you and your family to have a comfortable, relaxing environment.

All of the treatment rooms at Cancer Care of Western New York are private. That means you can be at ease, and not have to worry about who else is on the other side of a hospital curtain. There are also private consultation meeting rooms for discussing your care with loved ones, friends, or with members of your personal care team. In fact, we recommend talking with family or friends at all stages of your treatment.

If you still have any questions about your care, you can always talk directly to a Patient Advocate. Our Patient Advocates are here for one reason—to help you. They know all the doctors, all the staff, and how everything works. Whether you need help making appointments, want more detailed information about your treatment plan, or you just need someone to talk with, help is just a phone call away.



PHYSICIAN
BIOS

CONTACT
YOUR
TEAM

YOUR PHYSICIANS. YOUR SPECIALISTS. YOUR TEAM.

Everyone at Western New York Urology Associates and Cancer Care of Western New York is focused on doing everything possible to ensure the best possible outcome for you. That's why we have assembled a team of some of the finest, board-certified cancer care specialists in the nation—all focused on offering the most current treatment available.

All of our experts work together, reviewing your case in order to come up with a recommended treatment plan for you. This team approach—which includes urologists, radiation oncologists, pathologists, clinical care nurses and other experts—helps ensure that you get the best possible care.

As you continue your fight against prostate cancer, the people on your team will be right there with you, every step of the way. These familiar faces will become part of your daily routine, providing emotional support as well as their medical expertise.

Your cancer team may include:

- Your urologist
- Your radiation oncologist
- Your radiation therapists
- Your nurse(s)
- A Patient Advocate
- Other cancer specialists and support staff

On the following pages, you will find more details about our cancer specialists.

RADIATION ONCOLOGISTS

Michael Duff, M.D.

Dr. Michael Duff, a board-certified radiation oncologist, is a graduate of the SUNY at Buffalo School of Medicine. He completed an internship in Internal Medicine in Buffalo, and trained in radiation oncology at the University of Minnesota.

Dr. Duff is an active and esteemed member of the American Society of Therapeutic Radiology and Oncology (ASTRO). He is also well-versed in the latest radiation techniques such as 3D Conformal and Intensity Modulated Radiation Therapy (IMRT).

Dhiren K. Shah, M.D.

Dr. Dhiren K. Shah, a board-certified radiation oncologist, received a bachelor's degree in electrical engineering from Lehigh University, and completed his radiation oncology training at Robert Wood Johnson/Cooper Hospital in New Jersey. His specialties include IMRT and Gamma Knife radiosurgery.

He is a member of many clinical societies, including the American Society for Therapeutic Radiology and Oncology (ASTRO). Dr. Shah is also a fellow of the American College of Radiation Oncology and serves as vice chair for the prestigious New York State Board of Medicine. In addition, he is an adjunct professor at the University of Wisconsin, and SUNY at Buffalo.

PHYSICIAN ASSISTANT—RADIATION ONCOLOGY

Christina M. Mangovski, RPA-C

Christina M. Mangovski, a graduate of LeMoyne College in Syracuse, New York, holds a master's degree from the school's prestigious Physician Assistants Program. She is certified by the National Commission on Certification of Physician Assistants and is an active member of the American Academy of Physician Assistants.

After beginning her career in urology, Christina now specializes in radiation oncology.

HORMONE THERAPY

RAPID ARC™

CHEMOTHERAPY

ACTIVE SURVEILLANCE

UROLOGISTS

Kevin J. Barlog, M.D.

Dr. Kevin J. Barlog, a board-certified physician, is an honors graduate of the State University of New York at Buffalo Medical School, where he also completed his urologic training. Dr. Barlog has specialty training in sexual dysfunction, cancer surgery, female urology, and laparoscopic surgery.

Louis R. Baumann, M.D.

Dr. Louis R. Baumann, a board-certified physician, is a graduate of the Chicago Medical School. He did his general surgery at Tufts University and urologic training at the State University of New York at Buffalo Medical School. Dr. Baumann's areas of interest include female urology and stone disease.

K. Kent Chevli, M.D.

Dr. K. Kent Chevli comes to Western New York after completing urologic training at the University of Louisville. He is an honors graduate of Washington University, and St. Louis University School of Medicine. His board-certified training includes female urology, laparoscopic surgery, and management of stones and prostatic disorders. His special interest lies in management of urologic cancers, including prostate, kidney, and bladder cancer.

Richard N. Gilbert, M.D.

Dr. Richard N. Gilbert is a graduate of the State University of New York at Buffalo Medical School. He completed his urologic training at Georgetown Hospital. Dr. Gilbert has specialty training in sexual dysfunction, prostate cancer, female urology, and laparoscopic surgery. He is also certified in daVinci robotics.

Joseph M. Greco, M.D.

Dr. Joseph M. Greco, a board-certified physician, joined the practice in 1979, after completing his urologic training at Johns Hopkins Hospital in Baltimore. Dr. Greco's training at Johns Hopkins included a one-year fellowship in conjunction with the American Cancer Society on the diagnosis and treatment of prostate cancer.

Pasquale A. Greco, M.D.

Dr. Pasquale A. Greco, a board-certified physician, began practicing in 1949. A veteran of the U.S. Army Medical Corps, Dr. Greco has served on numerous medical and civic organizations.

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Ichabod Jung, M.D.

Dr. Ichabod Jung is a native of Toronto and attended the University of Toronto. He obtained his medical degree at the Medical College of Wisconsin; his preliminary surgical and urology residence training was performed at the University of Rochester. His interests include laparoscopic and endoscopic urology.

Christopher Kopp, M.D.

Dr. Christopher Kopp received his medical degree from the State University of New York Health Science Center at Syracuse. He completed his urologic residency at the State University of New York at Buffalo and is board certified. Dr Kopp's interests include cancer surgery and evaluation and treatment of urinary incontinence.

Carlo M. Perfetto, M.D.

Dr. Carlo M. Perfetto earned his medical degree from North Eastern University, Dominican Republic. He completed his postgraduate training in Internal Medicine at Mercy Hospital and trained in urologic surgery at the State University of New York at Buffalo. Dr. Perfetto's specialty areas include cancer surgery and infertility.

Anthony R. Ricottone, M.D.

Dr. Anthony R. Ricottone is a graduate of the State University of New York at Buffalo Medical School. His urologic residency through SUNY Buffalo included training at Roswell Park Cancer Institute and Children's Hospital. Dr. Ricottone is board certified and his specialty areas include female and pediatric urology. He is also certified in daVinci robotics.

John M. Roehmholdt, M.D.

Dr. John M. Roehmholdt is a board-certified physician who received his degree from Albany Medical College of Union University where he graduated cum laude. He completed his urologic training at the University of Wisconsin Hospital. Dr. Roehmholdt is a member of the Society of Laparoendoscopic Surgeons as well as the American Medical Association, American Urologic Association and the Medical Society of New York State.

Phillip J. Seereiter, Jr., M.D.

Dr. Phillip J. Seereiter, Jr. is a native of Buffalo and attended Boston College. He went on to obtain his medical degree from the State University of New York at Buffalo School of Medicine, where he then completed his general surgical and urologic residency. His program included training at Roswell Park Cancer Institute. His areas of interest include laparoscopic and robotic surgery.

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Christopher J. Skomra, M.D.

Dr. Christopher J. Skomra is a medical honors graduate of the University of Buffalo. Dr. Skomra is board certified and completed his urologic training at George Washington University, which included specialization in cancer surgery, laparoscopic surgery and pediatric and female urology. He is also certified in daVinci robotics.

Peter J. Walter, M.D.

Dr. Peter J. Walter, a board-certified physician, is a graduate of the State University of New York at Buffalo School of Medicine. He completed his general surgical and urological training at Upstate Medical Center in Syracuse. He is well-versed in the medical and surgical treatment of urologic cancers, prostate disorders, stone disease, erectile dysfunction, and urinary incontinence.

Ryan G. White, M.D.

Dr. Ryan G. White is a graduate of the State University of New York at Buffalo Medical School. He did his general surgical training and completed his urological training at the Albany Medical Center Hospital. Dr. White trained in general urology and his interests include the treatment of erectile dysfunction, stone disease, urologic cancers, as well as male and female voiding dysfunction.

PHYSICIAN ASSISTANTS—UROLOGY

Shannon M. Bunch, RPA-C

Shannon M. Bunch graduated cum laude from D'Youville College in Buffalo, NY with a bachelor's degree in Physician Assistant Studies. She is nationally certified by the National Commission on Certification of Physician Assistants and is a registered physician assistant in New York State. She is also an active member of national and local physician assistant organizations. Her specialties include pelvic floor rehabilitation and incontinence.

Brian C. Crotzer, RPA-C

Brian C. Crotzer is a nationally certified physician assistant. Brian graduated summa cum laude from D'Youville College in Buffalo, New York. He is an active member of the New York State Society of Physician Assistants as well as the Western New York Physician's Assistant Society. Brian's specialties include adult and pediatric urology.

Jamie L. Fetes, RPA-C

Jamie L. Fetes is a nationally certified physician assistant and graduated cum laude from Daeman College in Buffalo, New York. She is an active member of the American Academy of Physician Assistants as well as the Western New York State Physician Assistant Association. Jaime's specialties include adult and pediatric urology.

Pamela M. Gandy, RN, MS, FNP

Pamela M. Gandy graduated with a master's degree in science from the Family Nurse Practitioner Program at D'Youville College in May of 2006. She is nationally board certified by the American Nurses Credentialing Center and is a licensed family nurse practitioner in New York State. She is also an active member of the American College of Nurse Practitioners. Her specialties include pelvic floor rehabilitation and incontinence.

Emily A. Levandusky, RPA-C

Emily A. Levandusky, RPA-C is a nationally certified physician assistant and honors graduate of D'Youville College in Buffalo, New York. She is nationally certified by the National Commission on Certification of Physician Assistants and has earned special recognition for achievements in and knowledge of surgery. Emily coauthored professionally published journal articles on biomaterials research. In recognition, she received the American Chemical Society Award for Top Achievement. Emily's specialties include adult and pediatric urology.

Marion C. McGovern, RN, MS, ANP

Marion C. McGovern graduated with a master's degree in science from the University of Buffalo's Adult Nurse Practitioner program in December 2007. In addition to her three years of urological nursing, Marion has more than 15 years of hospital-based nursing. She is an active member of WNY Nurse Practitioner Association, American College of Nurse Practitioners and Sigma Theta Tau Nursing Honor Society, Gamma chapter. Her specialties include pelvic floor rehabilitation and adult urology.

Lisa A. Raymond, FNP-BC

Lisa A. Raymond is a certified nurse practitioner who received both her degree and certification from Gannon University in Erie, Pennsylvania. She is an active member of the New York State Nurse Practitioners Association as well as Sigma Theta Tau International, Honor Society of Nursing. Lisa specializes in adult and pediatric urology.

James P. Rew, RPA-C

James P. Rew is a nationally certified and New-York-State-registered physician assistant who has practiced in Western New York for more than ten years. He has an extensive medical and surgical background. His previous positions were in cardiac surgery, family medicine, and spine surgery.

PATHOLOGISTS

William A. Geary, M.D.

Dr. William A. Geary, a board-certified physician, graduated and completed his pathology training at the University of Virginia School of Medicine. Dr. Geary is an active member of various professional organizations including the U.S. and Canadian Academy of Pathologists, the College of American Pathologists and the American Society of Clinical Pathologists. Some of his specialty areas include cytology, fine needle aspiration and hematopathology.

John E. Schrecengost, M.D.

Dr. John E. Schrecengost, a board-certified physician, came to Western New York after graduating from the University of Pittsburgh School of Medicine. He completed his pathology training at the University of Virginia Health Sciences Center. Dr. Schrecengost is an active member of multiple organizations including the American Society for Clinical Pathologists as well as the College of American Pathologists. He specializes in anatomic and clinical pathology.


RESULTS
APPOINTMENTS
PLAN

HORMONE THERAPY

RAPID ARC™

CHEMOTHERAPY

WHAT YOU SHOULD KNOW ABOUT PROSTATE CANCER

ACTIVE SURVEILLANCE

Fighting prostate cancer is a team effort. The more you know about what is happening inside your body, the more comfortable you will feel.

In this section, you can learn more about prostate cancer, and how it affects you. We have also listed some of the medical terms you may hear during the next few weeks or months.

If you have any questions at any time, you can always contact your doctor, specialist or a Patient Advocate. Their information is listed in the “Your Team” section of this binder.

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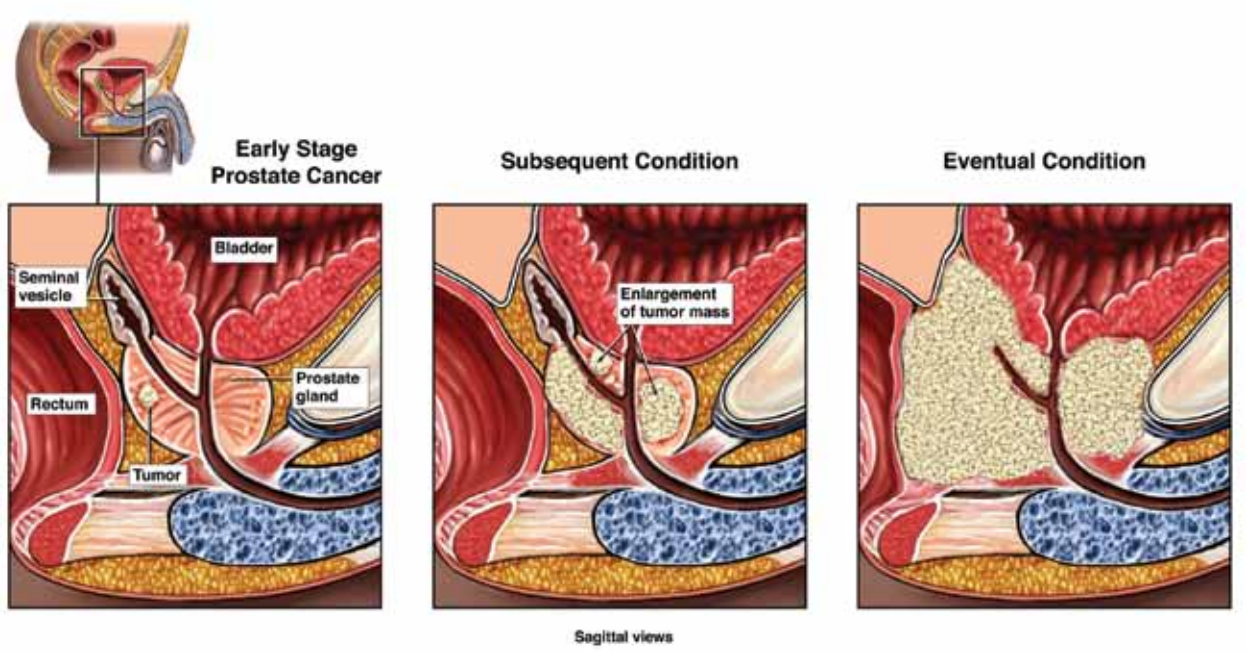
WHAT IS PROSTATE CANCER?

It is estimated that one out of every 10 American men will develop prostate cancer before the age of 85. This makes prostate cancer the most common type of cancer among American men. Your risk of developing prostate cancer greatly increases as you get older; however, African-American men are more likely to develop prostate cancer at a younger age than other men.



The prostate gland

Your prostate is a gland behind the base of your penis, just below your bladder and in front of your rectum. Its purpose is to help make the milky fluid that delivers sperm out of your body during ejaculation.

Normally, your prostate gland is the size of a chestnut. Because of where it is located, your physician can usually feel through your rectum to the part of the gland where most tumors occur.

As you get older, the prostate can become enlarged and bulge into your urethra—the tube that carries urine from your bladder. That is why symptoms of an enlarged prostate include a weak urinary stream, or having to frequently go to the bathroom at night.

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Prostate cancer risk factors

While your risk of developing prostate cancer increases as you get older, scientists still don't know the exact cause of prostate cancer. There is still no convincing evidence to date that your diet plays a role in whether or not you develop prostate cancer. However, having a brother or father with prostate cancer does double your chances of getting prostate cancer.

Prostate cancer cells grow first within the prostate gland itself. Then, if they are not stopped, the cancer cells can spread outside the prostate gland, typically to the lymph nodes in the pelvis, or to the bones. When cancer spreads, it is called metastasis.

Signs and symptoms of prostate cancer

In the very early stages of prostate cancer, there are usually no symptoms. When symptoms do develop, they depend on the size and location of the tumor. Any symptom should be checked by your physician, to determine the cause.

Symptoms of prostate problems include:

- Weak or interrupted urine flow
- Inability to urinate
- Difficulty in starting or stopping urination
- Need to urinate frequently, especially at night
- Blood in the urine or semen
- Painful or burning urination
- Continuing pain in lower back, pelvis or upper thighs

A more common sign of prostate cancer is finding a nodule or abnormality during a routine digital rectal exam (DRE). Some men also show signs of prostate cancer through a PSA blood test, which measures the prostate specific antigen (PSA). If your PSA level is high—or has risen significantly in a short period of time—your doctor may want to run some additional tests. Normal PSA range is 0.0–2.5 for men younger than 49 years old; 0.0–3.5 for men 50–59 years old, and 0.0–4.0 for men 60 years and older.

An abnormal digital rectal exam or an elevated PSA are not enough to diagnose prostate cancer (in fact, many men with prostate cancer have a PSA level less than 4.0). If your doctor suspects that you may have prostate cancer, he or she will probably schedule a prostate biopsy. This simple test, done in the physician's office, collects tiny samples of tissue from your prostate gland, and sends these samples to our expert pathologists to review under a microscope.

Our urological pathologists—the scientists who review your test results—specialize in prostate biopsies, and see a high volume of prostate biopsy samples. This experience is extremely important, and helps ensure that you get an accurate diagnosis. Every positive sample is also reviewed by another pathologist to confirm the diagnosis. We take this entire process very seriously and your treatment can't begin until you have an accurate diagnosis.

Once we have a diagnosis, then we can help you decide the most appropriate treatment for you based on many factors, including guidelines from the American Urological Association.

Some of the most common treatment options include:

- External beam radiation therapy, including IMRT
- Minimally invasive (robotic) surgery
- Brachytherapy ("seeds")
- Traditional surgery
- Hormone therapy
- Active surveillance

For detailed information about each of these options—including a comparison chart—please see Section VI of this handbook.

Early detection—what every man should know

Help your friends and relatives by encouraging them to be checked for prostate cancer. Experts recommend that every man over the age of 40 should have a rectal examination as part of his regular annual physical checkup. In addition, it is recommended that men 50 and over have an annual prostate-specific antigen blood test (PSA); men with a family history of prostate cancer—as well as African-American men—should have an annual PSA test starting at 40.

COMMONLY USED WORDS AND TERMS

During your treatment, you will be hearing a lot of phrases and words that you probably haven't heard before. Following are some basic definitions of the most common terms, so you can get familiar with them and understand what they mean. You can always ask your doctor, nurse or a Patient Advocate for more information—because the more you know about your condition, the more comfortable you will be throughout the treatment process here at Western New York Urology Associates and Cancer Care of Western New York.

Active Surveillance

Your health will be monitored closely, and you will be treated only if symptoms occur or worsen. Also known as "watchful waiting."

Benign

A tumor that is benign is non-cancerous, and does not spread beyond its local area.

Benign Prostatic Hyperplasia (BPH)

This non-cancerous condition is an enlargement of the prostate gland that most men experience by age 65. There is no known connection between BPH and prostate cancer.

Biopsy

Removal of a small amount of tissue to help your medical team diagnose your exact condition.

Cancer

The common name for a group of diseases, in which cells grow uncontrollably.

CT or CT Scan

Often called a "CAT Scan," this is a special X-ray that uses computers to produce detailed pictures of your body.

Digital Rectal Exam

When a doctor or other medical staff inserts a gloved, lubricated finger into your rectum so they can feel your prostate.

Ejaculation

The ejection of sperm and seminal fluid from the penis.

External sphincter

The skeletal muscles below your prostate that are used to control the flow of urine.

Gleason score

A measure for how aggressive the prostate cancer cells appear to be; a higher score means the cancer cells can move more aggressively.

Hematuria

A medical term for blood in your urine.

Hormone therapy

A treatment that reduces the normal amount of male hormones, in order to decrease cancer cell growth.

Hormone refractory prostate cancer

Prostate cancer that was treated before with hormone therapy, but has started to grow again despite medication to block or remove testosterone.

Impotence

The inability for the penis to become erect.

Incontinence

Losing the ability to hold urine in your bladder and control when you urinate.

LHRH (Luteinizing Hormone-Releasing Hormone)

A naturally occurring hormone that stimulates the production of testosterone.

LHRH agonists

These drugs act as LHRH in your body, and can help lower your testosterone levels (thereby slowing or even stopping the growth and spread of prostate cancer).

Lymph nodes

Small bean-shaped organs scattered throughout your body that filter bacteria or cancer cells that travel through your lymphatic system.

Lymphatic System

The organs that produce and store infection-fighting cells. The lymphatic system includes your lymph nodes, bone marrow, spleen and thymus.

Malignant

Cancerous tumors that can spread to other parts of your body.

Metastatic prostate cancer

Cancer that started in your prostate, and has now traveled to other sites (typically the bone or lymph nodes). Cancer at this stage is called Stage 4 and is not considered curable, although control of the cancer is often possible.

PAP (Prostate Acid Phosphatase)

An enzyme made by the prostate that may be elevated when you have prostate cancer, particularly when the cancer is present and has spread.

PSA (Prostate-Specific Antigen)

An enzyme made by the prostate that may be higher if you have prostate cancer, or if your prostate is inflamed or enlarged.

Rectum

The last five or six inches of your colon, leading to the outside of your body.

Scrotum

The external sac that holds the testicles.

Seminal vesicles

Small glands near the prostate that produce some of the fluid that nourishes sperm.

Stage/Staging

There are two systems for classifying how far cancer has progressed. TNM staging describes the extent of the primary tumor, the absence or presence of metastasis to nearby lymph nodes or glands (N), and the absence or presence of distant metastasis (M). Whitmore-Jewett staging classifies stages from A to D, and uses sub-stages for more precise definitions.

Testicles

Two egg-shaped organs in the scrotum that make testosterone and sperm.

Testosterone

A male sex hormone.

TRUS (Transrectal Ultrasonography)

This exam uses sound waves to produce an image of your prostate, and involves inserting a probe into your rectum.

Tumor grade

A grading system that describes how aggressive a cancer appears to be. The grades are based on how normal (or abnormal) the cancer cells look when viewed with a microscope.

Urethra

The tube that carries urine from the bladder to the outside of the body.

Vas deferens

A tube that stores sperm and carries it out of the scrotal sac; it is located between the epididymis and the urethra.

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PSA
AUA
GUIDELINES
PROSTATE
CANCER
TABLES

HORMONE THERAPY

RAPID ARC™

CHEMOTHERAPY

TOOLS AND GUIDELINES

ACTIVE SURVEILLANCE

At Cancer Care of Western New York, we rely on a wide variety of diagnostic tools to determine whether or not you have prostate cancer, and to discover how quickly and aggressively the cancer may be growing.

In this section, you will read a brief overview of the state-of-the-art tests and procedures we use. You will also find a patient's guide prepared by the American Urological Association Foundation, which can help you learn more about prostate cancer—including the grades and stages used to classify tumors.

For more information about clinical guidelines that we follow, please visit our website at www.cancercarewny.com.

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PSA TEST

The PSA test is a simple blood test that measures your level of prostate-specific antigen—an enzyme made by the prostate gland. Normal PSA range is 0.0–2.5 for men younger than 49 years old; 0.0–3.5 for men 50–59 years old, and 0.0–4.0 for men 60 years and older. Higher levels may indicate prostate cancer, or may be a sign that your prostate is inflamed or enlarged. However, many men with prostate cancer have a PSA level less than 4.0, which is one reason why other tests are typically used to confirm if you have prostate cancer. Depending on how high your PSA level is—or how quickly it has risen—your doctor may schedule some of these additional tests.

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PROSTATE BIOPSY

When you have a prostate biopsy, tiny samples of tissue are removed from your prostate gland. These tissue samples are then studied under a microscope to see if they look normal, or if there are abnormalities. Your doctor may recommend a prostate biopsy if he or she suspects that you may have prostate cancer.

The tissue samples that are removed from your prostate will be sent to the pathology laboratory, where an expert pathologist will examine the tissues under a microscope and report his or her findings to your doctor. The pathologist will use the samples from the different areas of your prostate to create a map of the gland; if cancer or other suspicious cells are present, the map will show how widespread the abnormal cells are. The pathologist's report will also provide information about the cancer's grade, which may give an indication of how aggressively the cancer will grow and spread.

CT SCAN

A CT Scan—often called a "CAT Scan"—is a painless procedure that uses high-tech computer enhancement to produce very detailed pictures of the inside of your body. It is similar to having an X-ray, but provides much more information. Before your scan, you may receive an IV with contrast dye (to help the doctors see certain parts of your body more clearly), or be asked to swallow contrast liquid. A CT Scan usually only takes a few minutes, although you may be in the office for up to an hour.

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MRI

A Magnetic Resonance Imaging test (MRI) is another tool that lets doctors see various body organs and structures, helping your medical team make a diagnosis. During an MRI, you will lie very still on a table as the machine uses radio waves and a very powerful magnet to produce images. An MRI is painless, however, you may hear some loud noises during the test. Because the machine uses a very strong magnet, you will not be allowed to have any metallic items in the room with you (such as jewelry or money); your doctors will also ask if you have a pacemaker, metal plate, or any other items that may affect the machine. If an MRI is recommended, you may receive an IV with contrast dye (to help the doctors see certain parts of your body more clearly), or be asked to swallow contrast liquid. Plan on spending up to an hour in the office for an MRI.

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BONE SCAN

A bone scan helps us ensure that your bones are free of cancer, and that there are not any specific problem areas with your skeletal system. If this test is recommended, you will receive a small injection of radioactive material. Then, you will come back to the office a few hours later (once the material has settled into your bones) for your scan. You will lie down as the scanner takes pictures of your entire body; this is a painless procedure that usually takes around an hour. Rest assured that you will only receive a small amount of radioactive material, and that any radioactivity will be gone from your body after 48 hours.

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PROSTASCINT SCAN

This advanced diagnostic procedure is typically used to determine if cancer has spread to your lymph nodes or bones. If this procedure is recommended, you will first receive an injection of radioactive material, which typically is not harmful. Over the course of the next few days, the radioactive material in the injection will bind itself to possible prostate cancer cells in your body. Then, approximately four days after your injection, you will return to the radiologist's office for a scan that helps show where these prostate cancer cells may be, if they have spread. This follow-up procedure takes approximately two hours, and is painless. A ProstaScint scan is an excellent tool because it can help distinguish between prostate cancer and other disorders. However, the scan may provide misleading results in some patients, so it is important for your doctor to evaluate in the context of all the other information regarding your cancer.

RAPID ARC™

ACTIVE SURVEILLANCE

CHEMOTHERAPY

3-D CONFORMAL THERAPY

PCA3PLUS TEST

This simple urine-based test detects PCA3, a specific gene found in patients who have prostate cancer. Your doctor will conduct a digital rectal exam, during which some prostate cancer cells (if they exist) may be released into your urine. Then, you will provide a urine sample, which will be sent for testing. If your sample is positive for the PCA3 gene, then it is more likely that you have prostate cancer (the test predicts prostate cancer with a sensitivity of 91%). The PCA3Plus test is one of the newest, most innovative diagnostic tools available, and Western New York Urology Associates and Cancer Care of Western New York are proud to offer this service to our patients.

DIET & EXERCISE

BRACHYTHERAPY

AUA American Urological Association FOUNDATION
EDUCATION. RESEARCH. ADVOCACY.

The Management of Localized PROSTATE CANCER

Patient Guide

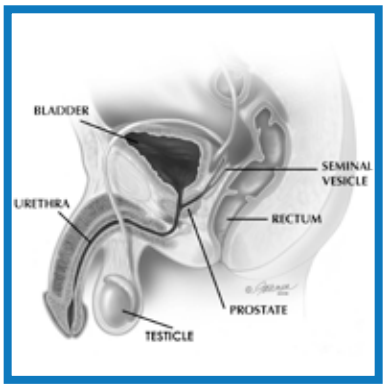
Based on recommendations from the Prostate Cancer Clinical Guideline Panel of the American Urological Association

The AUA Foundation is the nation's leading voluntary urological healthcare organization that promotes research, patient/public education and advocacy. Our mission is to improve prevention, detection, treatment and, ultimately cure urologic diseases.

This information is not intended to substitute for a consultation with a urologist. It is offered to educate the patient and his or her family on the basis of urology conditions in order to get the most out of their office visits and consultations.

What is the prostate?

Figure 1.



The **prostate** is part of the male reproductive system. It is about the same size as a walnut and weighs about an ounce. As pictured in Figure 1, the prostate is below the **bladder** and in front of the **rectum**. The prostate goes all the way around a tube called the **urethra**. The urethra carries urine from the bladder out through the penis. The main job of the prostate is to make fluid for **semen**. During **ejaculation**, **sperm** made in the **testicles** moves to the urethra. At the same time, fluid from the prostate and the **seminal vesicles** also moves into the urethra. This mixture—semen—goes through the urethra and out the penis.

As a man ages, his chance of having prostate cancer increases. Prostate cancer is the second most common type of cancer found in American men. It is the second leading cause of cancer death among American men. However, with advancements in cancer screening and treatment, the death rate for prostate cancer is going down.

What is localized prostate cancer?

Localized prostate cancer is cancer that has not moved outside of the prostate. If the cancer has moved to other parts of the body, it is harder to treat. The chance of dying from the cancer then increases.

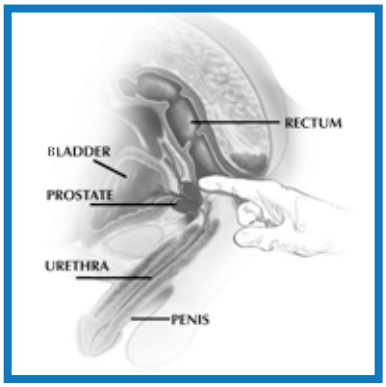
Many newly found prostate tumors are confined in the prostate. If not treated, localized tumors can grow and spread to other parts of the body or metastasize. Some prostate cancer tumors grow very fast but most tumors grow very slowly over many years. As a result, an 80-year old man with slow growing, localized prostate cancer may be likely to die *with* prostate cancer, not *of* prostate cancer.

What are the symptoms of localized prostate cancer?

As men grow older, they may have urinary symptoms of aging. These can include slowing of the urinary stream and more trips to the bathroom, both day and night. This does not mean that they have prostate cancer. In its early stages, only a few men may have symptoms, such as urinary problems or pain, from prostate cancer. Because there are no warning signs of localized prostate cancer, **screening tests** that find (detect) cancer early are used by many doctors in the United States.

How do they screen for prostate cancer?

Figure 2.



There are two tests used to find prostate cancer. One is the **digital rectal examination** (DRE). The other is a blood test for **prostate-specific antigen** (PSA). A DRE is a physical exam by a doctor using a lubricated, gloved finger. The finger is placed into the rectum so that the doctor can feel the surface of the prostate (Figure 2). The area of the prostate next to the rectum is where tumors often grow. If the prostate has a hard spot or feels uneven, it may be a sign of prostate cancer.

PSA is a protein made by cells inside the prostate. In men, PSA can be found in blood. A healthy prostate does not release very much PSA, so a higher blood PSA level may be a warning of prostate cancer. The PSA can be higher for other reasons, such as a **benign** (noncancerous) growth of the prostate or because of urinary or prostate infection. Low blood PSA level does not always mean that there is no

prostate cancer. Many early stage prostate cancers can begin to grow with quite low levels of PSA. Today, a PSA test that shows higher levels is the number one reason why prostate cancer is detected in the United States. This testing has helped doctors find and treat many prostate cancers that otherwise might not have been detected.

Even when there is a concern about prostate cancer, a **biopsy** is needed to prove it. During the procedure, several small bits of tissue are taken from the prostate with a needle. A **transrectal ultrasound** (TRUS) is usually used to guide the needle during the biopsy. The **pathologist** is an expert who studies changes in body tissues caused by diseases. After the biopsy, the pathologist looks at the prostate tissue samples under a microscope to determine if there is cancer. Many men who have a biopsy do not have cancer. Serious **complications** after a biopsy are rare. Sometimes an infection or rectal bleeding can occur.

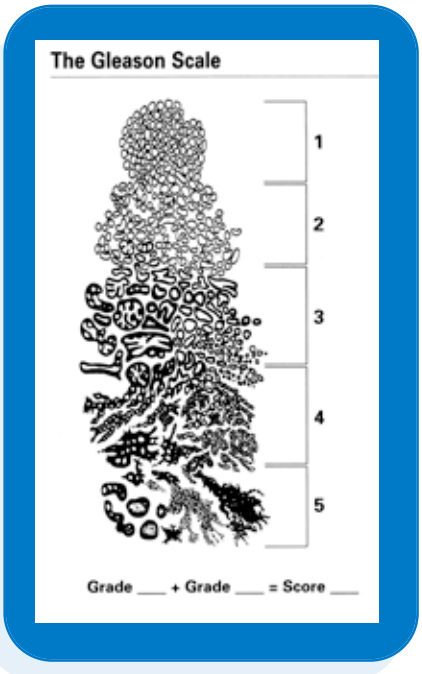
What is tumor grade?

If prostate cancer is found, the pathologist gives it a grade. The grade is a measure of how quickly the tumor is likely to grow and spread. The most common grading system is called the Gleason score. These scores range from 2 to 10. To determine the grade of a tumor, the pathologist scores each bit of tissue from the biopsy and then adds the two most common values together to determine the Gleason score. Although a score of 2 to 4 shows low aggressiveness, these numbers are almost never seen following a biopsy. The lowest score that is usually found is 5; as a result, that is the least aggressive score. A Gleason score of 6 is more aggressive. Gleason 7 tumors, show even higher aggressiveness. These scores come in two varieties. A 4+3 tumor is more aggressive than a 3+4 tumor because more of the higher aggressive grade tumor was found. Gleason 8, 9 and 10 tumors are the most aggressive. These usually have already spread by the time they are found (Figure 3).Talk to your doctor about your Gleason score.

What is tumor stage?

Tumor stage shows the size and spread of the cancer. As with other tumors, cancer that involves only a small part of the prostate has a better chance of being treatable than cancer that has spread all through the gland. Likewise, tumors found only in the prostate are more successfully treated than those that have spread outside the prostate (metastasized). Finally, tumors that have spread to places far from the prostate such as to the **lymph nodes** or bone have the poorest results.

Figure 3.



The system used for tumor staging is the TNM system (Figure 4), which stands for **T**umor, **N**odes, and **M**etastasis. Using the "T" part of the system, localized prostate cancer is staged as T1a-c, which means that the exam of the prostate by DRE is normal. A T2a-c staging means that the DRE is not normal but that there is no sign of cancer outside of the prostate. With an N0 stage, there is no sign of the cancer moving to the lymph nodes in the area of the prostate. In the M0 stage, there is no sign of tumor metastasis. If the cancer is spreading to the lymph node or if the tumor has spread to other parts of the body, the stage is changed to either N1, for node, and/or M1, for metastasis.

Figure 4. TUMOR STAGING

TNM (Tumor, Nodes, Metastasis) Prostate Cancer Staging System

TNM	Stage	Description
Tumor (T)	**TX**	Tumor cannot be assessed
	T0	No evidence of tumor
	T1	Clinically unapparent tumor not detected by physical exam (DRE) or visible by imaging
	T1a	Tumor found incidentally in tissue removed from prostate for other reasons, histologic finding in ≤5% of tissue resected
	T1b	Tumor found incidentally in tissue removed from prostate for other reasons, histologic finding in >5% of tissue resected
	T1c	Tumor identified by needle biopsy because of elevated PSA
	T2	Tumor confined within the prostate
	T2a	Tumor involves 50% of one lobe or less
	T2b	Tumor involves >50% of one lobe but not both lobes
	T2c	Tumor involves both lobes
	T3	Tumor extends outside the prostate capsule
	T3a	Extracapsular extension (unilateral or bilateral)
	T3b	Tumor invades the seminal vesicles
	T4	Tumor invades nearby structures other than the seminal vesicles, such as the bladder or rectum
Regional Lymph Nodes (N)	**NX**	Regional lymph nodes were not assessed
	N0	No spread to nearby lymph nodes
	N1	Metastasis in nearby lymph node(s)
Distant Metastasis (M)	**MX**	Distant metastasis cannot be assessed (not evaluated)
	M0	No distant metastasis
	M1	Distant Metastasis
	M1a	Lymph node(s) outside of nearby area
	M1b	Bone(s)
	M1c	Other site(s) with or without bone disease
Histopathologic Grade (G)	**GX**	Grade cannot be assessed
	G1	Gleason 2-4
	G2	Gleason 5-6
	G3-4	Gleason 7-10

Prostate Cancer Stage Groupings	
Stage I	T1a, N0, M0, G1
Stage II	T1a, N0, M0, G2-4 T1b, N0, M0, any G T1, N0, M0, any G T2, N0, M0, any G
Stage III	T3, N0, M0, any G
Stage IV	T4, N0, M0, any G Any T, N1, M0, any G Any T, any N, M1, any G

What should be considered in choosing a treatment?

Four facts are very important when choosing a treatment for prostate cancer. These are how long a life you are expected to live (**life expectancy**), your overall health status, the tumor's characteristics (as discussed above) and your values or personal preferences:

- **Life Expectancy: How long are you expected to live?**
  Life expectancy, rather than patient age, is important to keep in mind when choosing a treatment. When a man's life expectancy is quite long, localized prostate cancer may cause illness and death. In the later years or when he has other serious diseases, the chance that a man's cancer will get worse or that he will die from prostate cancer is less.
- **Overall Health Status: What other health problems do you have?**
  Overall health status includes your health history and your family health history. It also includes your current health and the seriousness of any other diseases you may have. Overall health influences how long a man will live. For some men, their overall health may influence the risk of problems they may experience with some prostate cancer treatments. Urinary, sexual and bowel functions may be affected by certain treatments in some men more than others.
- **Values or Personal Preferences: What is important to you?**
  Each man has different priorities when deciding whether to be treated for his prostate cancer. If he wishes to be treated, he also may have different values when choosing the best treatment. Some men want their cancer removed, no matter how old they are or what grade or stage their tumor is. They are willing to face the complications of the treatments for the chance of a cure. Others are worried about how certain treatments could affect the quality of their lives. Their choice may be made in order to avoid certain complications. Each man's personal values, when discussed with his family members, are the most important issues in choosing a treatment.

What are the treatment choices for localized prostate cancer?

The three usual treatments for localized prostate cancer are **active surveillance** (also known as watchful waiting), **radiation therapy** and surgery. There is no information that shows one treatment is clearly better than the others. In men with aggressive cancer, the chance that the tumor will return is high even with any one of these treatments.

Active surveillance or watchful waiting, is based on the fact that some prostate cancers may never become life threatening. With these approaches, PSA and a DRE are checked and prostate biopsies may be done on a regular basis. Other treatments can be started at any time if the cancer shows signs of growth or of becoming a more aggressive tumor. For watchful waiting and active surveillance, the timing of check-ups and visits to the doctor will be different for each man with prostate cancer.

The second choice, radiation therapy, includes two types: **interstitial prostate brachytherapy** and **external beam radiation therapy.** With interstitial prostate brachytherapy, small radioactive "seeds" are planted in the prostate. Before treatment, the size (volume) of the prostate is checked by TRUS to decide the dosage of seeds. These seeds are then placed into the prostate using needles that go through the skin between the scrotum and anus. With external beam radiation therapy, the prostate and other important tissues are treated with a carefully targeted beam of radiation. Two studies have shown that higher-than-normal doses of external beam radiation may lower the chance of increases in PSA levels in some men. Both radiation therapies (seeds and beam) can be combined with one another. In some patients, the combination of hormone therapy and external beam radiation may lower the risk of cancer death.

The third choice, **radical prostatectomy,** is an operation that removes the prostate. The term "radical" means that the entire prostate and nearby tissues are removed through surgery.

Other treatments, such as **hormonal therapy** and **cryotherapy,** have been used for the treatment of localized prostate cancer, but it is not known how well these treatments work. While hormonal therapy may lessen the cancer symptoms in men who choose not to or who cannot be treated with other therapies, it makes heart disease and diabetes worse in those who have these diseases. Cryotherapy uses gases to freeze and then thaw the prostate. New forms of therapy are being tested in studies, and some include a combination of therapies. Men are urged to talk to their doctors about joining these studies to see if they could help treat their localized prostate cancer.

What are the benefits and risks of each treatment?

Watchful Waiting/Active Surveillance

Managing localized prostate cancer with regular exams but no treatment has two main advantages – a low cost and no immediate complications. Watchful waiting may be a personal choice or a choice because a man has a shorter life expectancy and wants to avoid possible problems with treatment. Active surveillance may be a good choice for a man with a longer life expectancy and a low-risk tumor. These men usually have a lower Gleason score, PSA level and clinical stage. Medical studies show that a man with localized, low-grade prostate cancer has a lower chance of the tumor growing within the first 10 years after it has been found.

The main disadvantage of watchful waiting and active surveillance is that over time the cancer could become worse and even untreatable. The signs of cancer getting worse and the exact time to start treatment are not always known. If the cancer spreads outside the prostate during the time between check-ups, there is a good chance that it may not be able to be cured. When prostate cancer spreads, it often spreads into the bones. This is painful and can prevent a man from participating in his normal daily activities and affect his quality of life before he dies.

Radiation Therapy and Radical Prostatectomy

The benefit of these therapies is that with their use prostate cancer may be cured. The complications most often seen with their use are **urinary incontinence** (accidental release of urine) and other urinary symptoms. Radiation and prostatectomy can also cause blood in the urine, stomach and bowel problems, rectal problems such as bleeding and discomfort or pain. Some men will have **erectile dysfunction** (erections that are not strong enough for intercourse). Each form of therapy has its own set of complications. None of the choices for therapy has shown a better or worse chance of complications.

Radiation Therapy

The advantage of radiation therapy is that it is less invasive than surgery. Urinary incontinence and erectile dysfunction may happen less often with radiation than with radical prostatectomy. However, one disadvantage of radiation therapy is that it leaves the prostate in the body. It is possible for some cancer to remain and worsen in the future. Although today's new methods cause less harm to normal surrounding tissues from the radiation, a man may experience bowel, urinary tract and genital tract complications.

Interstitial Prostate Brachytherapy

Interstitial prostate brachytherapy is a therapy that places radiation seeds throughout the prostate. The advantage of brachytherapy is that it is a single-day treatment. However, it does require an **anesthetic** while the seeds are placed. Gastrointestinal problems are the complications most often reported. Erectile dysfunction and urinary incontinence occur less often than with other treatments. Urinary problems other than incontinence also occur, but not in most men. Blood in the urine is a usual problem soon after the seeds are placed. In one study, all the men had blood in their urine in the 12- to 48-hours after the seeds were placed but almost none had blood in their urine after six weeks.

External Beam Radiotherapy

External beam radiotherapy carefully directs radiation at the prostate to kill only the cancer cells. No surgery or anesthetic is required. Each radiation treatment lasts only minutes. They are done once a day, five days a week for seven to eight weeks. With today's new methods of this treatment, the needed radiation to the prostate can be given while nearby structures such as the bladder and rectum receive only small amounts. In men who have had bowel diseases such as **Crohn's disease** or **ulcerative colitis** or have received radiation to their pelvis, external beam radiotherapy may be a poor choice for treatment.

Like interstitial prostate brachytherapy, external beam radiotherapy causes gastrointestinal problems. Diarrhea and loose stools are the most frequent complications. Erectile dysfunction and urinary incontinence are also reported but less often. **Irritative urinary tract symptoms** (burning on passing urine or sudden need to urinate) are usual problems reported by men right after external beam radiotherapy. This will usually go away within one or two years. Rectal pain, which has been reported by patients in the year following external beam radiotherapy treatment, lessens over time. Blood in the urine (bleeding) seems to be uncommon.

Radical Prostatectomy

Radical prostatectomy is an operation in which the prostate is taken out. The surgery requires an anesthetic, and the patient will be in the hospital for one to three days and then sent home with a urinary drainage tube (a **catheter**) in his bladder. The tube will be removed after one to two weeks. The main benefit of this operation is that it may remove all of the cancer. However, if the cancer has already spread, then removing the prostate may not cure all of the cancer. Still, treatment by radical prostatectomy offers the man with cancer that has not spread outside the prostate the possibility of freedom from the disease for the rest of his life.

The main disadvantage of radical prostatectomy is the chance of complications from the operation itself. Erectile dysfunction and urinary incontinence are the problems reported most often. The chance of having erectile dysfunction depends on a man's age and health, his sexual function before treatment, the stage of the cancer, and the ability to save the nerves that control erection during the surgery. Younger men (those under 60 years of age) are less likely to have problems with their erections than are older men. Even if erectile dysfunction does occur after surgery, erections may return to normal over time. There are also medications and devices to treat the problem that may be helpful. You may wish to ask your doctor about the treatments for erectile dysfunction or other complications.

Urinary incontinence after radical prostatectomy usually lessens or stops with time. Other problems that are reported by patients after radical prostatectomy include: irritation of the bladder, gastrointestinal symptoms, bladder infection, blockage of the urine flow from the bladder and leaking of urine. Sometimes scarring can occur and scar tissue may form in the bladder and urinary tract, changing the flow of urine. If a man's urine flow is blocked, though, more surgery may be needed to clear the blockage.

Questions to ask the doctor

Q How far along is my prostate cancer?

Q What is its stage? (How far does it seem to have spread?)

Q What is my cancer's grade? (How fast is it likely to spread?)

Q Is my chance of cancer spread high? If so, do I need more testing? What are the recommendations about more testing?

Q Do I need a second opinion?

Q What are my treatment choices (including watchful waiting and active surveillance)? What are the advantages and disadvantages of each?

Q What are the chances for each treatment to cure my cancer?

Q What are the chances of complications from each treatment? What kinds of complications are likely from each?

Q How are the complications themselves treated—for example, urinary incontinence or erectile dysfunction?

Q How much will each prostate cancer treatment cost?

Q How much will treating possible complications cost?

Q If I choose an operation, how many days will I be in the hospital?

Q How long will I have a catheter after the operation?

Q How much time will I need to fully recover?

Q If I choose radiation therapy, how much time will be required?

Q Will I need to take time off from work or other activities?

Q What is likely to happen if I choose no treatment (watchful waiting or active surveillance)? How frequently will I need examinations?

Q Following treatment, how often will I need examinations?

Additional questions to ask the doctor:

Q _____

Q _____

Q _____

Glossary

Active surveillance – Treatment approach where tests such as PSA and a DRE are checked and prostate biopsies are done on a regular basis.
Aggressiveness – Rapid tumor spread within the prostate and outside the prostate.
Anesthetic – A substance (drug or gas) which produces a local or general loss of feeling, including pain.
Benign – A tumor that will not spread to other parts of the body.
Biopsy – Procedure to take out small bits of prostate tissue (cores) for testing.
Bladder – The balloon-shaped pouch of thin, flexible muscle in which urine is temporarily stored before being discharged through the urethra.
Brachytherapy – Treatment for prostate cancer that involves the placement of tiny radioactive pellets into the prostate by utilizing ultrasound.
Catheter – A thin tube that is inserted through the urethra into the bladder to allow urine to drain.
Complications – A problem that occurs because of a treatment.
Crohn's disease – A disease of the bowel that causes pain, rectal bleeding, diarrhea and weight loss.
Cryotherapy – During an operation, probes are placed in the prostate. The probes are frozen thus killing the prostate cells.
Digital rectal exam – (also known as DRE) Insertion of a gloved, lubricated finger into the rectum to feel the prostate and check for any abnormalities.
Ejaculation – Release of semen from the penis during sexual climax (orgasm).
Erectile dysfunction – (also known as ED or impotence) The inability to get or maintain an erection for satisfactory sexual intercourse.
External beam radiation therapy – A method for delivering a beam of high-energy X-rays to the location of the patient's prostate tumor. The beam is generated outside the patient and is targeted at the tumor site. These X-rays can destroy the cancer cells and careful treatment planning allows the surrounding normal tissues to be spared. No radioactive sources are placed inside the patient's body.
Hormonal therapy – Treatments that add, block or remove hormones.
Incontinence – Loss of bladder or bowel control; the accidental loss of urine or feces.
Interstitial prostate brachytherapy – Radiotherapy in which the source of irradiation is placed in the prostate.
Irritative urinary symptoms – Symptoms that result in a limited capacity to store urine in the bladder. Symptoms include frequent and urgent urination.
Life expectancy – Measure of time, usually in years or months that estimates how long a person will live.
Localized prostate cancer – Cancer that has not moved outside of the prostate.
Lymph nodes – Small rounded masses of tissue distributed along the lymphatic system most prominently in the armpit, neck and groin areas. Lymph nodes produce special cells that help fight off foreign agents invading the body. Lymph nodes also act as traps for infectious agents.
Malignant – A cancerous growth that is likely to grow and spread which can cause serious disablement or death.
Metastasis – The spread of cancer from the first place that the cancer grew to another part of the body.
Pathologist – A doctor trained to study body tissues and to diagnose conditions.
Prostate – In men, a walnut-shaped gland that goes around the urethra at the neck of the urinary bladder. The prostate supplies fluid that goes into semen.
Prostate-specific antigen (PSA) – Also referred to as prostate-specific antigen. A protein made only by the prostate gland. High levels of PSA in the blood may be a sign of prostate cancer.

Radiation therapy – The treatment of disease (especially cancer) by exposure to a radioactive substance. High-energy rays are often used to damage cancer cells and stop them from growing and dividing. Includes interstitial prostate brachytherapy and external beam radiation therpy.
Radical prostatectomy – Surgical procedure for the removal of the prostate.
Rectum – The lower part of the large intestine, ending in the anal opening.
Screening tests – To identify a disease early to improve the chance for cure and/or to prevent complications from the disease.
Semen – Also known as seminal fluid or ejaculate fluid. Thick, whitish fluid produced by glands of the male reproductive system that carries the sperm (reproductive cells) through the penis during ejaculation.
Seminal vesicles – An internal structure in the male located behind the bladder and above the prostate gland. It contributes fluid to semen.
Sperm – Male reproductive cells made in the testicles.
Testicles – Paired, egg-shaped glands located in a pouch (scrotum) below the penis. They produce sperm and the male hormone testosterone.
Transrectal ultrasound (TRUS) – A special ultrasound test in which sound waves are produced by a probe inserted into the rectum. In men, the structures most commonly examined with this test are the prostate, bladder, seminal vesicles and ejaculatory ducts.
Ulcerative colitis – A disease that causes ulcers in the bowel and has symptoms of pain, rectal bleeding, diarrhea and weight loss.
Ultrasound – A tool that makes images by using sound waves to picture internal structures.
Urethra – In males, this narrow tube carries urine from the bladder to the outside of the body and also serves as the channel through which semen is ejaculated. Extends from the bladder to the tip of the penis.
Urinary incontinence – Accidental loss of urine.

This patient guide is intended to stimulate and facilitate discussion between the patient and doctor regarding the types of evaluation and treatment described in summary fashion in this brochure.

This guide was developed by the American Urological Association Foundation. It reflects the recommendations developed by the Localized Prostate Cancer Guideline Update Panel of the American Urological Association.

For additional information, please refer to the full text of the Guideline Panel Update, located at **www.AUAnet.org/guidelines.**

For additional copies of this brochure, contact:

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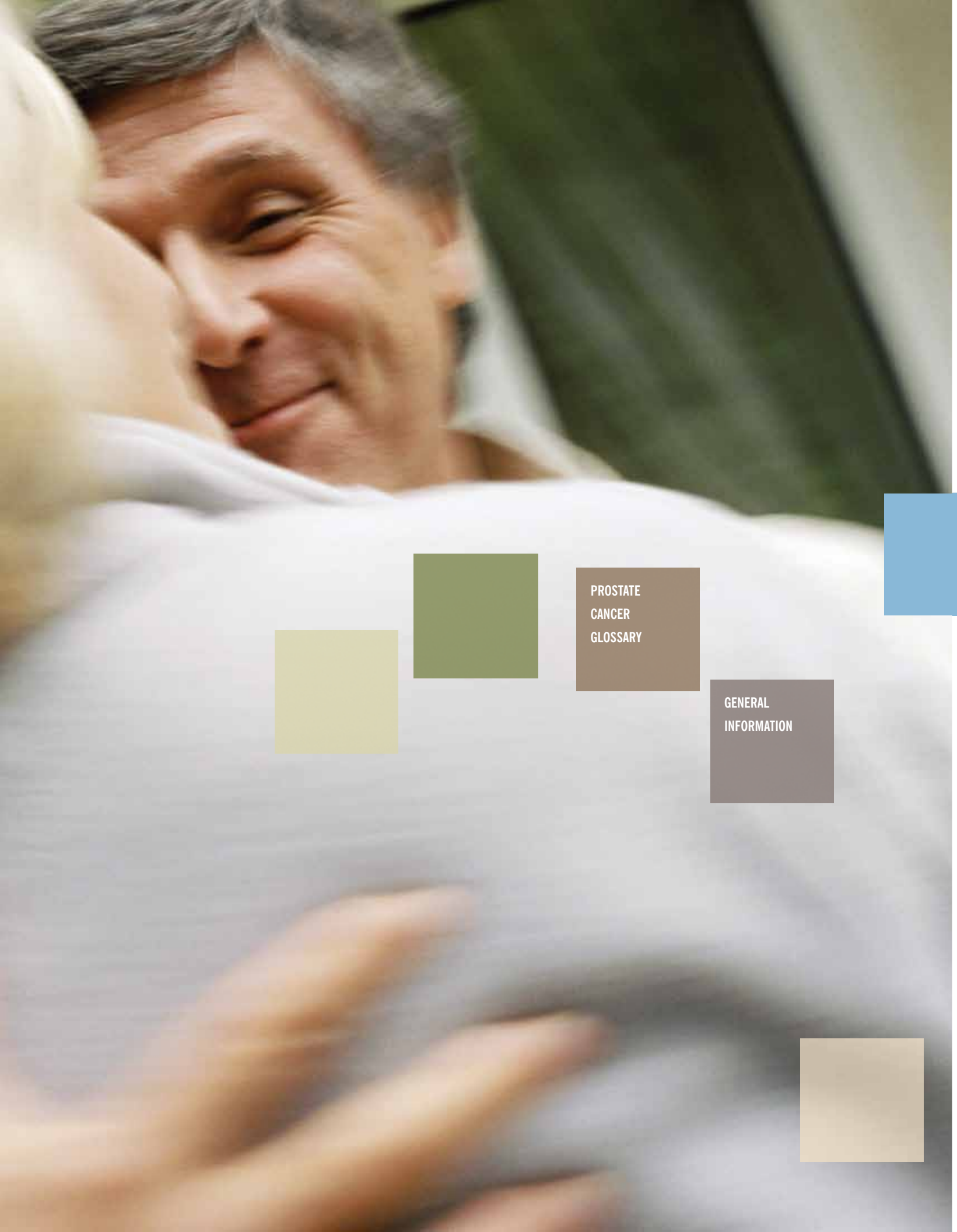

TREATMENT OPTIONS FOR PROSTATE CANCER

The more you know about your treatment options, the better. Studies have shown that decisions made collaboratively, at the time of diagnosis, give patients the best chances for a cure.

In this section, you will find a brief summary of each of the advanced treatment options we offer at Western New York Urology Associates and Cancer Care of Western New York. Your customized care team is here to help guide you and your family in making the right decision for you.

Your individual treatment plan will be based on a number of factors, including your age, the stage of cancer, your general health, and your personal tolerance for side effects.

Please refer to the procedure sheets about your treatment plan, or ask your doctor, nurse or a Patient Advocate if you have any specific questions.

RADIATION THERAPY

One way to treat prostate cancer is to use radiation therapy to kill cancer cells and shrink tumors. For prostate cancer, radiation therapy is typically delivered either by a machine that sends radiation beams into your body (linear accelerator radiation therapy), or by "seeds" that are implanted in your prostate gland (brachytherapy). Our goal with radiation therapy is to completely cure the cancer, while protecting the healthy cells nearby.

External Beam Radiation Therapy

This treatment option uses high-energy rays to kill cancer cells. A machine called a linear accelerator creates the radiation beam, which is typically only "on" for a minute or two per treatment. The actual treatments are fast, completely safe, and do not cause radioactivity in patients—it is completely safe for family members and friends to be around you.

If you are having external beam radiation, three gold seed markers will be placed into your prostate using ultrasound guidance before your radiation treatments begin. These markers will be imaged every day prior to your treatment, and the machine will adjust to the exact location of your prostate gland.

Next, we will do one or more CT Scans, which give your medical team a "road map" of your internal organs and structures, so we can determine where and how to deliver the radiation. This is a painless procedure, and only takes a few minutes. At this time, your radiation therapist will also create a customized mold for your legs, which will be used each day to position you for your treatment.

Once we have all the information, your medical team—which includes a board-certified radiation oncologist, a board-certified radiation physicist, and a board-certified medical dosimetrist—will work together to develop your customized plan based on national guidelines.

Treatments are typically once a day, Monday through Friday for approximately eight and a half weeks, depending on the size and stage of your prostate cancer. Taking the weekend off allows your normal cells time to recover. Studies have shown that there is a relationship between cure rates and the radiation dose; the treatments are spread over this length of time based on national guidelines, in order to minimize side effects and still achieve the highest possible cure rates.

Your daily treatments will typically last less than 15 minutes, with most of that time used for positioning. You can plan to be at our center for approximately 15 to 30 minutes each day.

Regardless of what type of external beam radiation therapy you receive, you will not feel anything. The radiation beams are invisible. You will simply hear a buzz as the machine moves around you, delivering the radiation dose as you lie there. You can keep all of your clothes on. And while you will be the only one in the room during your treatments, you will never be alone; your radiation therapist will be in constant contact with you, thanks to a video and audio intercom system.

Cancer Care of Western New York | 3085 Harlem Road, Cheektowaga, NY 14225 | 716-844-5500 | cancercarewny.com

Other than scheduled visits, most patients do not have to change their daily routine during radiation therapy. You can keep driving, going to work, and enjoying your normal daily activities.

You may notice a slight drop in your energy level during these weeks, so we encourage you to get plenty of rest, eat a healthy diet, drink plenty of liquids, and remain active by exercising on a regular basis.

In terms of side effects, radiation may cause your prostate to swell during the course of treatment, which may change your frequency of urination, make your urinary stream slower, or cause you to get up at night to urinate. These side effects are usually temporary, and disappear when the swelling of your prostate gland goes down after radiation therapy.

Other side effects may include bladder and gastrointestinal issues. However, these side effects are minimized thanks to advances in new technology. According to the National Comprehensive Cancer Network guidelines; this therapy has a very low risk of urinary incontinence, as well as, a good chance of short-term preservation of erectile function.

Once your treatment is complete, you will have follow-up visits to monitor your condition and the effects of the treatment. Your doctor may also order blood tests, x-rays, and additional scans during these appointments.

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Here are some of the state-of-the-art radiation therapy technologies currently in place at Cancer Care of Western New York:

IMRT (Intensity Modulated Radiation Therapy)

A tumor isn't just a perfect little circle or square inside your body. It's a complex three-dimensional shape. IMRT is a technologically advanced method of external beam radiation therapy; it conforms to the shape of a tumor, allowing your doctors to deliver a higher dose of radiation to the tumor. For several types of cancer, that means a higher cure rate.

Because the radiation is much more targeted, it also spares healthy cells surrounding the tumor, and potentially has fewer side effects than conventional radiotherapy techniques. Cancer Care of Western New York uses state-of-the-art linear accelerators manufactured by Varian Medical Systems.

RapidArc

With this sophisticated technology, the radiation is delivered with extreme accuracy and precision. RapidArc shortens your treatment time, and can further minimize side effects.

RapidArc is also fast, providing a complete treatment in less than two minutes in most cases. The entire tumor receives the radiation dose with just one single rotation of the machine around the patient.

Most importantly, RapidArc can achieve a high cure rate for several cancers, including prostate cancer. Cancer Care of Western New York has more experience with RapidArc than any other facility in the area, and our collective experience rivals that of most major cancer centers in the U.S.

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Image Guided Radiation Therapy (IGRT)

This state-of-the-art technology works hand-in-hand with IMRT. Every day, immediately before your treatment, robotic arms on either side of the machine will image your prostate and the gold seed markers. The machine will then correct for any variation in the position of your prostate gland, ensuring that we are targeting the exact position of your prostate gland and the cancer cells. Ultimately, this prevents excess radiation exposure to your bladder and rectum, which minimizes the chance of side effects.

3-D Conformal Radiation Therapy

Using innovative techniques, this computer simulation produces an accurate image of a tumor and the surrounding organs. As a result, multiple radiation beams can be shaped to the exact contour of the treatment area. The radiation beams are very precise and focused, which allows the nearby normal tissue to be spared.

BRACHYTHERAPY

Cancer Care of Western New York has treated thousands of patients with brachytherapy, a minimally invasive procedure that involves placing radioactive “seeds” directly in your prostate gland to destroy the cancer cells. These radioactive seeds will emit low-level radiation for about one year.

During the procedure, which is performed by your urologist and radiation oncologist, you are placed on your back and an ultrasound probe is placed into your rectum. Approximately 15-25 needles are placed through the skin between your scrotum and your rectum (the ultrasound probe is used to guide each needle into perfect position). The radioactive seeds are then delivered through the needles and distributed throughout your prostate gland. The exact number of needles and seeds implanted depends on the exact size and shape of your prostate gland. Brachytherapy is an outpatient surgical procedure that does require a general anesthetic.

Brachytherapy causes swelling in your prostate gland, which may change your frequency of urination, make your urinary stream slower, or cause you to get up at night to urinate. There may be blood in your urine and semen for a short period of time after the procedure. There is a chance of impotence and urinary and gastrointestinal problems.

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PROSTATECTOMY

A prostatectomy is the surgical removal of your prostate gland, and is often done during the cancer's early stages (when it is located only within the prostate).

There are two types of prostatectomy—the conventional method (also known as a radical or open prostatectomy), or minimally invasive prostatectomy (also known as laparoscopic, robotic or a daVinci robot-assisted prostatectomy).

As with any surgery, there are risks with a prostatectomy. In addition to the risks that come with being under anesthesia, the procedure itself causes risks of erectile dysfunction and urinary incontinence. It's important to discuss the specifics of your situation with your urologist so that you can be truly informed on the possible side effects.

Conventional/Radical/Open Prostatectomy

In this type of surgery, a vertical incision is made in your lower abdomen. Your surgeon will then remove your prostate gland and, depending on how much your cancer has spread, may also remove surrounding lymph nodes.

Minimally invasive/Laparoscopic/daVinci/Robotic Prostatectomy

This procedure involves removing the prostate through a set of tiny incisions, using a robot and micro-surgical instruments. Because the precise surgery protects the delicate prostate nerves (which control bladder and sexual function), patients have a faster recovery, shorter hospital stay, less pain and faster return of urinary control. The surgeons at Western New York Urology Associates and Cancer Care of Western New York were among the first to offer this treatment, and have performed this less-invasive procedure with excellent results on hundreds of patients.

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HORMONE THERAPY/ANDROGEN DEPRIVATION

Hormone therapy (also known as androgen deprivation) is another treatment option. Hormone therapy is designed to lower the level of testosterone, a hormone produced in the testicles that causes prostate cancer to grow. Lowering the level of testosterone can cause prostate cancer to shrink, or grow at a slower rate. While hormone therapy does not cure cancer, it can delay the growth of cancer, and extend and improve your quality of life for many years when used in combination with other therapies.

The advantages to hormone therapy include reduced treatment time and avoiding most of the risks typically associated with surgery. Possible side effects of hormone therapy include breast tenderness, hot flashes, flu-like symptoms, decreased libido, erectile dysfunction and, sometimes, discomfort at the injection site. Current studies have found that hormone therapy may increase complications with patients who have heart disease, diabetes and/or bone loss.

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CRYOSURGERY

This is a procedure that freezes the prostate gland under controlled conditions, killing cancer cells. While this treatment option is not widely utilized, it is occasionally employed—mostly for cases where other treatment methods have failed.

VARIAN LINEAR ACCELERATORS

DIET & EXERCISE

RAPID ARC™

ACTIVE SURVEILLANCE

CHEMOTHERAPY

3-D CONFORMAL THERAPY

ACTIVE SURVEILLANCE/WATCHFUL WAITING

During active surveillance, your medical team will continue to monitor your PSA levels, perform digital rectal exams, and monitor your physical symptoms on a regular basis. However, no actual treatment will be given.

DIET & EXERCISE

Following this course is a decision that should be made between you and your physician only after careful consideration. We also recommend that you consider a repeat prostate biopsy at one year, and again in the future based on the recommendation of your urologist. If your condition changes, then you and your doctor can discuss the appropriate treatment at that time.

BRACHYTHERAPY

Radiation Therapy	Pros	Possible Side Effects
	IMRT with IGRT and RapidArc	
	• Delivers a higher dose of radiation • Spares healthy, surrounding cells • Outpatient procedure • Only 15 minutes per day at your appointment • Fast (usually providing a complete treatment in less than two minutes) • Can achieve a high cure rate for several cancers • Prevents excess radiation exposure to your bladder and rectum	• May cause your prostate to swell (usually temporarily), which may change your frequency of urination, make your urinary stream slower, or cause you to get up at night to urinate • Bladder and gastrointestinal issues • Long-term reduction in erectile function
	3-D Conformal Radiation Therapy	
	• Multiple radiation beams can be shaped exactly to the treatment area • Precise and focused beams don't affect the normal tissue nearby • Outpatient procedure • Only 30 minutes per day at your appointment	• May cause your prostate to swell (usually temporarily), which may change your frequency of urination, make your urinary stream slower, or cause you to get up at night to urinate • Long-term reduction in erectile function • Damage to your bladder and rectum
	Brachytherapy	
	• Minimally invasive • Outpatient surgical procedure • Return to work in one week • Erectile dysfunction and urinary incontinence occur less often than with other treatments	• Because the seeds are radioactive, it is recommended that you do not let children or pregnant women sit on your lap • Bladder and gastrointestinal issues • Impotence • Blood in urine and semen

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Prostatectomy	Pros	Possible Side Effects
	Open Prostatectomy	
	• Surgeon may be able to remove surrounding lymph nodes, if the cancer has spread	• Risks of erectile dysfunction and urinary incontinence • Discuss specifics of your situation with your urologist so you can be fully informed on the possible side effects
	Minimally Invasive Robotic Prostatectomy	
	• Faster recovery • Shorter hospital stay • Less pain • Faster return of urinary control	• Risks of erectile dysfunction and urinary incontinence • Discuss specifics of your situation with your urologist so you can be fully informed on the possible side effects
Hormone Therapy	• Can cause prostate cancer to shrink, or grow at a slower rate • Can extend and improve your quality of life • Treatment without the risks associated with surgery • Outpatient procedure • No recovery time	• Does not cure cancer • Breast tenderness • Hot flashes • Flu-like symptoms • Decreased libido • Monthly or less frequent injections continuing indefinitely • Discomfort at the injection site • Impotence • May increase complications with patients who have heart disease, diabetes and/or bone loss
Cryosurgery	• Provides alternative treatment option when other methods have failed	• Not widely utilized
Active Surveillance	• No risks from surgery or other procedures	• Does not cure cancer

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RAPID ARC™

ACTIVE SURVEILLANCE

CHEMOTHERAPY

3-D CONFORMAL THERAPY

DIET & EXERCISE

Prostate Cancer Treatment
POSSIBLE SIDE EFFECTS

Higher Risk  Lower Risk

	Incontinence	Impotence	Surgical Risk	Chance of Recurrence
Traditional Surgery				
Minimally Invasive/ Robotic Surgery				
External Beam Radiation/IMRT				
Brachytherapy				
Cryosurgery				
Hormone Therapy				
Active Surveillance				

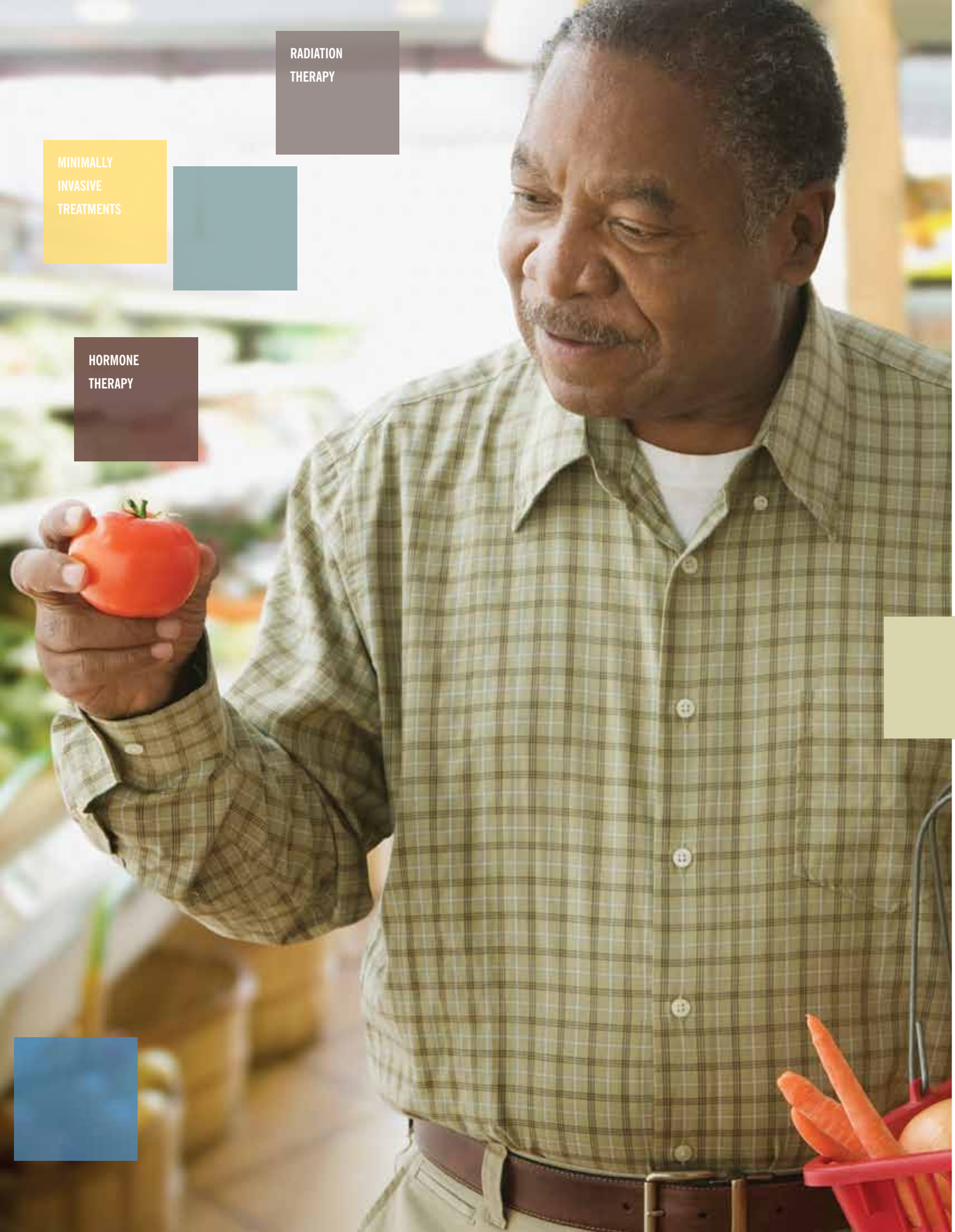
The above information should be interpreted in conjunction with the advice of each patient's physician.

Prostate Cancer Treatment Details

	Inpatient or Outpatient	Length of Treatment	Recovery Time	Treatment Goal
Traditional Surgery	Inpatient hospital	3–5 days in hospital	3–6 weeks	Cure
Minimally Invasive/ Robotic Surgery	Inpatient hospital	1–2 days in hospital	2–4 weeks	Cure
External Beam Radiation/IMRT	Doctor's office	15 minutes per day for 8 ½ weeks	None	Cure
Brachytherapy	Outpatient surgical center	"Seeds" remain active for 1 year	Return to work in 1 week	Cure
Cryosurgery	Inpatient hospital	1 day	1–2 weeks	Cure
Hormone Therapy	Doctor's office	Monthly or less frequent injections	None	Manage
Active Surveillance	Doctor's office	No treatment	None	Manage

The above information should be interpreted in conjunction with the advice of each patient's physician.

BRACHYTHERAPY


RADIATION THERAPY
MINIMALLY INVASIVE TREATMENTS
HORMONE THERAPY

YOUR CUSTOMIZED TREATMENT PLAN

You're probably feeling a bit overwhelmed right now. We want you to understand that it is perfectly natural to feel this way. As you talk with your Patient Advocate and learn more about your treatment options, you will start to feel more comfortable.

To help you keep track of your important information—such as your PSA scores and appointment dates—we have created a Personalized Care Summary. If you requested a Patient Advocate, they have most likely started to fill in some of the information for you. As you continue your treatment, simply add your own notes to this binder.

We encourage you to bring this binder with you whenever you have an appointment or treatment session related to your prostate cancer.

For your convenience, you and your family can also access your Personalized Care Summary information through the password-protected patient portal at www.cancercarewny.com.

CHEMOTHERAPY

ACTIVE SURVEILLANCE

IGRT

BRACHYTHERAPY

YOUR PERSONAL CARE SUMMARY

This graph shows your PSA levels from past laboratory tests. When you get new test results, you can use this graph to see how your new PSA levels compare with those in the past.

Prepared For: _____

PSA score at time of diagnosis: _____ Date: _____

PSA score: _____ Date: _____

PSA score: _____ Date: _____

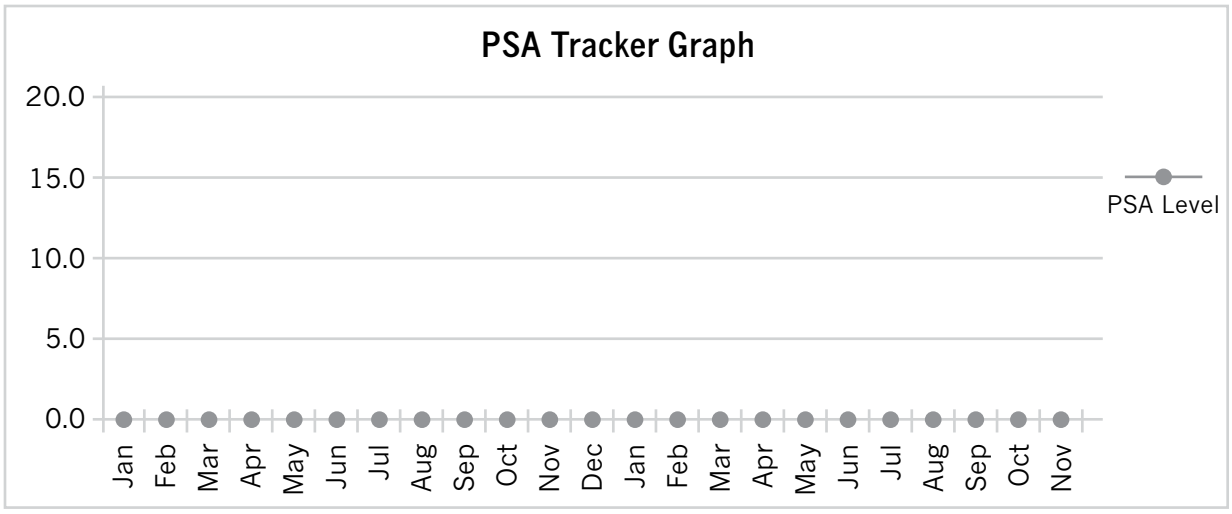
PSA score: _____ Date: _____

PSA score: _____ Date: _____

PSA score: _____ Date: _____

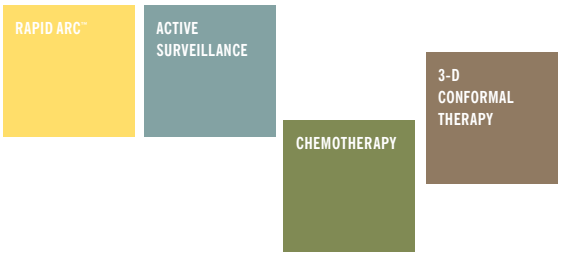
PSA score: _____ Date: _____

Gleason score at time of diagnosis: _____ Date: _____



VARIAN LINEAR ACCELERATORS

DIET & EXERCISE



Metastatic Evaluation Appointments

Date and Time: _____ Location: _____

Date and Time: _____ Location: _____

Date and Time: _____ Location: _____

Date and Time: _____ Location: _____

DIET & EXERCISE

Radiation Oncology Consult Appointments

Date and Time: _____ Location: _____

Date and Time: _____ Location: _____

Date and Time: _____ Location: _____

Date and Time: _____ Location: _____

Diagnostic Tests

Date and Time: _____ Location: _____ Test: _____

Date and Time: _____ Location: _____ Test: _____

Date and Time: _____ Location: _____ Test: _____

Date and Time: _____ Location: _____ Test: _____

BRACHYTHERAPY

RADIATION THERAPY (IMRT)

HORMONE THERAPY

RAPID ARC™

CHEMOTHERAPY

Your Personal Care Summary for Radiation Therapy (IMRT)

ACTIVE SURVEILLANCE

Prepared For: _____

Gold Seed Marker Appointment

Date and Time: _____ Location: _____

CT Scan Appointment

Date and Time: _____ Location: _____

MRI Appointment

Date and Time: _____ Location: _____

Start date and time for daily treatment appointment

Date and Time: _____ Location: _____

* If daily treatment time is different than start time above: Time: _____

Follow-up Appointments

Date and Time: _____ Location: _____

Date and Time: _____ Location: _____

Your Team

Patient Advocate: _____

Pathologist:_____

Urologist:_____

Physician Assistant/Nurse Practitioner: _____

Radiation Oncologist:_____

Other Staff: _____

Other Staff: _____

da Vinci® ROBOTIC PROSTATECTOMY

IMRT

What is this procedure?

Intensity Modulated Radiation Therapy (IMRT) uses high-energy rays to destroy cancer cells. IMRT is a new technology that lets the radiation oncologist change the intensity of the radiation, which allows a high dose of radiation to be delivered to the prostate, while at the same time limiting the dose to the surrounding healthy tissues—including the bladder and rectum.

Along with IMRT, Image Guided Radiation Therapy (IGRT) is utilized to track the exact location of the prostate gland immediately prior to treatment. These two advances in radiation therapy allow a higher dose of radiation to be delivered more precisely, while minimizing the possibility of side effects.

What do you need to do before treatment can begin?

1. You will start by having a consultation with your radiation oncologist, who will review your medical history and pathology reports, and conduct a physical examination. After the physical exam, your radiation oncologist will explain in detail your treatment options, and answer your questions regarding the different treatment options.
2. Before you begin IMRT, you will have an appointment with your urologist or radiation oncologist. During this appointment, three gold seed markers will be placed into your prostate gland. These markers will help track the exact location of your prostate gland, and are used to help aim the radiation beam on a daily basis immediately prior to treatment. The method of placement is similar to the technique used during a prostate biopsy. Approximately one week after the gold markers have been placed, you will have a CT simulation (special CT). This CT scan takes pictures of the inside of your body.
3. An MRI (Magnetic Resonance Imaging) may be obtained by your radiation oncologist for further treatment planning, if needed. An MRI can help locate organs we want to avoid during your treatment.
4. A three-dimensional reconstruction of your pelvis will be created. The prostate, bladder, and rectum, as well as other structures, will be identified and mapped on the CT scan.
5. The radiation oncologist, dosimetrist and physicist will work together to plan your treatments and create a radiation plan that is specific for you, based on national guidelines as well as your scans. This plan will be tested on the machine to ensure its accuracy.

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What do you need to do before your CT scan?

1. Purchase two standard fleet enemas from your local drug store, along with one bottle of magnesium citrate.
2. The night before the procedure, eat a light dinner.
3. After dinner you will drink one half the dose of the magnesium citrate. Follow the instructions on the bottle.
4. Before bed, do the first enema, following the instructions on the box.
5. In the morning eat a light breakfast and follow with the second enema.
6. You will need to consume 16-20 ounces of water 40 minutes before your CT scan to maintain a full bladder. Please refrain from voiding before your CT scan.
7. Please avoid caffeinated beverages.

What can you expect during your CT scan?

1. A radiation therapist will be with you.
2. A special mold will be created around your legs, to hold your body still during the scan, and keep you in the same position for each treatment.
3. The CT scan is then performed in the treatment position, using the device.
4. You will feel the table move and hear some clicking noises during the scan.
5. A temporary mark will be placed on your skin, which allows the radiation therapists to align you in the proper position during your treatment. The simulation takes approximately one hour; when it is complete, you will be given an appointment to return and start your treatment.

What do you have to do before each IMRT treatment?

1. You will need to consume 16-20 ounces of water 40 minutes before your treatment to maintain a comfortable, full bladder. Please refrain from voiding prior to treatment.
2. You may take your medicines as directed by your physician.

What can you expect during each IMRT treatment?

- Radiation therapy for prostate cancer is given five days a week for approximately 8 1/2 weeks. The treatments are spread over this length of time based on national guidelines, in order to minimize side effects and still achieve the highest possible cure rates.
- Each radiation therapy session will last about 15 minutes; you can plan to be at our center for approximately 15-30 minutes each day. The actual delivery of your treatment dose will take only a few minutes.
- In the treatment room, the radiation therapist will use permanent pin point tattoos on your skin to locate the treatment area. You will lie into the positional device on the treatment table to make sure we can accurately position your treatment area. You may notice laser lights in the room; these help the therapist make sure that you are level and straight on the treatment table.
- The radiation therapist will leave the treatment room before the machine is turned on. The machine is controlled from a small area outside the treatment room. However, you can be seen and heard at all times by a radiation therapist.
- Before the radiation beam is turned on, the exact location of the prostate is determined with an advanced Image Guided Radiation Therapy (IGRT) system, which obtains an image of the three gold seed markers within your prostate gland. This helps your radiation therapist accurately locate the treatment area immediately before the treatment begins.
- The radiation is produced by a machine called the linear accelerator. The treatment radiation given by the linear accelerator is invisible and you will not feel it, just as you do not feel an X-ray. The linear accelerator emits a buzz sound as it produces the radiation beams.
- It is important to lie as still as possible during your treatment, so the radiation dose is delivered to the exact same treatment area.
- The linear accelerator will rotate around you, and the table you are lying on may move slightly to an exact treatment location.
- Once the radiation treatment has finished, the therapist will come back into the room and help you off the treatment table.

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What can you do during and after treatment?

Diet

- We recommend a healthy diet to keep your energy level up.
- We encourage you to increase your fluid intake.

Activity

- Other than scheduled visits, most patients don't have to change their daily routine during radiation therapy.
- You may notice a slight drop in your energy level during these weeks.
- Get plenty of rest.
- Remain active by exercising on a regular basis.

Driving

Most patients can keep driving during the treatments.

Radioactivity

IMRT does not cause a patient's body to become radioactive. It is completely safe to be around other people while undergoing this therapy.

When will you have a follow-up visit?

You will be scheduled with the radiation oncologist or physician assistant at least once a week while you are having treatment.

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RADICAL PROSTATECTOMY

Your Personal Care Summary for Radical Prostatectomy

Prepared For: _____

Pre-operative Testing: _____

Date:_____

Location: _____

Time: _____

Date of Surgery: _____

Time: _____

Location: _____

Follow-up Appointments

Date and Time: _____ Location: _____

Date and Time: _____ Location: _____

RADICAL PROSTATECTOMY

What is this procedure?

A radical prostatectomy (also called an open or conventional prostatectomy) is a surgical procedure that involves the removal of the prostate gland. Depending on how much your cancer has spread, your surgeon may also remove surrounding lymph nodes. Thousands of patients have undergone a prostatectomy through Western New York Urology Associates and Cancer Care of Western New York.

What do you have to do before surgery?

1. You will be admitted to the hospital the day of your surgery. You will spend 3-5 days in the hospital.
2. If you are taking COUMADIN, ASPIRIN, IBUPROFEN, or DRUGS for ARTHRITIS or INFLAMMATION, please make sure our office is aware.
3. If you take blood pressure medication, you may take it with a sip of water the morning of your surgery.
4. If you take ANTIBIOTICS prior to dental work or have an orthopedic prosthesis, or you were told by another physician to take antibiotics prior to surgery, please call the office.
5. Do not eat or drink after midnight the night before your surgery except for blood pressure or heart medicine as mentioned above.
6. No alcohol 24 hours prior to surgery.
7. We suggest you wear comfortable clothing.
8. You will be receiving anesthesia for this surgery. There are several types of anesthesia such as general (which puts you to sleep) and epidural (which numbs the area being operated on). An anesthesiologist will discuss this with you prior to your surgery.

What can you expect right after surgery?

When you wake up after your surgery, you will have a catheter in your penis, in order to drain urine from your bladder. This allows your urinary tract to rest and recover.

The catheter must stay in place for two weeks, which means it will still be in even after you go home. However, you will have plenty of time while you are in the hospital for the doctors and nurses to explain everything you need to know about your catheter.

You will also have one or two drainage tubes coming out of your lower abdomen, which prevent fluid build-up and infection. These tubes will be in place for 1 to 3 days, and are often removed before you leave the hospital. If they are still in when you go home, your doctors and nurses will give you detailed instructions on how to care for them, and will tell you when they will be removed.

You will also be given pain medication in the hospital. This medication is meant to help you feel more comfortable, and should also stimulate your appetite (make you feel hungry) within a few days.

What can you do after surgery?

Diet

- It is okay to eat or drink whatever you want.
- We encourage you to increase your fluid intake.

Activity

- Do not lift anything heavier than 10 pounds for one month.
- Do not take a bath. However, it is okay to shower once you are home from the hospital. Just make sure to dry the area thoroughly.
- It is okay to climb stairs after you leave the hospital.
- Walking is good exercise and it improves the circulation. Go easy at first and slowly increase the distance as you feel better. Do not overdo it!
- Avoid any heavy lifting or strenuous exercise for at least six weeks to give the incision time to heal.

Driving

Do not drive until your catheter is removed.

Pain Medication

You will be given medications to take home when you are discharged from the hospital. As your activity increases, you may experience soreness around the incision. This is normal.

Antibiotics

You will also be given antibiotics to take at home after you leave the hospital. Please make sure you take all of your antibiotics.

Incision Site

Each day, look at your incision (the site of the surgery). Some redness and drainage at the incision site is normal. If you notice any increased redness, increased tenderness or pus-like drainage from the incision—or you develop fever and/or chills—please call the office.

Foley Catheter (the tube in your penis that drains your urine)

This tube will remain in for about two weeks after your surgery. It is normal to feel some pressure and discomfort from the catheter. You also may experience some leaking around the catheter; again, this is normal. Always make sure that the tubes are not kinked so the urine can flow freely. If the catheter is not draining well or if there is a lot of leakage around the catheter, please call the office.

Bowel Movements

You should avoid straining during a bowel movement. Your doctor may give you a stool softener, to promote regular bowel movements. Milk of Magnesia 30 cc is recommended if your stools are hard. DO NOT USE AN ENEMA FOR AT LEAST SIX WEEKS AFTER SURGERY.

When will you have a follow-up visit?

Our office staff will call you to make an appointment in our office for about two weeks after your surgery. At this time, you will see the nurse and physician, and your catheter and staples/sutures will be removed.

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ROBOTIC PROSTATECTOMY

Your Personal Care Summary for Robotic Prostatectomy

Prepared For: _____

Pre-operative Testing: _____

Date:_____

Location: _____

Time: _____

Date of Surgery: _____

Time: _____

Location: _____

Follow-up Appointments

Date and Time: _____ Location: _____

Date and Time: _____ Location: _____

ROBOTIC PROSTATECTOMY

What is this procedure?

A robotic prostatectomy (also called a laparoscopic or daVinci procedure) is a minimally invasive surgical procedure that involves the removal of the prostate gland through tiny incisions.

The surgeons at Western New York Urology Associates and Cancer Care of Western New York were among the first to offer this treatment, and have performed this less-invasive procedure with excellent results on hundreds of patients.

What do you have to do before surgery?

1. You will be admitted to the hospital the day of your surgery. You will spend an average of 1-2 days in the hospital.

2. If you are taking COUMADIN, ASPIRIN, IBUPROFEN, or DRUGS for ARTHRITIS or INFLAMMATION, please make sure our office is aware.

3. You may drink only clear liquids the day before surgery. Drink one bottle of magnesium citrate around 4:00 p.m. the day before the surgery.

4. If you take blood pressure medication, you may take it with a sip of water the morning of your surgery.

5. If you take ANTIBIOTICS prior to dental work or have an orthopedic prosthesis, or you were told by another physician to take antibiotics prior to surgery, please call the office.

6. Do not eat or drink after midnight the night before your surgery except for blood pressure or heart medicine as mentioned above.

7. No alcohol 24 hours prior to surgery.

8. We suggest you wear comfortable clothing.

9. You will be receiving anesthesia for this surgery. There are several types of anesthesia such as general (which puts you to sleep) and epidural (which numbs the area being operated on). You will see an anesthesiologist who will discuss this with you prior to your surgery.

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What can you expect right after surgery?

When you wake up after your surgery, you will have a catheter in your penis, in order to drain urine from your bladder. This allows your urinary tract to rest and recover.

The catheter must stay in place for one to two weeks, which means it will still be in even after you go home. However, you will have plenty of time while you are in the hospital for the doctors and nurses to explain everything you need to know about your catheter.

You will also be given pain medication in the hospital. This medication is meant to help you feel more comfortable, and should also stimulate your appetite (make you feel hungry) within a few days.

What can you do after surgery?

Diet

- It is okay to eat or drink whatever you want.
- We encourage you to increase your fluid intake.

Activity

- Do not lift anything heavier than 10 pounds for one month.
- Do not take a bath. However, it is okay to shower once you are home from the hospital. Just make sure to dry the area thoroughly.
- It is okay to climb stairs after you leave the hospital.
- Walking is good exercise and it improves the circulation. Go easy at first and slowly increase the distance as you feel better. Do not overdo it!
- Avoid any heavy lifting or strenuous exercise for at least six weeks to give the incision time to heal.

Driving

Do not drive until your catheter is removed.

Pain Medication

You will be given medications to take home when you are discharged from the hospital. As your activity increases, you may experience soreness around the incision. This is normal.

Antibiotics

You will also be given antibiotics to take at home after you leave the hospital. Please make sure you take all of your antibiotics.

Incision Site

Each day, look at your incision (the site of the surgery). Some redness and drainage at the incision site is normal. If you notice any increased redness, increased tenderness or pus-like drainage from the incision—or you develop fever and/or chills—please call the office.

Foley Catheter (the tube in your penis that drains your urine)

This tube will remain in for about two weeks after your surgery. It is normal to feel some pressure and discomfort from the catheter. You also may experience some leaking around the catheter; again, this is normal. Always make sure that the tubes are not kinked so the urine can flow freely. If the catheter is not draining well or if there is a lot of leakage around the catheter, please call the office.

Bowel Movements

You should avoid straining during a bowel movement. Your doctor may give you a stool softener, to promote regular bowel movements. Milk of Magnesia 30 cc is recommended if your stools are hard. DO NOT USE AN ENEMA FOR AT LEAST SIX WEEKS AFTER SURGERY.

When will you have a follow-up visit?

Our office staff will call you to make an appointment in our office for a cystogram (an X-ray of your bladder and urinary track) in one week, and then for a follow-up in the office for a physician visit and to have your staples removed.

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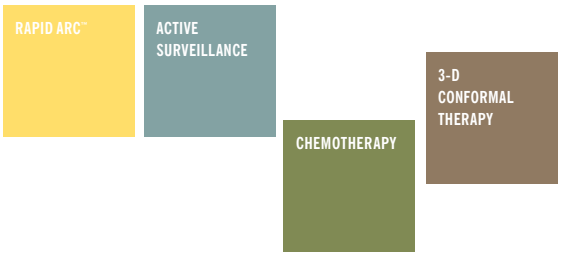
BRACHYTHERAPY



Your Personal Care Summary for Brachytherapy

Prepared For: _____

Date of Surgery: _____

Time: _____

Location: _____

DIET & EXERCISE

Follow-up Appointments

Date and Time: _____ Location: _____

Date and Time: _____ Location: _____

BRACHYTHERAPY

BRACHYTHERAPY (SEED IMPLANTATION)

What is this procedure?

Brachytherapy—also known as Radioactive Seed Implants—is when "seeds" (tiny pellets containing radioactive medication) are inserted directly into the prostate gland. These radioactive seeds will emit low-level radiation for about one year. The staff at Cancer Care of Western New York is extremely familiar with this procedure, having already performed it on thousands of patients.

What do you have to do before surgery?

1. If you take COUMADIN, ASPIRIN, IBUPROFEN, or drugs for ARTHRITIS or INFLAMMATION, please make sure our office is aware.
2. If you take blood pressure medication, you may take it with a sip of water the morning of your surgery.
3. If you take ANTIBIOTICS prior to dental work or have an orthopedic prosthesis, or if you were told by another physician to take antibiotics prior to surgery, please call the office.
4. Do not eat or drink after midnight the night before your surgery except for blood pressure or heart medicine as mentioned above.
5. No alcohol 24 hours prior to surgery.
6. Use a Fleet Enema the night prior to surgery.
7. We suggest you wear comfortable clothing.
8. You will be receiving anesthesia for this surgery. You will see an anesthesiologist who will discuss this with you prior to your surgery.
9. 7-10 days prior to your scheduled surgery, you may need to come to the office for an ultrasound of the prostate to determine its exact size. We will schedule this for you, if necessary.

What can you expect right after surgery?

You will be discharged the same day as your surgery. Please make sure someone comes with you to the hospital, so they can take you home.

You will also be given several prescriptions after your surgery. Please take these as directed.

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HORMONE THERAPY

RAPID ARC™

CHEMOTHERAPY

ACTIVE SURVEILLANCE

What can you do after surgery?

Diet

- It is okay to eat or drink whatever you want.
- We encourage you to increase your fluid intake.

Activity

- Avoid heavy lifting for five days.
- It is okay to shower after discharge from the hospital. Please do not take a bath until after your follow-up visit.
- It is okay to climb stairs when discharged from the hospital.
- Walking is good exercise and it improves the circulation. Go easy at first and slowly increase the distance as you feel better. Do not overdo it!
- Avoid strenuous exercise for five days.

Driving

You may drive the day after your surgery if you are feeling okay.

Pain Medication

You will be given a prescription for Motrin, a pain medication, when discharged from the hospital. As your activity increases, you may experience increased discomfort. This is normal. Take your medication as directed.

Antibiotics

You will be given a prescription for antibiotics to take at home when discharged from the hospital. Please make sure you take all of your antibiotics.

Return to Work

You may return to work one week after the surgery.

Sexual Activity

No restrictions.

da Vinci® ROBOTIC PROSTATECTOMY

Radiation Safety

The radiation level of these seeds is very low and the majority of radiation does not get past the prostate. Any amount of radiation that does escape is so small that the risk level is almost zero. However, it is recommended that children and pregnant women do not sit on your lap after brachytherapy.

When will you have a follow-up visit?

Our office staff will call you to make an appointment in our office 1-2 weeks after your surgery.

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HORMONE THERAPY

HORMONE THERAPY

RAPID ARC™

CHEMOTHERAPY

Your Personal Care Summary for Hormone Therapy

ACTIVE SURVEILLANCE

Prepared For: _____

Date and Time: _____ Location: _____

Date and Time: _____ Location: _____

Date and Time: _____ Location: _____

Date and Time: _____ Location: _____

Your Team

Patient Advocate: _____

Pathologist:_____

Urologist:_____

Physician Assistant/Nurse Practitioner: _____

Radiation Oncologist:_____

Other Staff: _____

Other Staff: _____

da Vinci® ROBOTIC PROSTATECTOMY

CRYOSURGERY

Your Personal Care Summary for Cryosurgery

Prepared For: _____

Cryosurgery Appointment

Date:_____

Location: _____

Time: _____

Follow-up Appointments

Date and Time: _____ Location: _____

Date and Time: _____ Location: _____

Date and Time: _____ Location: _____

Date and Time: _____ Location: _____

Your Team

Patient Advocate: _____

Pathologist:_____

Urologist:_____

Physician Assistant/Nurse Practitioner: _____

Radiation Oncologist:_____

Other Staff: _____

Other Staff: _____

ACTIVE SURVEILLANCE

Your Personal Care Summary for Active Surveillance

Prepared For: _____

Follow-up Appointments

Date and Time: _____ Location: _____

Date and Time: _____ Location: _____

Date and Time: _____ Location: _____

Date and Time: _____ Location: _____

Your Team

Patient Advocate: _____

Pathologist:_____

Urologist:_____

Physician Assistant/Nurse Practitioner: _____

Radiation Oncologist:_____

Other Staff: _____

Other Staff: _____


NEW YORK STATE'S PROXY LAW
HIPAA NOTICE OF PRIVACY
PATIENT RIGHTS
PATIENT'S BILL OF RIGHTS

LEGAL DOCUMENTS

At Cancer Care of Western New York, we encourage you and your family to ask questions, and talk about your care with your doctors and nurses, as well as a Patient Advocate. We can help guide you through your treatment, and make you feel as comfortable as possible—every step of the way. You will find contact information for your personalized medical team in the section about Your Treatment Plan.

In this section, you will find some legal forms that explain your rights as a patient in New York State, and offer additional information as required by state and federal regulations. If you have any questions or concerns, you can always talk with a member of your care team (or ask to speak with a director), or use the contact information on the following forms.

RAPID ARC™

ACTIVE SURVEILLANCE

CHEMOTHERAPY

3-D CONFORMAL THERAPY

Patient Bill of Rights

1. The patient has the right to competent medical care delivered without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation, or source of payment.

2. The patient has the right to dignity, respect, courtesy, responsiveness, and timely attention to health care needs.

3. The patient has the right to privacy and confidentiality of information and records regarding their care.

4. The patient has the right to know the names, professional titles, and functions of the physicians, nurses, and other staff members involved in their care.

5. The patient has the right to considerate and respectful care in a clean and safe environment.

6. The patient has the right to be informed of the risks, benefits, and alternatives to proposed care and to consent to care or treatment. The patient has the right to information about the current diagnosis, treatment, and prognosis. If it is not advisable to give such information to the patient for health reasons, it should be available to a person designated by that patient or a legally authorized person.

7. The patient has the right to refuse any diagnostic procedure or treatment, and to be advised of the likely medical consequences of such refusal.

8. The patient has the right to education to address his or her needs. The education process will consider the patient's values, abilities, readiness to learn, and patient and family responsibilities in the care process.

9. The patient has the right to change the practitioner if other qualified practitioners are available.

10. The patient has the right to request and receive information about alternate sources of appropriate care.

11. The patient has the right to inspect and obtain a copy of his or her medical records. In addition, the patient has the right to expect a reasonable and timely transfer of information from one practitioner to another when requested or required. Charges for copies of medical records shall not exceed the charges provided for by Section 17 of the Public Health Law.

DIET & EXERCISE

BRACHYTHERAPY

12. The patient has the right to request and receive information concerning the bill for services regardless of the source of payment.

13. The patient has the right to know about the expectations of the office-based practice with regard to his or her behavior and the consequence of failure to comply with these expectations, including the right to have reasonable arrangements made for continuation of care as necessary.

14. The patient has the right to help with understanding these rights if they need help.

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PATIENT RESPONSIBILITIES

Patients should understand and exercise the following responsibilities:

1. Give accurate and complete health information.
2. After consenting to treatment plan as outlined by the physician, you must make every attempt to carry out the specific plan of care.
3. Be responsible for your actions if the plan of care is not followed.
4. Respect the rights of other patients.

NEW YORK STATE'S PROXY LAW — APPOINTING YOUR HEALTH CARE AGENT

A new law called the New York Health Care Proxy law allows you to appoint someone you trust—for example, a family member or close friend—to decide about treatment if you lose the ability for yourself. You can do this by using the Health Care Proxy form to appoint your health care agent.

This law gives you the power to make sure that health care professionals follow your wishes. Your agent can also decide how your wishes apply as your medical condition changes. Hospitals, doctors, and other health care providers must follow your agent's decisions as if they were your own.

You can give the person you select, your health care agent, as little or as much authority as you want. You can allow your agent to decide about all health care or only certain treatments. You may also give your agent instructions that he or she has to follow.

Why should I choose a health care agent?

If you become too sick to make health care decisions, someone else must decide for you. Health care professionals often look to family members for guidance. But family members are not allowed to decide to stop treatment, even when they believe that is what you would choose or what is best for you under the circumstances. Appointing an agent lets you control your medical treatment by:

- allowing your agent to stop treatment when he/she decides that is what you would want or what is best for you under the circumstances.
- choosing one family member to decide about treatment because you think that person would make the best decisions or because you want to avoid conflict or confusion about who should decide.
- choosing someone outside your family to decide about treatment because no one in your family is available or because you prefer that someone other than a family member decide about your health care.

How can I appoint a health care agent?

All competent adults can appoint a health care agent by signing a form called a Health Care Proxy. You do not need a lawyer; just two adult witnesses.

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When would my health care agent begin to make treatment decisions for me?

Your health care agent would begin to make treatment decisions after doctors decide that you are not able to make health care decisions. As long as you are able to make treatment decisions for yourself, you will have the right to do so.

What decisions can my health care agent make?

Unless you limit your health care agent's authority, your agent will be able to make any treatment decision that you could have made if you were able to decide for yourself. Your agent can agree that you should receive treatment, choose among different treatments, or decide that treatments should not be provided, in accordance with your wishes and interests.

If your health care agent is not aware of your wishes about artificial nutrition and hydration (nourishment and water provided by feeding tubes), he/she will not be able to make decisions about those measures. Artificial nutrition and hydration are used in many circumstances and are often used to continue the life of patients who are in a permanent coma.

How will my health care agent make decisions?

You can write instructions on the proxy form. Your agent must follow your oral and written instructions, as well as your moral and religious beliefs. If your agent does not know your wishes or beliefs, your agent is legally required to act in your best interests.

Who will pay attention to my agent?

All hospitals, doctors, and other health care facilities are legally required to honor the decisions of your agent. If a hospital objects to some treatment options (such as removing certain treatment), they must tell you or your agent IN ADVANCE.

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What if my health care agent is not available when decisions must be made?

You can appoint an alternate agent to decide for you if your health care agent is not available or able to act when decisions must be made. Otherwise, health care providers will make treatment decisions for you that follow instructions you gave while you were still able to do so. Any instructions that you write on your Health Care Proxy form will guide health care providers under these circumstances.

What if I change my mind?

It is easy to cancel the proxy, change the person you have chosen as your health care agent, or change any treatment instructions you have written on your Health Care Proxy form. Just fill out a new form. In addition, you can require that the Health Care Proxy expires on a specified date or if certain events occur. Otherwise, the Health Care Proxy will be valid indefinitely. If you choose your spouse as your health care agent and you get divorced or legally separated, the appointment is automatically cancelled.

Can my health care agent be legally liable for decisions made on my behalf?

No. Your health care agent will not be liable for treatment decisions made in good faith on your behalf. Also, he/she cannot be held liable for costs of your care just because he/she is your agent.

Is a health care proxy the same as a living will?

No. A living will is a document that provides specific instructions about health care treatment. It is generally used to declare wishes to refuse life-sustaining treatment under certain circumstances.

In contrast, the health care proxy allows you to choose someone you trust to make treatment decisions on your behalf. Unlike a living will, a health care proxy does not require that you know in advance all the decisions that may arise. Instead, your health care agent can interpret your wishes as medical circumstances change and can make decisions you would not have known would have to be made. The health care proxy is just as useful for decisions to receive treatment as it is for decisions to stop treatment. If you complete a Health Care proxy form and also have a living will, the living will provides instructions for your health care agent and will guide his/her decisions.

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Where should I keep the proxy form after it is signed?

Give a copy to your agent, your doctor, and any other family members or close friends you want. You can also keep a copy in your wallet or purse with other important papers.

APPOINTING A HEALTH CARE AGENT IS A SERIOUS DECISION. MAKE SURE YOU TALK ABOUT IT WITH YOUR FAMILY, CLOSE FRIENDS, AND YOUR DOCTOR. DO IT IN ADVANCE, NOT JUST WHEN YOU ARE PLANNING TO ENTER THE HOSPITAL. FILLING OUT A HEALTH CARE PROXY IS VOLUNTARY. NO ONE CAN REQUIRE YOU TO DO SO.

Cancer Care of Western New York or Western New York Urology Associates can provide you with the appropriate forms. If you would like them, please talk with a Patient Advocate.

GLOSSARY

Advance Directives—Advance directives are verbal or written instructions made by you before an incapacitation illness or injury. Advance directives communicate your wishes about treatment to be followed if you are too sick or unable to make decisions about your care. Advance directives include, but are not limited to a health care proxy, a do-not-resuscitate order (DNR) recorded in your medical record, and a living will.

Cardiopulmonary Resuscitation (CPR)—CPR is a medical procedure used to restart a patient's heart and breathing when a patient suffers heart failure.

Discharge Plan—All patients (including Medicare) in New York State facilities must receive a written discharge plan before they leave a facility. This plan should describe the arrangements for any health care services you may need after you leave the facility. The necessary services described in this plan must be secured before you leave the facility.

Discharge Planning—Discharge planning is the process by which facility staff works with you and your family or someone acting on your behalf to prepare and make arrangements for your care once you leave the facility. This care may be self care, care by family members, home health assistance, or admission to another health care facility. Discharge planning includes assessing and identifying what your needs will be when you leave the facility and planning for appropriate care to meet those needs when you are discharged.

Do-Not-Resuscitate Order (DNR)—At your request, a DNR order may be included in your hospital medical chart. It instructs the medical staff not to try to revive you if your breathing or heartbeat has stopped. This means that doctors, nurses, and other health care practitioners will not initiate such emergency procedures as mouth-to-mouth resuscitation, external chest compression, electric shock, insertion of a tube to open your airway, injection of medication into your heart, or open chest. Under New York State law, all adult patients can request a DNR order verbally or in writing if two witnesses are present. In addition, the Health Proxy Law allows you to appoint someone to make decisions about DNR and other treatments if you are unable to do so.

Health Care Proxy—New York State has a law that allows you to appoint someone you trust, for example, a family member or close friend, to decide about your treatment if you lose the ability to decide for yourself. You can appoint someone by signing a form called a Health Care Proxy.

Living Will—A living will is a written document that expresses in advance your specific instructions and choices about various types of medical treatments. Living wills are recognized as evidence of your wishes if you are terminally or irreversibly ill and not able to communicate.

Medicaid (Title XIX of the Social Security Act)—Medicaid is a federal program, financed by the federal, state, and local governments, intended to provide access to health care services for the poor, and specifically those who meet certain eligibility requirements such as income level.

Medicare (Title XVIII of the Social Security Act)—Medicare is a program administered by the federal government, which pays part of the costs of medical services for people aged 65 or over or who are disabled. Eligibility rests solely upon age and disability.

Patient Advocate—The Patient Advocate is a staff member who, at your request, will serve as a link among patient, family, physicians, and other facility staff. The Patient Advocate should be available to answer questions about the facility procedures, help with special needs or concerns, and help solve problems. There is no charge for services rendered by the Patient Advocate.

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WESTERN NEW YORK UROLOGY ASSOCIATES/CANCER CARE OF WESTERN NEW YORK HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003
Updated: May 1, 2009

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact our office.

Who will follow this notice?

Any health care professional authorized to enter information into your medical record.

Any students, residents, interns, or volunteers we allow to help provide care for you.

All employees, staff and other clinic personnel.

Our pledge regarding medical information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the clinic. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by us. Additionally, it is the policy of WNYUA to follow all federal and state laws and reporting requirements regarding identity theft.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

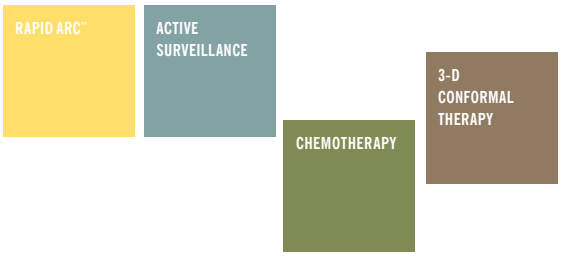
- Make sure that medical information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to medical information about you.
- Post this notice in our facility.
- Follow the terms of the notice that is currently in effect.

How we may use and disclose medical information about you

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the facility at which we perform services also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside our organization who may be involved in your medical care, such as family members, clergy or others we use to provide services that are part of your care.

For Payment. We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.



For Health Care Operations. We may use and disclose medical information about you for our health care operations. These uses and disclosures are necessary to run our organization and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other medical personnel for review and learning purposes. We may also combine the medical information we have with medical information from other facilities to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

Appointment Reminders. We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care.

Treatment Alternatives. We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health Related Benefits and Services. We may use and disclose medical information to tell you about health related benefits or services that may be of interest to you.

Fundraising Activities. We may use medical information about you to contact you in an effort to raise money for our operations. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services. If you do not want us to contact you for fundraising efforts, you must notify Grace Jessup, Clinical Teamleader in writing.

Individuals Involved in Your Care or Payment for Your Care. We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Research. Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs.

As Required By Law. We will disclose medical information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Special Situations

Organ and Tissue Donation. If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability.
- To report births and deaths.
- To report child abuse or neglect.
- To report reactions to medications or problems with products.
- To notify people of recalls of products they may be using.
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- To notify the appropriate government authority if we believe a patient has been the victim of abuse neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a judicial subpoena, discovery request, or other lawful process by someone else involved in the dispute.

Law Enforcement. We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, judicial subpoena, warrant, summons or similar process.
- To identify or locate a suspect, fugitive, material witness, or missing person.
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.
- About a death we believe may be the result of criminal conduct.
- About criminal conduct at the clinic.
- In emergency circumstances to report a crime, the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner.

National Security and Intelligence Activities. We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose medical information about you to authorized federal officials so they may provide protection to the President of the United States, other authorized persons or foreign heads of state or conduct special investigations.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official.

This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Your rights regarding medical information about you

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes that are maintained in separate files.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to our office. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by us.

To request an amendment, your request must be made in writing and submitted to our office. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
- Is not part of the medical information kept by us.
- Is not part of the information which you would be permitted to inspect and copy.
- Is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing to our office. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

We are not required to provide an accounting of disclosures under certain circumstances. For example, if you requested us to make the disclosure to a third party through your written authorization, or if the disclosure is for purposes of treatment, payment, or healthcare operations, we are not required to provide you an accounting.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to our office. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to our office. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website, www.wnyurology.com. To obtain a paper copy of this notice, contact our office.

CHANGES TO THIS NOTICE

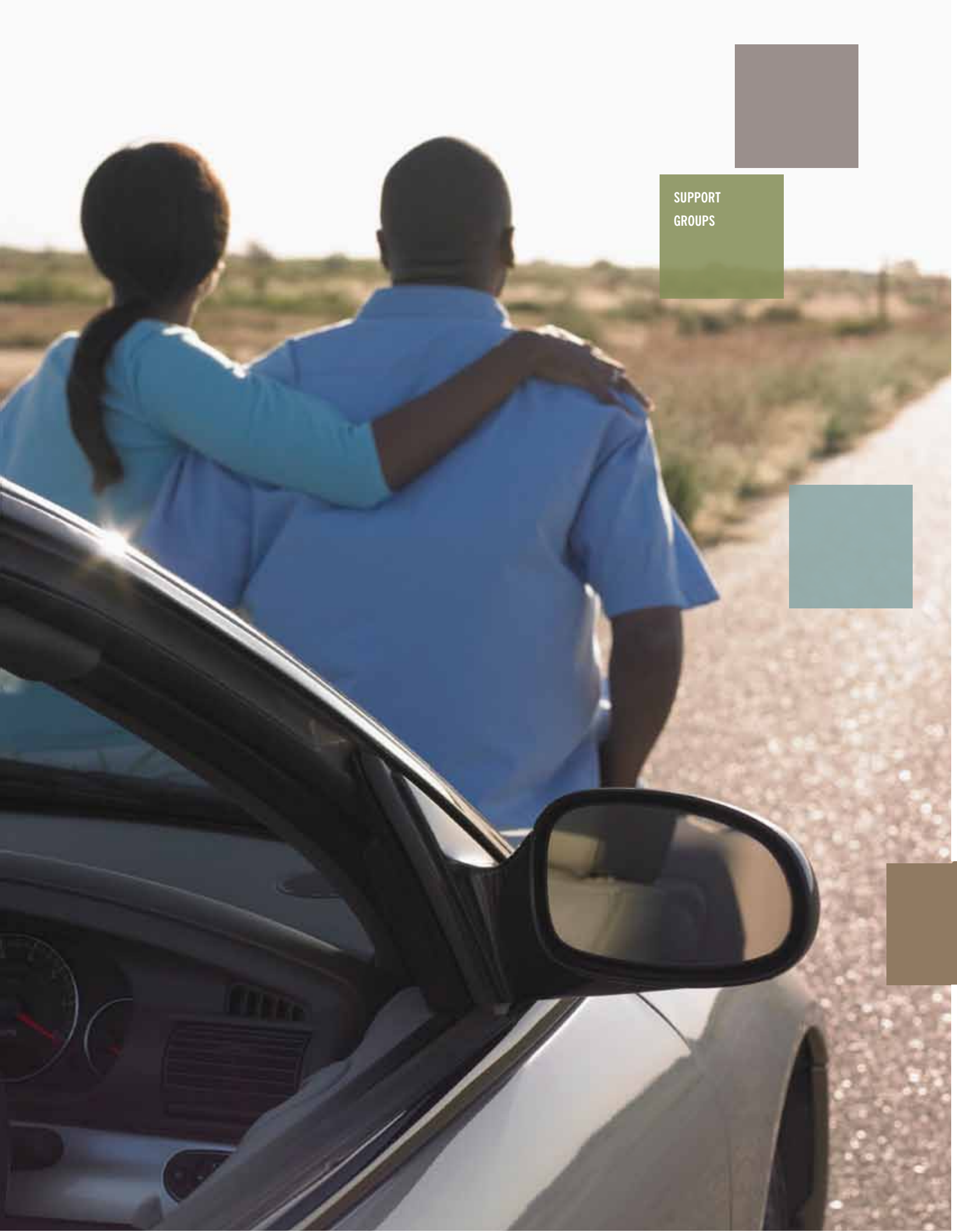
We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the clinic. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, when you come to the clinic for treatment or health care services, we will offer you a copy of this notice when it has changed.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the clinic or with the Secretary of the Department of Health and Human Services. To file a complaint, contact our office. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.



SUPPORT
GROUPS

RESOURCES

WHERE TO TURN FOR ADDITIONAL HELP

Your doctors and nurses are always available to answer any of your questions and concerns. But what if you just want to learn more about your treatment, talk with other cancer patients, or find out where you can get additional support?

To help you and your family, we have compiled this list of organizations that serve patients with prostate cancer. Please note that Western New York Urology Associates and Cancer Care of Western New York are not responsible for content provided by these organizations. The inclusion of any organization does not imply endorsement by Western New York Urology Associates or Cancer Care of Western New York.

ZERO - The Project to End Prostate Cancer

www.fightprostatecancer.org

The Project to End Prostate Cancer provides comprehensive treatment information to patients and education to those at risk, and conducts free screenings. They work to increase research funds from the federal government to find new treatments, and they fund research in the pursuit of a better test for the disease.

American Cancer Society Programs

www.cancer.org

(800) ACS-2345

The American Cancer Society is the nationwide community-based voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer, through research, education, advocacy, and service. The local chapter (located in Amherst) offers numerous programs and services appropriate for prostate cancer patients and their families. These include:

Man to Man

Confidential education and support services for men dealing with prostate cancer.

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ACTIVE SURVEILLANCE

CHEMOTHERAPY

3-D CONFORMAL THERAPY

New Voice Club of the Niagara Frontier

Health associations and society referrals, pre- and post-operative hospital peer visitations, and free literature.

DIET & EXERCISE

American Urological Association

www.auanet.org

The American Urological Association (AUA), founded in 1902, is the premier professional association for the advancement of urologic patient care, and works to ensure that its more than 16,000 members are current on the latest research and practices in urology. The AUA also pursues its mission of fostering the highest standards of urologic care by providing a wide range of services—including publications, research, the Annual Meeting, continuing medical education and the formulation of health policy.

Cancer Coach Program/Cancer Wellness Center

www.cancerwellnesscenter.org

(716) 873-0905

The purpose and intent of the Cancer Wellness Center—located in Buffalo—is to help people in their journey with cancer. The Center offers a variety of programs for both patients and caregivers. Programs include Healing Through Music, Healing Through Writing, Guided Imagery, and Spirituality & Healing.

Life Transitions Center, Inc.

www.lifetransitionscenter.com

(716) 836-6460

Located in Cheektowaga, the Life Transitions Center provides counseling, information, support, and resources to anyone concerned about issues related to loss, grief, death, and living with a life-threatening illness. Programs are available for adults, children, and families.

BRACHYTHERAPY

HORMONE THERAPY

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National Cancer Institute

www.cancer.gov

The National Cancer Institute engages in certain fundamental activities such as conducting and fostering cancer research; reviewing and approving grant-in-aid applications to support promising research projects on the causes, prevention, diagnosis, and treatment of cancer; and collecting, analyzing and disseminating the results of cancer research conducted in the United States and in other countries.

Partners for Prevention Cancer Screening Services of Erie County

www.PartnersForPreventionCSP.org

(716) 886-9201

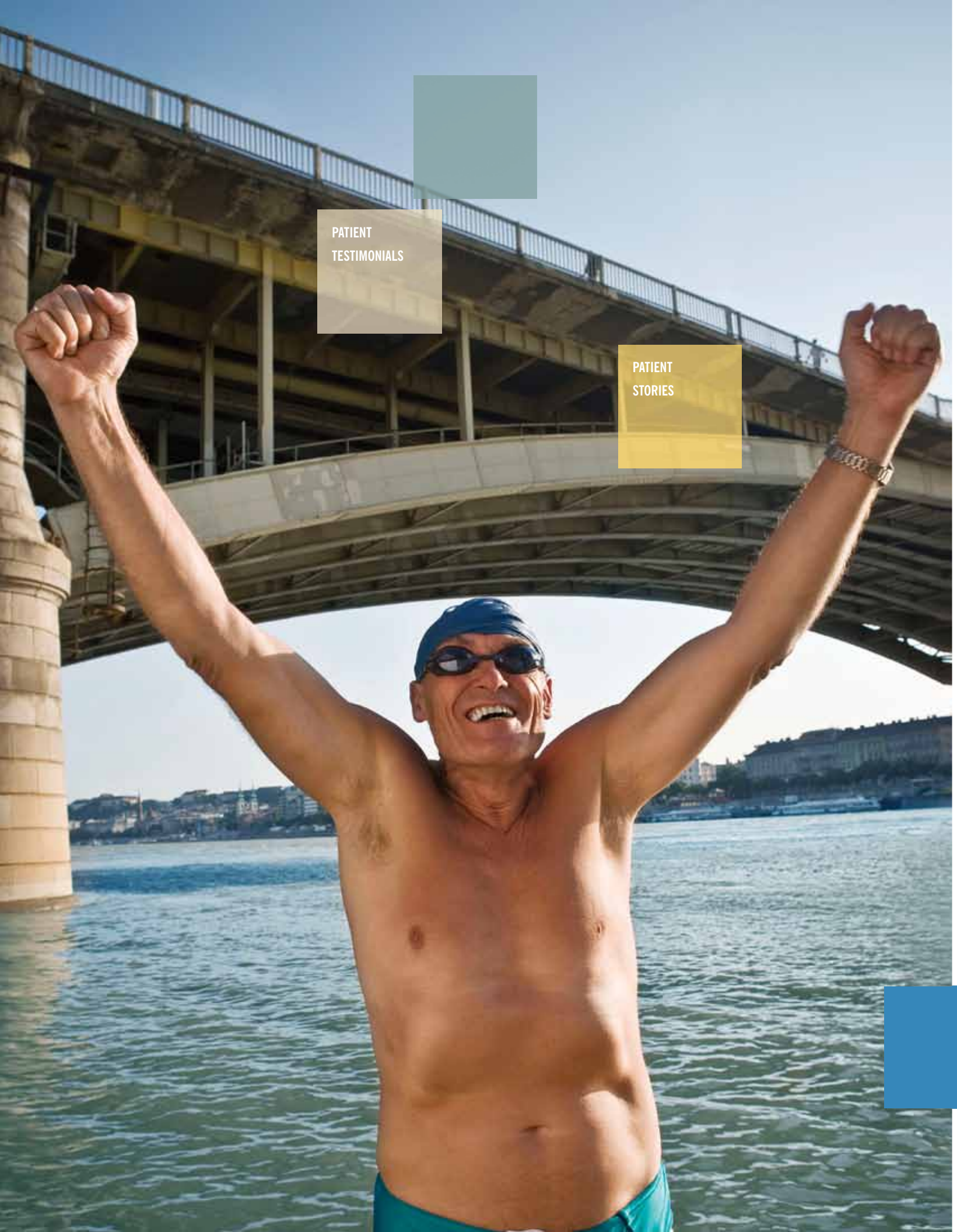
This Buffalo-based organization offers prostate cancer education and annual colorectal cancer screening for men and women ages 50-64.

Us TOO

www.ustoo.com

Us TOO provides the forum for sharing, caring and learning through its many programs and services designed for both men with cancer and their loved ones. In addition to providing education and support programs, Us TOO is an active advocate for patients and committed to making sure patients have access to the programs, medications, treatments and health care professionals they need for the best possible outcomes.

da Vinci® ROBOTIC PROSTATECTOMY


PATIENT
TESTIMONIALS
PATIENT
STORIES

CANCER CARE
OF WESTERN NEW YORK

cancercarewny.com

You are not alone.

Every year, hundreds of thousands of men fight prostate cancer and win. It's certainly not always easy. But the truth is that many patients who were diagnosed with prostate cancer—just like you—now find themselves leading perfectly normal lives.

We asked a few former patients at Western New York Urology Associates and Cancer Care of Western New York to share their stories, which you will find in the following pages. Through their personal experiences, hopefully you can get a better understanding of what to expect in the next few days, weeks and months.

As you go through your treatment, you will have good days and you will have bad days. But keeping a positive attitude and having the support of your family and friends can help you through these difficult times.

All of us here at Western New York Urology Associates and Cancer Care of Western New York are here to help you, every step of the way. Please let us know if there is anything else that we can do for you.

Sincerely,

Patient Advocate

Michael Duff, M.D.
Dhiren K. Shah, M.D.
Christina Mangovski, RPA-C

Urologic Pathology
William A. Geary, M.D., PhD
John E. Schrecengost, M.D.

HORMONE THERAPY

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CHEMOTHERAPY

TESTIMONIALS

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"When my doctor said I had prostate cancer and referred me here, I was a little apprehensive to start with—but the people at Cancer Care of Western New York make you feel at ease. After several sessions, it was almost like family ... Everyone from the receptionist to the radiology therapist to the administrator—they all seemed to be interested in me and my care. There's no question that I made the right decision to come here. I would recommend it to anyone who has to have radiation therapy."

—Chuck Evingham, Sr., Prostate cancer survivor

"I originally had a problem with kidney stones and ended up coming to Western New York Urology Associates for treatment. As part of their care, they checked my PSA and noticed it was up. When they established I had the beginnings of prostate cancer, they sent me to Cancer Care of Western New York in the same building. After going through the treatment options, we decided that radiation was best for me. The staff made everything convenient and comforting. They even helped me learn about all the technology! I would recommend Cancer Care [of Western New York] to anyone that has a condition they can treat."

—Tom Heyer, Prostate cancer survivor

"I had a cyst behind my right ear for 25 years that suddenly began to grow. When my doctor took it out he found out it was malignant and recommended a place for radiation. After dong the research I didn't even bother going there. I wanted to come here [to Cancer Care of Western New York] because they have the best technology—RapidArc, IMRT. It's the top technology in Western New York. Cancer Care of Western New York is great to deal with. A lot of places treat you like a number. That's the exact opposite of how they treat you here."

—Frank Andrews, Cancer patient

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NOTES

Notes

Please use this section to take any additional notes, or remember things you want to ask at your next appointment. If you have any additional questions or concerns, you can always contact any member of your personalized care team.

Cancer Care of Western New York | 3085 Harlem Road, Cheektowaga, NY 14225 | 716-844-5500 | cancercarewny.com

Questions to ask at your next appointment:

VARIAN LINEAR ACCELERATORS

DIET & EXERCISE

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CHEMOTHERAPY

3-D CONFORMAL THERAPY

DIET & EXERCISE

BRACHYTHERAPY

HORMONE THERAPY

RAPID ARC™

CHEMOTHERAPY

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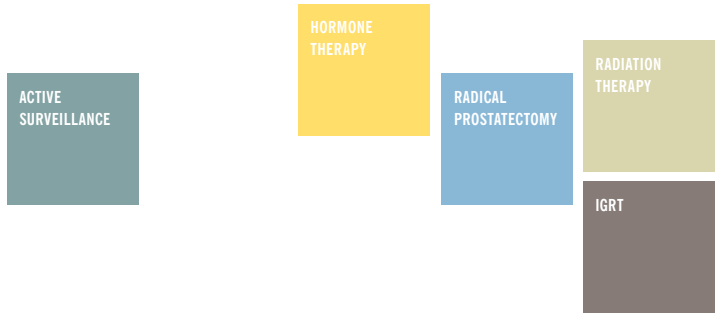
ACTIVE SURVEILLANCE
HORMONE THERAPY
RADICAL PROSTATECTOMY
RADIATION THERAPY
IGRT


3-D CONFORMAL THERAPY


CHEMOTHERAPY
ACTIVE SURVEILLANCE
IGRT
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DIET & EXERCISE

PERSONAL TREATMENT PLAN