

Prostate Cancer

列腺癌

<p>These guidelines are designed to help inform you about prostate cancer and to aid you in your decision making. We know that fully understanding prostate cancer and making decisions about treatment can be difficult. We hope these guidelines will help you develop confidence in the course of treatment you choose.</p> <p>For some people, almost all of the information presented here is completely new. Others already may be well informed about prostate cancer and its treatment, and much of what is discussed will be familiar. Either way, don't feel that this material has to be fully absorbed and understood in one reading. Reviewing portions of the material and discussing it with family, other men with prostate cancer and your doctors can make this information more meaningful and useful.</p>	<p>這指引是幫助介紹前列腺癌，並幫助您決策。我們知道要完全了解前列腺癌的治療和作出決定是很困難。我們希望這些指引將幫助建立對您所選擇的治療的信心。</p> <p>對於一些人來說，這指引所提及的信息未曾接觸過。或許有些人很了解前列腺癌及其治療的資訊，對討論亦不陌生。無論是哪種人，請不要覺得自己不要只閱讀一次，就能對這份指引已有充分瞭解。一步一步了解內容，並與家人或其他的前列腺癌患者和您的醫生討論，可以讓這些信息更加有意義和有用的。</p>
<p>Introduction</p> <p>Prostate cancer is the most common cancer, other than <u>skin cancer</u>, among American men. It is diagnosed primarily in older men, although men in their 30s and 40s also have been diagnosed with the disease.</p> <p>Most prostate cancers are slow growing, but some grow more quickly and spread or metastasize to other parts of the body. If</p>	<p>簡介</p> <p>以美國男人為例，除了<u>皮膚癌</u>外，前列腺癌是最常見的癌症。患者主要是老年男性，但有男性在 30 至 40 多歲也被診斷出患有這種病。</p> <p>大多數前列腺癌的生長緩慢，但亦有一些生長更迅速，甚至擴散</p>

<p>unchecked, these spreading cancers can be fatal. Prostate cancer can be treated successfully, particularly if it is discovered early. Most men with this disease are living testimony to this.</p> <p>Because prostate cancer usually grows slowly, immediate action to treat it usually isn't necessary. Many men take as long as a number of months to decide what to do. Decision making about treating prostate cancer can be complicated. The treatments chosen can profoundly affect your life. You need to be fully informed about the pros and cons of the various treatments, to get second opinions, and to decide what is best for you, all of which may take time.</p> <p>Your decision will depend on your particular situation and your personal priorities. Learning about prostate cancer from a variety of sources, involving your family and attending a support group can help you to take charge and become an active participant in your care. Ultimately, you need to choose the treatments with which you feel most comfortable.</p>	<p>或轉移到身體的其他部位。如果不加以控制，這些已擴散的癌症可能致命的。前列腺癌可以成功地治癒，尤其是在早期發現。大多數人患有這種疾病而活著就證明了這一點。</p> <p>因為前列腺癌生長緩慢，而且在許多情況下，未必需要立即接受治療。很多男士需要幾個月的時間來決定該怎麼做。該決定可以是複雜的，因為治療可能會影響生活。你應該考慮的各種治療方法的利弊，得到第二方意見，可能需要一段時間決定什麼是最適合您。</p> <p>你的決定將取決於您的具體情況和個人優先事項。應從各種渠道了解前列腺癌，包括你的家人和參加支持小組有助並成為關懷你參與者。最後，你需要選擇您覺得最舒服的治療。</p>
<p>What is Prostate Cancer?</p> <p>The prostate is a walnut-sized organ located below the bladder and in front of the rectum in the male reproductive system. It surrounds part of the urethra, the tube that carries urine from the bladder to outside the body. The gland's main</p>	<p>甚麼是前列腺癌？</p> <p>前列腺男性生殖系統中，一個核桃大小的器官，位於膀胱下方、直腸前方。它圍繞著部分尿道，尿道將尿液從膀胱排出體外。腺</p>

<p>function is to produce fluid for semen, which nourishes and transports sperm cells.</p> <p>Over time, some prostate cells may become cancerous. Sometimes, the cancer can be very small, be present only on one side of the prostate, and appear to be totally confined within the prostate. Most often, the cancer is present in more than one site, in one or both sides of the gland.</p> <p>The cancer cells can spread outside the prostate to nearby organs, such as the seminal vesicles, or to the lymph nodes in the pelvic area. They eventually can spread to more distant parts of the body, most often to the bones. Determining whether the cancer is confined to the prostate or localized, or whether it has spread either locally or to more distant sites, is very important in selecting treatment.</p>	<p>體的主要功能是生產精液、滋養和運輸精子細胞。</p> <p>隨著時間過去，一些前列腺細胞可能發生癌變。有時，該癌症可以很小的，可以僅在前列腺的一側上，並可能在完全局限在前列腺內。大多數情況下，癌症是存在於一個以上的點，在一個或腺體的兩側。</p> <p>癌細胞可擴散到前列腺附近的器官，如精囊或者在盆腔的淋巴結。他們最終可能擴散到身體更遠的地方，最常見的骨骼。確定癌症是否局限於前列腺或局限性，或者它是否已經擴散至更遠離的位置，對於選擇甚麼治療方法是非常重要的。</p>
<p>How is Prostate Cancer Detected?</p> <p>Prostate Cancer Symptoms</p> <p>In its early states, prostate cancer often doesn't produce any symptoms. Symptoms that may indicate prostate cancer — and should be followed up with a visit to the doctor — include:</p> <ul style="list-style-type: none"> • Frequent urination, especially at night • Urgency in urinating • Trouble starting your urine stream 	<p>怎樣診斷患有前列腺癌？</p> <p>前列腺癌的症狀</p> <p>在早期階段的前列腺癌通常不會有任何症狀。以下症狀可能代表有前列腺癌，並應看醫生並定期跟進，包括：</p> <ul style="list-style-type: none"> • 尿頻，尤其在晚上 • 排尿緊急 • 排尿困難

- A weak or interrupted urine stream
- Pain or burning during urination
- A feeling that your bladder doesn't empty completely
- Blood in the urine
- A nagging pain in the back, hips or pelvis

Although these symptoms can be caused by prostate cancer, they also can be caused by other conditions that are not cancer. A very common one is benign prostatic hyperplasia (BPH). As men age, the prostate often enlarges and can press on and block the urethra and bladder, producing some of the symptoms described above. BPH can be successfully treated with medication or surgery.

Prostate Cancer Screening

The two most commonly used methods for detecting prostate cancer are the digital rectal examination (DRE) and the prostate-specific antigen (PSA) test. As a single screening method, the PSA test is more effective than the DRE, but using both increases the chance of detecting cancer when present.

Digital Rectal Examination

During a digital rectal examination, a doctor inserts a gloved, lubricated finger into a man's rectum to feel for any irregular or abnormally firm area in the prostate. Many, but not all, prostate cancers can be detected this way. The DRE also can be

- 排尿無力或中斷
- 排尿時疼痛或燒灼感
- 膀胱沒有完全排空的感覺
- 血尿
- 在背部，臀部或骨盆有使用煩惱的疼痛

儘管這些症狀可能表明前列腺癌，但也可以因為其他不是癌症的原因引起，例如良性前列腺增生(BPH)。因男性隨年齡增長，前列腺往往增大，並且壓迫和阻塞尿道及膀胱，都會產生上述的一些症狀。BPH 能用藥物或手術成功得到治療。

前列腺癌檢查

兩個最常用的診斷方法是在數字直腸指診檢查和前列腺特異性抗原(PSA)測試。如果只選用一種檢查方法，PSA 試驗比直腸指診檢查更加有效。但如果用兩種方法會增加查出前列腺癌存在的機會

直腸指診檢查(DRE)

在直腸指診檢查時，醫生會戴手套，潤滑後，將手指伸入直腸去感覺任何不規則或異常前列腺硬結區。有些(但不是全部)前列腺

used to monitor the progress of treatment.

Prostate-Specific Antigen Test

Prostate-specific antigen (PSA) is a protein in the blood that is produced only by prostate cells. PSA reflects the volume of both benign and malignant prostate tissue. The higher the PSA level, the more likely it is that prostate cancer is present.

PSA test results are reported as nanograms per milliliter (ng/ml). Results less than 4.0 ng/ml usually are considered normal; values over this are regarded as high. The average PSA level increases with age, so some values — even below 4.0 ng/ml for men younger than 60 — should be cause to seek a more thorough evaluation. Ask your doctor for acceptable values for your age.

Having a high PSA doesn't always mean that you have cancer. Certain activities and conditions can produce a high PSA, including benign prostatic hyperplasia; ejaculation up to three days prior to the testing; a recent prostate biopsy; an acute urinary tract infection; and prostatitis, an inflammation of the prostate that usually is treated successfully with antibiotics.

Certain medications and herbal preparations may lower PSA levels, possibly masking the presence of early prostate

癌，可以用這種方式檢測。DRE 也可用於監測治療的進展。

前列腺特異性抗原（PSA）測試

前列腺特異抗原(PSA)是在僅由前列腺細胞產生的蛋白質。PSA 的量能反映良性和惡性前列腺組織的情況。較高的 PSA 水平，，前列腺癌存在的可能更高。

PSA 測試結果以每毫升含有毫微克作報告(ng/ml)。結果小於 4.0 毫微克/毫升，通常被認為是正常的水平。超過這水平被認為是高的。隨著年齡的增長，平均 PSA 水平升高，所以男性未滿 60 但水平低於 4.0 毫微克/毫升，應要進行更全面的評估。問問你的醫生你的年齡可以接受的數值。

有高水平 PSA 並非意味著你有癌症。某些活動和情況可使到 PSA 水平提高，包括良性前列腺增生 BPH、做檢查前三日曾射精、最近曾做前列腺活檢、急性尿道感染和一種用抗菌能成功治癒的前列腺炎症。

某些藥物和中草藥製劑可降低 PSA 水平，同時可能掩蓋早期前

cancer. These medications include finasteride (Proscar or Propecia); saw palmetto, an herb some men use to treat benign prostatic hyperplasia; and PC-SPES, an herbal mixture that contains saw palmetto. Tell your doctor if you are taking any of these.

PSA levels may also be affected by activities such bicycle riding or other vigorous exercise.

There are two modifications of the PSA test that can increase its effectiveness:

- Percent free-PSA — Also called PSA II, this test indicates how much PSA circulates unbound in the blood (free-PSA), and how much is bound together with other blood proteins. Men with prostate cancer are more likely to have low levels of free-PSA. A free-PSA score below 10 percent may indicate prostate cancer. A score above 25 percent is more consistent with benign prostatic enlargement. Levels between 10 percent and 25 percent are indeterminate, but suggest the need for more monitoring or evaluation.
- The percent free-PSA measure appears most useful when the total PSA level is between 4 and 10. The range of the percent free-PSA can vary with the assay or testing procedure used by the laboratory. This test is primarily used for the detection of prostate cancer.

列腺癌的存在。這些藥物包括非那利得 (Proscar or Propecia)；鋸棕櫚 (Saw Palmeto)；用於治療良性前列腺增大的草藥；PC-SPES，一種含有鋸棕櫚的草藥混合物。告訴你的醫生，如果你正在服用任何以上藥物。

運動會影響 PSA 水平，例如騎單車或其他劇烈運動。有兩種方法改善 PSA 檢測，可提高其效力：

- PSA - 自由百分率：也稱作 PSA II，這個試驗表明多少 PSA 於血液循環過程中未結合在血液中(即自由 PSA)，又有多少與其他蛋白是結合在一起。男人患前列腺癌會有可能是因為 PSA 自由水平降低。PSA 自由百分率低於 10%，有可能代表患有前列腺癌。比率超過 25%可能是良性前列腺癌肥大。在 10%和 25%之間的水平是未能確定，但代表需要更多監察和評估。

當總 PSA 水平在 4 和 10 之間，檢測 PSA 自由百分率似乎更加有用。由於實驗室使用的評估或檢測程序可能不同，PSA 自由百分率的範圍有不同。

<ul style="list-style-type: none"> • PSA velocity — PSA velocity measures how quickly the PSA level rises over a period of time. Prostate cancer is more likely if the PSA rises more than 0.75 ng/ml per year. To be accurate, there should be a minimum of three tests over a period of 18 months or less to determine the velocity. <p>While the PSA test is used mostly for early detection, it has value in other situations. Men with higher PSA scores are more likely to have cancer that has spread beyond the prostate. In such cases, localized treatments such as radical prostatectomy — an operation to remove the prostate — or radiation therapy are less likely to be successful. The PSA test also is used to monitor treatment effectiveness. Rising PSA levels after surgery or radiation, or during hormonal treatment, can provide an early sign that the cancer is recurring or continuing to grow.</p> <p>The earlier and more rapid the rise of the PSA following localized treatment, the more likely the recurrence is due to cancer cells that are outside the prostate. However, some advanced cancers produce very little PSA, and other markers have to be used to monitor the status of the cancer.</p>	<ul style="list-style-type: none"> • PSA 速率測定：PSA 速率測定是經過一定時間來測定 PSA 水平升速有多快。如果每年 PSA 水平升超過 0.75 (ng/ml)，患前列腺癌的可能性大。爲了準確起見，在約 18 個月或更短的時間內，要最少測試三次以確定速率。 <p>PSA 最常用於早期檢查，但也會應用其他用處。男人如果有高水平 PSA 癌症有可能已蔓延到其他部分。在這種情況下，局部治療諸如根治切除術 (一種前列腺切除術) 或者放射治療都較少可能成功。PSA 試驗也常用於監測治療效果。於手術、放射治療或用激素治療後，PSA 水平提高可能表明癌症復發或持續增長。</p> <p>如果隨著局部治療，PSA 在較早階段和更加快速升高，越有可能是由於腫瘤細胞蔓延到前列腺外。然而，一些晚期癌症產生很少 PSA，而且有其他標記用於監控癌症的狀態。</p>
<p>Formal Diagnosis, Grading and Staging</p> <p>This section will describe how prostate cancer is formally diagnosed, how it is graded to estimate its aggressiveness, how it is staged to describe its extent, and the</p>	<p>正規診斷、分級及分期</p> <p>這部分要敘述前列腺癌診斷的形式是怎樣的、怎樣利用分級去估計它的侵害程度和怎樣利用分期</p>

procedures commonly used to accomplish these tasks.

Diagnosis

A number of tests may be used to formally diagnosis prostate cancer:

- Core Needle Biopsy — Samples of prostate tissue must be examined by a pathologist in a laboratory to make a formal diagnosis of prostate cancer. These samples usually are obtained by a core needle biopsy procedure, in which a fine needle is inserted into the prostate to withdraw small samples of tissue. The biopsy is done as an outpatient procedure and local anesthesia is usually preferred.
- Transrectal ultrasound (TRUS) guided biopsy — This test uses sound waves produced by a small probe placed in the rectum to create an image of the prostate on a video screen. The echoes from the waves are translated by a computer into a picture, which can show the location of more suspicious or abnormal areas of the prostate.
- Since cancer, even if present, may not be seen with the TRUS, it is important to sample the entire prostate gland. An instrument called a biopsy gun quickly inserts and removes narrow needles, obtaining small cores of tissue that are sent to the laboratory for examination. From six to 18 cores may be removed from different areas of the prostate, especially from the more suspicious

去描述它們的範圍及如何完成這些程序。

診斷

許多形式可用於診斷前列腺癌：

- 粗針切片活檢：前列腺的樣本組織必須由病理學家檢查。在實驗室做一種為名診斷前列腺癌的方法。這些樣本通常要用一支粗針獲取。活組織檢查是用一支細針插入前列腺，以提取小樣本組織。活檢在門診進行而且會給患者局部麻醉。

- 經直腸超聲檢查 (TRUS) 引導下的活檢：這檢查是以一個小探鏡頭放置在直腸，用聲波引起前列腺產生圖像，並展示在電腦屏幕上。從波的四面回波通過電腦轉換成圖像，能顯示的前列腺的可疑或異常部位的位置。

鑒於癌症即使存在，TRUS 未必能準確檢測得出，所以整個前列腺樣本是很重要的。一種檢查用活檢槍快速插入一支細針並即時取出，以此獲得組織最重要的小部分，再送到實驗室進行檢驗。從前列腺的不同部位切除 6-18 個小組織，特別是可疑的組織部

<p>locations.</p> <p>The procedure takes less than half an hour, and usually causes only a little discomfort and occasionally some bleeding. An antibiotic such as Ciproflaxacin is usually given before and after the procedure to reduce risk of infection.</p> <p>Sometimes, the first biopsy doesn't reveal the presence of cancer even when cancer is strongly suggested by the patient's symptoms or PSA test results. Repeat biopsies may be required before the cancer is actually discovered.</p> <p>The percentage of biopsy cores containing cancer tissue and the percentage of cancerous tissue in individual cores are useful measures of the extent of the cancer. The transrectal ultrasound also can provide valuable information about whether the cancer has reached the edge of or broken through the capsule of the prostate gland. It also provides an estimate of the size of the prostate.</p> <ul style="list-style-type: none"> • Lymph Node Biopsy — Once a cancer diagnosis has been confirmed and if the transrectal ultrasound or other findings suggest there may be possible spread of the cancer, a lymph node biopsy may be done to determine whether the cancer has spread to the nearby lymph nodes. If the degree of cancer spread and lymph 	<p>分。</p> <p>這個過程只需要少於半小時，而且只會引起少許不適和出血。通常會讓病人在手術過程前和後都服用抗菌素，例如環丙沙星 (Ciproflaxacin)，以減少感染風險。</p> <p>有時，第一次活檢檢查不能顯出癌症存在。甚至患者有症狀或 PSA 結果指出有癌症下，活檢都未必能驗出。當被確診患上癌症，才可以進行第二次活檢檢查。</p> <p>活檢核心百分比的最重要部分含癌症組織，以及每個癌症組織樸心的百分率有助用於估量癌症蔓延的情況。關於癌症是否已到達了前列腺的邊緣或突破了膜，通過直腸超聲檢查也能提供有價值的訊息，也可以估計前列腺的大小。</p> <ul style="list-style-type: none"> • 淋巴結活檢：當癌症一經診斷，和如果直腸超聲波檢查或其他檢查提示癌症可能蔓延，可以做淋巴結活檢以確定癌症是否已蔓延至附近的淋巴結。如果癌症蔓延的程度和淋巴結被蔓延的範圍比較
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node involvement is more extensive, a radical prostatectomy may not be attempted and other treatment options will be considered.

The lymph nodes can be removed for evaluation by three different methods:

- One is through an incision in the lower abdomen, often at the time that a planned radical prostatectomy is to begin. The nodes are examined in the laboratory while the patient is under anesthesia. The findings may help determine whether or not the surgery should proceed.
- Samples of lymph node cells also can be obtained by a procedure called fine needle aspiration. A CT scan image is used to guide a long, thin needle into the lymph nodes to obtain these samples.
- Another option is laparoscopic lymph node dissection.
- Radionuclide Bone Scan — This test can show whether the cancer has spread from the prostate to the bones. Some low-level radioactive material is injected and will be taken up by diseased bone cells. This allows the location of diseased bone to be seen on the total body bone scan image. These areas may suggest that metastatic cancer is present, although arthritis and other bone diseases could create the same pattern.

大，前列腺根治切除術不會被考慮，而需考慮其他治療方法。

有三種方法可以藉著切除淋巴結去作評估：

- 通常計劃前列腺根治切除術時，其中一種方法是經由下腹部切開，在患者的情況下取出淋巴結到實驗室。其結果可能有助於確診，但無論如何手術都應該要進行。
- 淋巴結細胞樣本也能通過一種叫作「細針吸引術」(Fine Needle Aspiration)來獲取。電腦體層攝影掃描成像是常用以指導一根長細針插入淋巴結獲得樣本。
- 另外的選擇是腹腔鏡淋巴結解剖標本術
- 一種放射性核素骨掃描：這測試能顯示癌症是否已由前列腺蔓延至骨骼。一些低度放射性物質通過注射進入體內會被有病變的骨細胞吸收。這就能在主體骨掃描影像中發現局部病變的骨。這提示蔓延的癌症依舊存在，但關節炎和其他骨病變都能產生這圖

Usually, a bone scan is not ordered unless there are signs of aggressive disease such as a markedly elevated PSA level, a high Gleason score (a prostate cancer grading system described below) or a large tumor.

- Computed tomography (CT) Scan — CT scan uses a rotating X-ray beam to create a series of pictures of the body from many angles that can be put together into a detailed cross-sectional image. This can help reveal abnormally enlarged pelvic lymph nodes, or spread of the cancer to other internal organs. A CT scan usually isn't ordered unless there is a markedly elevated PSA, a high Gleason score, or evidence of a large tumor.
- Magnetic Resonance Imaging (MRI) — MRI is like a CT scan, except magnetic fields are used instead of X-rays to create the detailed images of selected areas of the body. These scans are less effective in revealing microscopic-sized cancers, although an MRI using a rectal coil is superior to a routine pelvic MRI.

A modification of the MRI that is still considered experimental, called magnetic resonance spectroscopy imaging (MRSI), may provide more precise information on where the cancer is located in the

像。

除非有明顯病症，例如 PSA 水平明顯升高、格利桑高分值 (A high Gleason Score，一項前列腺分級系統的描述，稍後會有描述) 或大腫瘤。

- 電腦體層攝影掃描(CT Scan)：發射一種旋轉的 X 射線，從身體多角度產生一系列圖像，可構成爲詳細的橫斷影像。這能有助揭示骨盆異常增大的淋巴結，或者蔓延至其他內臟的癌症。通常不做 CT Scan，除非 PSA 水平明顯升高、格利桑高分值 (A high Gleason Score)或有證據顯示有大腫瘤。

- 磁力共振影像(MRI)：類似 CT 掃描，此檢查使用的磁場，而不是 X 射線來產生詳細的圖像。雖然使用的是直腸線圈磁共振成像優於常規骨盆 MRI 檢查，但是掃描所產生的圖像並不能有效地顯示微觀尺寸的癌症。

磁力共振影像的改進，被稱爲磁共振波譜成像 (MRSI)，於癌症是位於前列腺及周邊部位時，可能能夠更準確提供的信息。

prostate gland and the surrounding area.

Grading the Cancer

If cancer is found in the prostate biopsy sample, it is graded to estimate its aggressiveness. The most commonly used prostate cancer grading system is called the Gleason system.

The pathologist examines the cancer cells under a microscope and evaluates how closely the arrangement of the cancer cells matches that of normal prostate cells. For each sample, two gradings are made of the most common and next most common cancer cell patterns, on a scale of 1 (most like normal cells) through 5 (least like normal cells). The two grades are then added (e.g., 3+2=5) to give the Gleason score, with a range of 2 to 10.

The Gleason score is essential for treatment planning and decision making. Every prostate cancer patient should know his Gleason score. Those with low scores (4 or less) are more likely to have a less aggressive, slower growing cancer. Gleason 5 and 6 are the most common scores, and indicate that the cancer is more intermediate in nature. Gleason 7 is transitional, and Gleasons of 8 to 10 are high and indicate cancers that could grow and spread more rapidly.

Since the most accurate grading of the

癌症的分級

如果在前列腺活檢樣本中發現癌症，會用分級表評價它的侵害性。最常用的前列腺癌症分級系統叫做格利桑系統 (Gleason System)。

病理學家在顯微鏡下檢查癌細胞，以方便比較前列腺細胞和癌細胞的緊密排列作比較。每一個細胞樣本，是以兩個等級是最常見和第二常見的癌細胞模式，以 1 分 (最可能為正常細胞) 到 5 分 (最小可能為正常細胞) 作推測。這兩個等級相加 (例如：3+2=5) 後，就即是格利桑分數，範圍在 2-10 之內。

格利桑計分 (Gleason Score) 主要是為治療作計劃和決定。每一位前列腺癌患者都應了解他的格利桑計分。屬於低分的 (4 分或以下) 癌症有比較低的侵略性而且生長得較慢。5 分或 6 分是最普遍的分數，癌症多數處於中間的階段。7 分是過度階段，而 8-10 分表明癌症可能正在快速蔓延。

最準確的癌症分級是視乎病理學

cancer is, in part, a function of the skill and experience of the pathologist, it may be appropriate in some cases to get a second opinion for the Gleason score.

Staging the Cancer

A prostate cancer's stage indicates how far it has spread, and is very important in selecting treatments and in predicting prognosis or the future of the disease. The commonly used staging system in the United States is the TNM system. This describes:

- The extent of the primary tumor (T)
- The absence or presence of metastasis to nearby lymph nodes (N)
- The absence or presence of distant metastasis (M)

T Stages

There are two types of T classifications for prostate cancer. The clinical stage is based on the digital rectal examination, needle biopsy and transrectal ultrasound findings. The pathological stage is based upon surgical removal of the entire prostate gland, the seminal vesicles (two small sacs that store semen), and sometimes nearby lymph nodes.

The clinical stage is used in making treatment decisions, but may underestimate the extent of cancer development and spread. The pathological stage is more accurate in making a prognosis and indicating the need for further treatment. However, it can be determined only with patients who have had a radical prostatectomy.

家技術和經驗。某些情況下，可為做格利桑計分找第二方意見。

癌症分期

前列腺癌的分期表示癌症已蔓延有多遠，和對選擇用甚麼治療方法以及可能會有甚麼病是十分重要。美國最常用的分期系統是TNM系統。這系統描述如下：

- 原發性腫瘤的範圍 (T)
- 有或沒有向附近淋巴結轉移 (N)
- 有或沒有向遠處轉移 (M)

T 階段：前列腺癌 T 階段可分為兩類型。臨床期類型是根據直腸指檢、針刺活檢和通過直腸超聲波所發現的。病理期類型是根據手術切除整個前列腺、精囊(儲存精液的兩個小囊)、有時還切除附近的淋巴結。

臨床期類型是通常為治療作決定的階段，但有可能低估了癌症的進展和蔓延的範圍。病理期類型可以更準確地預測和指示需要進一步的治療。但是，只有施行前列腺根治切除術的才能已此確定。

<ul style="list-style-type: none"> • T1 — Refers to a tumor that is not felt during a digital rectal exam. T1a (5 percent or less of specimen involved in tumor) and T1b (more than 5 percent tumor involved) describe cancers found incidentally during a TURP, or transurethral resection of the prostate, a surgical procedure done to relieve symptoms of benign prostatic hyperplasia, where examination of the removed prostate tissue reveals cancer. T1c cancers are those detected by PSA only and which are then diagnosed with a biopsy. • T2 — Refers to a cancer that is felt by the doctor during the digital rectal examination, or is seen with a transrectal ultrasound, and is believed to be confined within the prostate gland. If one lobe of the prostate is involved, the stage is T2a. If both lobes have tumors, the stage is T2b. • T3 — Refers to a cancer that has extended beyond the capsule of the prostate and/or to the seminal vesicles. If the cancer is outside the prostate on one or both sides, the stage is T3a. If the seminal vesicles are involved, it is T3b. • T4 — The cancer has spread to other tissues next to the prostate, such as the bladder's external sphincter that helps control urination, the rectum and/or the wall of the pelvis. 	<ul style="list-style-type: none"> • T₁：指在直腸指檢時沒有發現腫瘤。T_{1a} (樣本的 5%或較少的樣本被癌症侵入)和 T_{1b} (較多於 5%的樣本被腫瘤入侵) 說明是在 TURP 之後發現癌症；或者施行一種外科手術 (以緩解良性前列腺癌增生而經尿道切除前列腺的手術) 以檢查此腺體組織發現了癌症。T_{1c} 是癌症僅由 PSA 發現且後來用活組織檢查得到診斷。 • T₂：是指癌症由醫生做直腸指檢時發現，或經直腸超聲檢查所見並以爲癌症局限在前列腺內，如果前列腺的一邊被侵害，稱爲 T_{2a} 期。如果腺體兩側都有腫瘤，稱爲 T_{2b} 期。 • T₃：是指癌症已經超出了前列腺囊範圍和或達到精液囊。如果癌症超出前列腺一或兩側，稱爲 T_{3a} 期。如果精液囊也受癌細胞入侵，則爲 T_{3b} 期。 • T₄：是指癌症已蔓延至前列腺附近的其它組織，諸如幫助調控排尿的膀胱外括約肌、直腸和或骨盆壁。
<p>N Stages</p> <ul style="list-style-type: none"> • N0 — Means the cancer has not spread 	<p>N 階段</p> <ul style="list-style-type: none"> • N₀：指癌症未曾蔓延至各處的淋

<p>to any lymph nodes</p> <ul style="list-style-type: none"> • N1 — Indicates spread to one or more pelvic lymph nodes • Nx — Indicates that regional lymph nodes cannot be assessed <p>M Stages</p> <ul style="list-style-type: none"> • M0 — Means the cancer has not metastasized beyond the regional nodes. • M1 — Means metastases are present in distant lymph nodes, in bones, and/or other distant organs such as lungs, liver or brain. The site(s) of the metastases may be specified. • Mx — Indicates that distant metastases cannot be assessed. 	<p>巴結</p> <ul style="list-style-type: none"> • N₁：表明癌細胞蔓延一個或多個骨盆淋巴結。 • N_x：淋巴結無法被評估 <p>M 階段</p> <p>M₀：癌症蔓延的範圍並未超出淋巴結。</p> <p>M₁：蔓延到淋巴遠處的骨骼，和/或其他遠處器官，例如：肺、肝或腦部。轉移後的部位可明確被指出。</p> <p>M_x：轉移至遠處，不能做出評估</p>
<p>Treatments</p> <p>Deciding how to treat prostate cancer can be a confusing process. Each of the treatments has its own mix of benefits, risks and impacts on quality of life. The good news is that several treatments are very successful for a great many prostate cancer patients, either in providing a cure or keeping the cancer under control for many years.</p> <p>Choosing the treatment that is right for you is influenced by a number of factors, including:</p> <ul style="list-style-type: none"> • The stage and grade of the cancer • Your age • Your general health and specific medical conditions • Life expectancy • Cost and practical considerations 	<p>治療前列腺癌</p> <p>決定怎樣治療前列腺癌的過程，您可能會感到疑惑。每樣治療方法都對您的生活質量都有其好處、風險和影響。好消息是有幾種治療對前列腺患者非常有效。</p> <p>正當你選擇甚麼治療方法時，影響因素包括：</p> <ul style="list-style-type: none"> • 癌症的分期和分級 • 年齡 • 健康狀況和其他治療狀況 • 預期壽命 • 成本和實際考慮

- Attitudes about cure and/or living with cancer
- Your needs, concerns, values and social relationships

Determining whether or not the cancer is confined to the prostate is a crucial factor in choosing a treatment:

- If the cancer is confined to the organ, then a localized treatment that attempts a cure is considered. Options include: a radical prostatectomy that removes the organ; one of the forms of radiation therapy to shrink or kill the tumor; or cryosurgery, which uses extreme cold to kill cancer cells.
- If the cancer has spread, either locally to nearby lymph nodes or more distantly to bones or other organs, then the goal of treatment may be to control the cancer rather than to cure it.

In many cases, it is difficult to know definitively whether or not the cancer is confined to the prostate. This uncertainty may arise in cases when the cancer is at a higher stage (T2b or above), and/or has a Gleason score of 7 or more, and/or has a pre-treatment PSA above 10.

One of the commonly used methods to determine the likelihood of cancer spread is to use a table, which combines the information on staging to produce a score

- 關於治療和與癌症一同生活的態度
- 你的需要、關注、價值和社會關係

在確定癌症是否局限於前列腺的範圍內，是對於選擇用甚麼治療是決定性因素。

- 如果癌症只局限在器官，那麼應考慮採用局部治療方。選擇包括：切除這個器官(即是前列腺根治切除術)；放射治療是減少或殺死腫瘤的一種形式；或冷凍技術殺死癌細胞。
- 如果癌症已蔓延，或者局限在附近的淋巴結；或至骨骼甚至其他器官。那麼，治療的目的是控制癌症而不是治療。

在許多情況下，要確定癌症是否局限於前列腺是非常困難。如果癌症是處於較高時期(T2b 或以上)；和/或格利桑評級 7 分或以上；和/或在治療前 PSA 在 10 以上，不明確因素會增加。

通常要確定癌症是否蔓延，會用一份表格，表格結合了關於分期和分級的資訊，能表明癌症是局

indicating the odds of the cancer being confined to the organ or having spread. The most commonly used tables are the Partin table and Kattan nomogram. They can be obtained from various Internet sites and also from books and journal articles.

Although helpful, these tables are based on results from large numbers of people, and may not reflect your specific condition. Since there is a greater likelihood of recurrence with higher-risk cancers if a single localized treatment method is used, combined treatments, such as radiation therapy and hormone therapy together, may be considered.

No matter which treatments you choose, it's important to monitor your PSA regularly.

Radical Prostatectomy

This operation removes the entire prostate gland plus some surrounding tissue, and is used most often when the cancer is thought not to have spread far outside the gland. The surgery is done under general anesthesia, generally takes two to four hours and requires a hospital stay of two to three days.

There are three main types of radical prostatectomy, which are described in this patient education article, along with details on the procedure.

Radical prostatectomy has been performed successfully for many years. For a long

限於器官內或已擴散的機率。最常用的表格包括是帕汀(Partin)表格和凱特頓(Kattan)計算圖，這些表格可以從互聯網上不同網站、書本或雜誌的文章中獲得。

表格雖然有作用，但是表格是根據大多數人所得的結果，所以並不可能反映你的特殊情況，如果單使用局限治療的方法，更會增加較高危癌症的復發風險，可考慮採用聯合治療法，諸如放射治療與激素治療等。

不管你選擇那一種療法，定期監測你的 PSA 是重要的。

前列腺根治切除術

這種手術是切除全部前列腺和一些周圍組織，最常用於沒有蔓延至外部腺體的癌症。進行這手術，需要全身麻醉，一般需 2-4 小時，且需要住院 2-3 天。

本病人教育指引介紹前列腺根治切除術的三種主要類型和有關的詳細步驟。

前列腺根治切除術已經成功地施行了許多年，雖然其他技術亦有

time, prostatectomy was regarded as the "gold standard" of prostate cancer treatment although other techniques have yielded similarly good results. However, there is still no guarantee that the cancer will not return. Some cancers are found to be more extensive or aggressive than was thought before the operation, which indicates a higher risk for cancer recurrence. The value of a prostatectomy is that the primary tumor is removed and more accurate staging of the cancer can be done.

The main risks of these prostatectomy procedures are impotence — a complete or partial inability to have an erection without assistance — and urinary incontinence. The skill and experience of the surgeon is an important factor in how frequently these occur.

Most men experience some degree of erectile dysfunction in the three- to 36-month period following the surgery. After a non-nerve sparing radical prostatectomy, approximately 90 percent of men become impotent. With the nerve-sparing procedure, the impotence rate drops to between 25 percent and 30 percent for men under age 60. Various medications (such as Viagra), certain procedures and counseling have helped men deal with post-surgical erectile dysfunction. Even with recovery of potency, the resulting orgasms will be dry because there is no prostate gland left to produce fluid for the ejaculate.

類似的好效果，但長久以來，前列腺根治切除術被認為是治療前列腺癌的“金標準”，但這並不保證癌症不會復發。某些癌症會較手術前所認為的更廣泛和侵害性，表示癌症復發風險較高，因此，前列腺切除術的價值在於切除原發腫瘤，而且更加準確地完成癌症的“分期”。

前列腺切除術的主要風險是“陽痿”——完全或部分無能自力的勃起——和尿失禁，這些情況發生的多少取決於外科醫生的技能和經驗。

多數男人手術後3至36個月會有某些程度的勃起功能障礙，約90%接受有傷害神經的前列腺根治切除手術的男人出現陽痿；60歲以下的男人，若接受不傷害神經手術，陽痿率降低至25%和30%之間，許多藥物(如枸橼酸西地那非(Viagra))，某些指引和諮詢服務有助男人處理手術後的勃起功能障礙，甚至恢復性交能力，雖然恢復勃起功能，因為沒有前列腺，不能產生液體而射出，結果達不到性欲高潮。

Nearly everyone will experience some temporary incontinence immediately after surgery. Normal bladder control usually returns within several weeks or a few months. Anywhere from 1 percent to 5 percent of patients have permanent stress incontinence (passing urine after coughing, laughing, sneezing or exercising) or general difficulty controlling urine flow. Certain exercises known as Kegel exercises, as well as recently refined surgical procedures, may improve or restore bladder control.

Radiation Therapy

Radiation therapy uses high-energy rays and particles to kill cancer cells. There are two main types, described below

External Beam Radiation Therapy

Radiation, usually in the form of X-rays, is focused from a source outside the body on the area affected by the cancer. After imaging studies are done to locate the cancer in relation to the surrounding structures and organs, a treatment plan is designed to guide where the radiation beams will be directed. Marks are placed on the patient's skin to help position the patient for treatment. Patients are treated five days per week in an outpatient center over a period of seven to eight weeks, with each treatment lasting only a few minutes.

The side effects of external beam radiation therapy can include diarrhea, frequent urination, a burning sensation while

手術後，人人立即會有暫時性尿失禁。正常的膀胱調控常于數周或數個月內恢復，約 1%至 5%之間的患者有永久的應邀反應性尿失禁(咳嗽、發笑、打噴嚏或運動後排尿)或調控排尿出現困難，某些運動，如基傑爾 Kegel，和最近一些外科改善手術都可以改善或恢復膀胱的調控。

放射療法

放射療法是高能量射綫和粒狀殺死癌細胞。有以下兩種主要類型：

外部射綫放射療法

放射療法 - 通常利用 X 光射綫，由來自體外的射綫集中射向在受癌症侵害的部位。首先會做影像研究，確定癌症相關的周圍組織和器官，預先做好放射治療計劃，說明放射綫應射的所在目標，在患者皮膚上做標誌作為治療定位。患者須於門診中心接受為期 7 至 8 周的治療，每次療程只需數分鐘。

外部放射治療的副作用可能包括腹瀉、尿頻、小便時有燒灼感和尿中有很少量血液。這些症狀隨

urinating and rarely blood in the urine. These symptoms disappear or significantly lessen over time. Patients also may experience fatigue, which can last for a month or two after treatment stops. About 40 percent to 60 percent of men who receive external beam radiation therapy may develop some degree of impotence one or more years after the treatment. The risk might be higher if they receive hormonal treatment.

3D Conformal Radiation Therapy is a state-of-the-art form of external beam radiation therapy that uses a sophisticated computer program to map the prostate gland more precisely to pinpoint radiation beams from up to six or seven different directions. An external mold cast keeps the patient still. This more accurate aiming from multiple sources makes it possible to reduce the radiation received by nearby tissues while concentrating the radiation dose at the cancer site.

An even more advanced development of this method, intensity modulated radiation therapy (IMRT), can vary the intensity of the radiation beams. Another improvement involves placing gold seeds into the prostate to help increase the accuracy of the external beams.

Proton Beam radiation therapy, using protons rather than X-rays, is presently available at only a few centers in this country. Studies have shown that proton beam therapy is effective in treating localized prostate cancer. However, the data is inconclusive as to whether proton therapy yields better outcomes than X-ray therapy.

着時間漸漸消失或顯著減少。停止治療後，患者可能會感到疲勞，並維持一至兩個月。接受外部射綫放射療法的男人，約 40% 至 60% 患者，在治療後的一至數年可能出現某程度的陽痿，如患者接受激素治療，風險會更高。三維適形放射治療是外部射綫放射治療的最新水平形式，使用高級電腦程式，更加精確地繪製前列腺圖，為來自 6 或 7 個不同方向的放射療法射綫準確定位。一個外部模具可以令患者保持不動，這樣更能準確地使來自多方面的射綫對準目標，放射治療劑量集中在癌症部位，盡量減少附近組織受射綫影響。

另一種更加先進的方法是調節強度放射治療(IMRT)，這能改變放射療法射綫的強度，其他改善包括放置金籽在前列腺中，有助增加外部射綫投射的準確性。

質子射綫放射治療，是用質子而不是 X 光射綫，目前本國內只有幾個醫療中心採用。研究顯示質子射綫放射治療對局限性前列腺癌有效。可是，有關數據並不表示質子治療會較 X 光放射治療效果更好。

Brachytherapy

There are two forms of this treatment. In a permanent seed implant (SI), small radioactive pellets, often called "seeds," each about the size of a grain of rice, are implanted into the prostate. These seed implants contain radioactive isotopes such as iodine 125 or palladium 103. They are left permanently in the prostate and give off radiation for periods of weeks or months.

This is an outpatient procedure. Imaging tests such as a transrectal ultrasound or an MRI are used to accurately guide the placement of the radioactive material into the prostate. The seeds are placed inside thin needles inserted through the skin of the perineum, the area between the scrotum and anus. Their location within the prostate is determined with the aid of a computer program.

In the temporary method, called high-dose rate brachytherapy (HDR), the radioactive material, such as iridium, is placed in the inserted needles for relatively short periods of time and then withdrawn from the prostate. There usually are two to three treatments administered over one to two days in a hospital.

A permanent seed implant can be done only on a prostate gland that is not too enlarged. In many cases, a course of hormone therapy may reduce the size of the gland sufficiently to make the implant procedure safer. Hormone therapy can be used together with brachytherapy or with

近距放射治療

這種治療有兩種形式，用一種持久性籽植入(SI)前列腺內，“籽”是細小的放射性小球，每個如一粒米般大。這些植入性的籽含有放射性同位素，諸如碘 125 或鈾 103，他們永久留在前列腺內，並於植入後數週或數月期間發出放射綫。

用直腸超聲波或磁力共振等影像測試方法準確地引導將放射性物質放入前列腺內，他們的位置會靠電腦協助確定，而“籽”放在小細針中通過會陰的皮膚植入，會陰位於陰囊和肛門之間。

高劑量率近距放射治療(HDR)屬短暫性的方法。用針將放射性物質，諸如銥，插入前列腺一段短時間，然後退出，通常需要留院一至兩天進行兩至三次治療。

持久性籽植入治療僅適合前列腺增大不嚴重的患者。許多情況下，透過激素療程可以縮小腺體的體積，令植入手術可以安全進行。近距放射治療或外部放射綫療法配合激素治療，治療效果會更好。同樣，近距放射治療與外

external beam radiation therapy to enhance treatment effectiveness. Similarly, brachytherapy has been combined with external beam radiation therapy to improve treatment outcome, particularly in cases where there may be some spread to local tissues and/or the Gleason score is somewhat elevated. Many treatment centers that undertake brachytherapy are now generally restricting its use as a single treatment to patients with PSA scores under 10 and Gleason scores of 6 or less.

The effectiveness of brachytherapy and external beam radiation therapy is indicated by the extent of decline of the PSA. The lowest level of the PSA that is attained is referred to as the nadir. The lower the nadir the better. Doctors look for a nadir of as much below a PSA of 1.0 as possible. It may take one to three years after radiation therapy to reach a nadir. About one-third of men who have undergone brachytherapy experience a temporary "spike" or "bounce" in their PSA scores 12 to 24 months after the procedure before the score resumes its continuing decline. Such a spike shouldn't be interpreted as treatment failure.

Many men experience some short-term side effects from brachytherapy, such as perineal pain, discolored urine or urinary problems such as slow starting, incomplete emptying or increased frequency. Erectile dysfunction may develop over a more extended period of time. A small percentage will experience varying degrees of urinary incontinence or significant rectal or bowel problems.

部放射治療結合會提升治療效果，尤其是當病情可能已經蔓延至附近部份組織，或者格利桑 (Gleason) 計分有趨升跡象。很多治療中心如果發覺患者的 PSA 計分在 10 以下，格利桑計分在 6 以下，會嚴格限制患者不可選用近距放射治療法作單獨治療。

近距放射治療法和外部放射治療法的成效視乎 PSA 下降的程度，到達 PSA 的最低水平稱為最低點 (nadir)，最低點愈低愈好，醫生盡量要求最低點低於 PSA 1.0，可能放射治療後一至三年才有機會達到最低點，約有 1/3 接受近距放射治療的男士，於治療後的 12 至 24 個月內 PSA 未恢復正常下降前，會有 PSA 短暫反彈或創高的情況，這種創高情況不應視為治療失敗。

近距放射治療會為很多男士帶來短期副作用，例如會陰疼痛、尿色改變、或排尿問題、如排尿緩慢、尿不能排空、或尿頻。勃起功能障礙可能維持一段長時間，小部分患者會經歷不同程度的尿失禁，或直腸、腸道等重要問題。

Cryosurgery

Cryosurgery, used to treat localized prostate cancer, kills the cancer cells in the prostate by freezing them. Probes containing liquid nitrogen are inserted into the prostate gland and are maneuvered under ultrasound guidance to destroy prostate tissue. This method has shown good results in treating cancer confined to the prostate, but is presently performed at a limited number of locations around the country.

Some doctors maintain that to be maximally effective, the entire prostate must be frozen, which impacts the nerve bundles on the sides of the gland. Consequently, impotence almost always results from cryosurgery when the entire gland is treated. Urinary incontinence also may occur. Some doctors are performing "nerve-sparing" cryotherapy, where only the cancerous area of the prostate is treated.

Hormone Therapy

Hormone therapy is based on the finding that prostate cancer cells usually require testosterone, the main male hormone or androgen, to grow. Therefore, lowering androgen levels can stop or slow cancer growth.

Hormone therapy may control the cancer, often for a number of years, but it is not a cure. Usually, the cancer will change over time into a form that no longer needs testosterone to grow. When the cancer no

冷凍外科手術

冷凍外科手術用於治療局限性前列腺癌，利用冷凍技術將前列腺中的癌細胞殺死。由超聲波引導載有液態氮的探針插入前列腺破壞腺體組織，這方法對局限性前列腺癌有明顯好的效果，但目前國內只有少數地方使用這方法。

為求達到最佳效果，有些醫生堅持整個前列腺必須全部冷凍，這便會影響到腺體旁邊的神經線，結果，用冷凍外科手術治療整個前列腺通常會引致陽痿，有些醫生施行“不傷害神經”的冷凍外科手術，僅在前列腺癌症部位進行治療。

激素療法

激素療法是跟據前列腺癌細胞的生長需要睪丸素為依據，而睪丸素主要是男性激素或雄性激素，所以減少雄性激素水平可以停止或減慢癌細胞生長。

激素療法可以控制癌症數年，但不可以完全根治癌症。隨著時間演進，癌細胞不再需要倚賴睪丸素生長，這時期稱為睪丸素獨

longer requires testosterone to grow, it is called androgen independent, and other treatments must be considered.

Most prostate cancers are very responsive to hormone therapy when first diagnosed. Hormone therapy usually is recommended as the initial treatment for advanced prostate cancers, including prostate cancers that have metastasized. Hormone therapy does have significant side effects, and the decision to undergo it should not be made casually.

In the past, there were two main approaches to hormone therapy. One was the surgical procedure of orchiectomy, which removed the testes, the main source of androgens in men. This is an effective hormonal treatment but it is permanent, and some men have to cope with the psychological consequences of the loss of their testes. The second approach involves giving estrogen compounds, such as diethylstilbesterol (DES), to reduce testosterone levels. Using estrogens may cause side effects such as breast enlargement and weight gain, as well as a slight increase in the risk of heart attacks and strokes.

Presently, hormone therapy usually uses a combination of two different types of medication. One type is called a luteinizing hormone-releasing hormone (LHRH) analog or agonist. This modifies the body's hormone control system to cause the testes to shut down testosterone production.

立，到了這時候，必須考慮其他治療方法。

另一方面多數前列腺癌症於初次診斷時對激素治療有很好的反應。晚期前列腺癌，包括已轉移的前列腺癌，通常會推薦用激素治療作為開始的治療方案。激素治療確有明顯的副作用，所以不應隨便決定接受這種治療方法。

以往，激素療法有兩種主要方法，一是睪丸切除術，將男人雄激素主要來源的睪丸用外科手術切除，這是一種永久和有效的激素療法，有些男人必須應付喪失睪丸的心理後果。第二種方法是用含有雌激素化合物，諸如乙烯雌酚(DES)，減少睪丸素水平，用雌激素可能引起副作用，諸如乳房增大和增加體重和輕度增加心臟病發和中風的風險。

現在，激素療法通常混合使用兩種不同類型的藥物治療。一種類型稱為戈那瑞林(LHRH)類似物或顯效藥。這會更改體內的激素控制系統，促使睪丸停止產生睪丸素。

The effect is equivalent to an orchiectomy. These analogs are put into a time-release preparation that is injected into the muscle or inserted under the skin at periodic intervals.

The two luteinizing hormone-releasing hormone analogs available in this country are leuprolide (Lupron) and goserelin (Zoladex). The luteinizing hormone-releasing hormone agonists cause a temporary increase or "flare" in testosterone when first administered, which may be troublesome for some men, particularly those with more advanced or metastatic cancer. An anti-androgen (see below) should be started a week prior to giving the LHRH agonist to block the effects of this flare.

The second type of medication is called an anti-androgen. Even after testicular production is shut down, a small amount of androgen is still produced by the adrenal glands. Anti-androgens block the ability of prostate tissue to use androgens. Anti-androgens include flutamide (Eulexin), bicalutamide (Casodex) and nilutamide (Nilandron), which are taken as pills one to three times a day.

This combination of the two types of medications is called total androgen blockade or combined androgen blockade.

這療法效果相當於睪丸切除術，這些類似物加入緩仿釋放劑，每隔一段時間注射入肌肉或植入皮膚下。

在本國有兩種戈那瑞林可使用，分別是亮丙瑞林(leuprolide 又稱 Lupron) 和戈舍瑞林 (goserelin 又稱 Zoladex)，初次使用戈那瑞林顯效藥會引起睪丸素短暫增加或“爆發”，這可令一些男士感到煩惱，特別是較晚期轉移癌症患者。要有效防止睪丸素短暫增加或“爆發”，便需要於使用戈那瑞林(LHRH)之前一星期開始用抗雄激素(見如下)。

第二種類型的藥物稱為抗雄激素；睪丸於停止生產能力後，腎上腺仍會產生少量雄激素。抗雄激素可以阻止前列腺組織使用雄激素。抗雄激素藥物有：氟他胺(flutamide 或 Eulexin)，比卡魯胺(bicalutamide 或 Casodex)，和尼魯米特(nilutamide 或 Nilandron)，這些藥物都是藥丸，每天服用 1 至 3 次。

這兩種類型藥物混合治療稱為雄激素完全阻滯或雄激素聯合阻滯，對於是否需要將抗雄激素與

There is controversy about whether anti-androgens need to be used with the luteinizing hormone-releasing hormone analogs; studies have produced mixed results. Also controversial is the use of a third medication as part of the hormone therapy mix called finasteride (Proscar), which is commonly used to treat benign prostatic hyperplasia.

Finasteride blocks the enzyme that converts other androgens to dihydrotestosterone (DHT), the most active form of testosterone in stimulating the growth of both normal and cancerous prostate cells.

The primary side effects of hormonal therapy are related to lowering of the body's testosterone levels. Most men experience a decrease in sexual desire and some level of erectile dysfunction. Working cooperatively with your partner to accommodate the changes resulting from hormone therapy and other treatments can help you remain sexually active. Various medications, as well as some mechanical methods, may help restore potency.

Some men experience breast tenderness and breast tissue growth. Hot flashes are common, but often reduce in frequency or intensity over time or disappear almost completely. Hot flashes can be treated with different medications, and, in some cases, certain soy products can be helpful.

In some men, hormone therapy causes fatigue, lower energy and reduced muscle mass. Patients who are on hormone therapy for more than two or three years

戈那瑞林類似物混合使用現時尚有爭議，有關的研究顯示多種類型結果。而選用第三種藥物作為激素混合治療其中一部分也十分具爭議性，這藥物稱為非那利特 (finasteride 或 Proscar)，通常用以治療良性前列腺增生。

非那利特阻礙酶轉化其他雄激素為二氫睪酮(DHT)，二氫睪酮是刺激前列腺的正常細胞和癌細胞生長最有活躍的睪丸素酮形式。

激素治療最基本的副作用是降低體內的睪丸素酮水平，多數男士會感覺性慾降低和某程度的勃起障礙，與你的配偶互相合作適應激素治療帶來的轉變，其他治療可以幫助你保持性慾活躍，各種不同的藥物和一些物理方法同樣可以助你恢復性交能力。

有些男士會感到乳房觸痛和乳房組織生長，通常有潮熱，但這些情況出現的頻繁次數和強度會隨時間減少甚至完全消退，潮熱可以用不同的藥物治療，有時，某些豆類產品可能有幫助。

激素治療會引致一些男士疲勞、能力下降、和減少肌肉質量。接受激素治療超過兩或三年的患者

risk developing osteoporosis, a thinning of the bones caused by a loss of calcium.

Medications are available to reduce your risk of osteoporosis. Be sure to ask your doctor about them. Bone density examinations are advisable and treatment should be undertaken if a significant reduction in density is found. A regular exercise program is also of value.

The anti-androgens may also, in some cases, cause nausea, diarrhea and fatigue — occasionally severe enough to require discontinuing the medication. Stopping anti-androgens is necessary in the small percentage of men whose liver function is affected or whose blood pressure becomes very high.

Intermittent Hormone Therapy

In this approach, also called intermittent androgen blockade, a patient is placed on hormone therapy for a period of some months to a year or more. After the PSA level has dropped close to zero and remains at this level, the hormone therapy is stopped. When the PSA rises to a certain level following the return of testosterone production, the hormone therapy is resumed. The length of time that a man can stay off treatment can range from several months to well over a year.

There is presently no clear consensus as to

有患骨質疏鬆症的危險，骨質疏鬆是由失鈣所致。

使用藥物可減低患骨質疏鬆的風險，一定要詢問你的醫生有關這些資料。建議檢查骨質密度，如發覺骨質密度明顯減少，便應著手治療，定期的運動計劃是有價值的。

抗雄激素也可能令部分患者有噁心，腹瀉和疲勞的情況，偶爾嚴重至需要要求中止藥物治療。少數男士會因為肝功能受影響或血壓變的很高而需要停用抗雄激素。

間歇性激素療法

這種療法也稱為雄激素間歇性阻滯，治療期長達數個月至一年，甚至更長的時間。治療後 PSA 水平降至接近零，並保持在這樣水平，便會停止激素治療，隨著睪丸素恢復生產，而 PSA 回升至一定水平，便要重新開始激素療法。患者能夠停止治療的時間可以由數個月至超過一年不等。

到底 PSA 達到怎樣的水平才應該

what PSA levels should be used to restart the hormone therapy, or how long the periods of either the initial treatment or the resumption of treatment should be. A number of men using this approach have been able to go through six or more on-off rounds, for up to seven or more years, with the treatment retaining its effectiveness.

The intermittent approach may reduce some of the side effects of hormone therapy, improve quality of life and allow some men to regain their sexual interest and potency during the off period. This method is regarded as experimental. Studies are being conducted to compare its effectiveness with continuous hormone therapy and to ascertain if it delays androgen independence.

The continued rise of the PSA while the patient is on hormone therapy is the main indicator that the treatment is losing its effectiveness. At this point, other "second line" hormonal treatments can be considered. Some men who are on combined androgen blockade will experience a reduced PSA when the anti-androgen medication is stopped. This reduction usually is only temporary, lasting for several months.

Ketoconazole (Nizoral), which shuts down hormonal production by the adrenal glands and requires supplementary hydrocortisone when it is used, has shown sustained effectiveness in controlling

開始用激素療法、或重新開始治療；或者初次治療或重新治療的療程到底需時長或短，目前尚未有明確的一致意見。部分用這方法的男士可以在七年或更長時間內反覆使用停用這療法達六次或以上，仍能維持其治療效果。

間歇性治療法可減少激素療法的一些副作用，改善生活質素，允許一些男士在停止治療期間可以恢復他們的性慾興趣和性交能力。這方法被認為是實驗性，研究正進行，將這方法的有效力與持續性激素治療作比較，和確定它是否能延遲雄激素的不依賴性。

當患者用激素治療時而 PSA 繼續升高，這是治療失效的主要指示。這時便要考慮用其他“第二線”藥物。有些使用混合雄激素阻滯治療法的男士，當停止使用抗雄激素藥物會感受到 PSA 值降低，這種下降通常只是短暫性，維持約幾個月。

酮康唑(Ketoconazole 或 Nizoral)能阻止腎上腺產生激素，在使用時需要補充‘氫化可的松’，這在控制晚期前列腺癌已証明有效。

advanced prostate cancer.

Aminogluthamide also is used for this purpose, as are some estrogenic compounds.

PC-SPES, a standardized preparation of eight herbs, has shown positive results in controlled studies with both androgen-dependent and androgen-independent cancers. It is not known exactly how it works, but its effectiveness may result in part from its estrogenic properties.

Cardiovascular risks such as blood clots are associated with it, so a physician should monitor its use. Recently, analysis of various samples of the PC-SPES revealed the presence of small amounts of biologically active substances that could pose additional risks. At present, PCSPES is no longer produced in the United States.

Chemotherapy

Chemotherapy drugs are commonly used to treat many different cancers. They kill cancer cells directly, usually by disrupting the reproductive cycle of those cells. But they also damage normal cells and can cause significant side effects, such as nausea, hair loss, loss of appetite, fatigue and low blood cell counts. While these side effects generally disappear after treatment is stopped, they can be debilitating and seriously affect quality of life.

Chemotherapy usually is used with patients whose prostate cancer has metastasized

爲求達到此目的，亦可用含有雌激素化合物成份的氨魯米特 (Aminogluthamide)。

PC-SPES 是 8 種草藥配製成的製劑，用於雄激素依賴性和雄激素不依賴性癌症二者對照研究表明爲正面結果，但怎樣發生作用則不太清楚，其效力在某程度上可能由於雌激素的特性所致。心血管方面的風險，諸如血凝塊，都與它有關，所以醫生應監督其使用。最近，各種 PC-SPES 樣本分析顯示它含有少量生物活性物質，這會做成額外的風險，現時，PC-SPES 在美國已經不再生產。

化學療法

化療藥物常用于治療許多不同性質的癌症。藥物通常透過破壞這些細胞的生殖週期直接殺死癌細胞，但也損害正常細胞並且引起明顯的副作用，諸如噁心、脫髮、喪失食慾、疲勞和血細胞數目減少，在停止治療後，這些副作用通常會消失，但化療藥物會令人衰弱和嚴重影響生活質素。

化療通常用於那些前列腺癌已經轉移離開前列腺和激素治療失敗

outside the prostate and for whom hormone therapy has failed. In the past, chemotherapy has shown only limited effectiveness in treating advanced prostate cancer. More recently, new developments in this approach — such as giving two or more drugs together, using newly developed chemotherapy agents, and combining chemotherapy with hormone therapy — have significantly improved treatment outcomes.

Active Surveillance

Some prostate cancer patients don't pursue any active treatment and instead use a "watch and wait" approach, also known as active surveillance, which involves extensive monitoring. This may be recommended if the cancer is very small and confined to one area of the prostate; is expected to grow very slowly; or if the patient is elderly, frail or has other serious health problems.

Since prostate cancer tends to grow very slowly, older men with the disease may never need treatment. Younger patients, or those with a life expectancy greater than 10 years, may need a more aggressive approach. The best candidates for this regimen are those with small, low grade cancers associated with low and stable PSA levels.

Some men may decide that the side effects of more aggressive treatments outweigh the benefits and they turn to alternative therapies to slow cancer development. In these cases, close monitoring is critical so if the cancer develops into a more serious

的患者。以往，化療對晚期前列腺癌只有有限效力，最近，這療法的最新發展，如同時給予兩種或以上的藥物，用新的化療藥物，或以化學療法與激素療法互相結合使用，已明顯地改善了治療效果。

積極監視

有些前列腺癌患者不追求任何積極治療而選用“監視和等候”的方法，亦稱為“積極監視”，亦也包含著廣泛的監控。如果癌症很小而且局限在前列腺的一個睪部位，預計生長很慢，或是患者年紀較大，虛弱或有其他的嚴重健康問題，就會推薦使用這方法。

由於前列腺癌傾向生長緩慢，年紀較長的患者可以不用治療，年輕病人或壽命預期超過十年的，可能需要用更積極的療法。選用這監視方案最佳人選是那些具有細小、低等級癌症，而 PSA 水平屬於低和穩定的。

有些人會因為積極治療的副作用遠超益處而轉向採用其他治療方法來延緩癌症的進展，這般，緊密監察是非常重要的，如果癌症惡化變為更嚴重時可以立即發現。

form, it is immediately detected.

More than 500 patients at the UCSF Prostate Cancer Center have chosen active surveillance. About one in five on active surveillance receive treatment two to three years after diagnosis, after a change is detected such as a rapidly rising PSA level or increased tumor size.

At UCSF, men on active surveillance have PSA levels checked every three to four months, prostate ultrasounds every six to nine months and prostate biopsies after one year of active surveillance, then again every one to two years.

For more information, listen to a Patient Power interview about active surveillance with Dr. Peter Carroll.

New Treatment Approaches and Clinical Trials

Research done in recent years has substantially increased our understanding of cancer generally, and prostate cancer specifically. A number of new treatments have been developed and are being tested in cancer patients.

Presently, clinical trials are being conducted primarily with prostate cancer patients who have rising PSAs after local treatment or who have more advanced, metastatic

在 UCSF 前列腺癌中心已經有超過 500 名患者選擇積極的監視。約有 1/5 積極監視的患者，於確診後兩至三年檢驗出有所變化，如 PSA 水平快速上升或腫瘤體積增大後，接受治療。

在 UCSF 參與積極監察的人每三至四個月須檢查 PSA 水平一次，每六至九個月做前列腺超聲波一次，又於接受監視後一年做前列腺活檢，之後每一至兩年再做活檢。

如想得到更多有關資訊，可收聽“患者之力訪問”卡羅爾彼得醫生與積極監視的訪問。

新治療方法和臨床試驗

近年所作的研究已經大大增加我們對癌症的普遍認識和專注於前列腺癌的了解，亦發現很多新的療法，而且正為癌症病患者進行臨床試驗。

現時，接受臨床試驗的前列腺癌症患者主要是經過局部治療後 PSA 水平升高，或屬於較晚期、

cancers. A number of the new agents already are showing effectiveness and may eventually provide more treatment options for new and recurring cancers. However, at this time, none of them can be regarded as cures, or even as replacements for surgery, radiation or hormone therapy.

Generally, patients being treated with these new approaches have experienced fewer side effects than patients getting more traditional treatments.

There are three main phases of these studies:

- Phase I studies try to determine safe and therapeutic dosage levels with relatively small numbers of patients
- Phase II trials have more patients to determine whether the new agent is beneficial
- Phase III trials have a large group of patients who receive the experimental treatment and the results are compared with results from a control group receiving standard therapy

Clinical trials are conducted at local cancer centers, including the UCSF Helen Diller Family Comprehensive Cancer Center, as well as at centers all around the country, and participants often are actively recruited. Clinical trials can offer hope but have their risks as well. Any patient considering participating in a trial should ask a number of questions, such as:

已經轉移的癌症，許多新藥物已經顯示有效，而且可以為新發現和復發癌症提供更多的治療方案選擇。可是，目前這些方案仍未能治癒癌症，甚至取代手術、放射治療、或激素治療。

總之，患者選擇這些新的方案比許多傳統的治療方案面對較少副作用。

這些研究主要分三個階段：

- 第一期研究試圖確定安全和治療劑量水平，用於比較少數的患者
- 第二期試用於較多的患者以確定新藥物是否有效
- 第三期試用於大組患者，他們接受試驗性治療，其結果會與接受標準治療的一組作對照

臨床試驗在本地的癌症中心進行，包括 UCSF 狄拉海倫綜合癌症中心(UCSF Helen Diller Family Comprehensive Cancer Centre)，和全國各地的癌症中心，並且積極招募參與者。臨床試驗為參加者帶來希望，同時亦帶來風險，任何患者若果考慮參與試驗，應該要考慮一些問題，如：

- Do I fit the criteria for inclusion?
- How might I benefit from participating?
- What are the probable side effects?
- What if I'm placed in the control group that doesn't get the treatment or medication?

Some promising new approaches for treating prostate cancer include the following,.

Dendritic Cell Vaccine

Dendritic cells in the blood identify foreign cells or organisms that should be attacked by the killer cells of the immune system. In the vaccine approach, dendritic cells are taken from the bloodstream and exposed to the prostate cancer cells. This exposure to the cancer cells makes it easier for the dendritic cells to identify cancer cells in the body. After this procedure, the dendritic cells are inserted back into the blood stream to target prostate cancer cells for immune system action.

Monoclonal Antibodies

These are agents that are developed to trigger an immune system response by targeting antigens that are present on the surface of prostate cancer cells.

Genetically Engineered Viruses

Viruses such as the common cold virus are genetically modified to target prostate cancer cells. These viruses can be injected

- 我是否符合參加的要求?
- 我參與會得到什麼好處?
- 可能會有什麼副作用嗎?
- 如果我被安排到對照組而得不到治療或藥物，那怎麼辦呢?

治療前列腺癌的一些新方法包括以下：

樹突狀細胞疫苗

血液中的樹突狀細胞識別外來細胞或生物體，而令免疫系統的殺傷細胞攻擊它們。這種疫苗療法，血流中的樹突狀細胞會被找出來面對前列腺癌細胞，經過這步驟，樹突狀細胞更容易識別身體內的癌細胞，之後樹突狀細胞會再注入血流中，讓免疫力系統發揮效力追擊前列腺癌細胞。

單克隆抗體

這些抗體開發的目的是通過瞄準存在前列腺癌細胞表面的抗原，觸發免疫系統反應。

遺傳工程病毒療法

正如感冒病毒，以遺傳工程改造病毒，目標對付前列腺癌細胞，

directly into the prostate or into metastatic tumors.

Chemotherapy

A traditional chemotherapy drug can be combined with a protein-like compound and is released only when it comes in contact with prostate cancer cells, selectively targeting them for attack.

Anti-Angiogenesis

At some point, cancers need to develop a blood supply if they are to grow. New agents are being developed and tested for their effectiveness in retarding the growth of blood vessels in tumors.

Radiation Therapy

There are trials to evaluate modifications in the delivery of radiation therapy, or to discover how radiation therapy can be combined with other therapies to more effectively treat higher-risk prostate cancers.

Diet and Life Style Changes

Dr. Dean Ornish, who developed a program that successfully treats serious cardiovascular disease, is studying whether a similar program can slow or reverse early-stage prostate cancer. The program includes: adhering to a very low fat, vegetarian diet; nutritional supplements;

這些病毒可以直接注射入前列腺或轉移腫瘤中

化療

傳統化療藥物能和類似蛋白質的化合物互相結合，僅在與前列腺癌細胞接觸時才釋放出來，選擇癌細胞作為攻擊目標。

抗血管發生療法

有時癌症要生長便要發展血液供應系統，此時便要研究新藥物以阻止腫瘤生長血管，並測試其治療效益

放射療法

為了更有效治理較高風險的前列腺癌，放射療法不斷改良，或研究如何與其他治療方法結合使用

改變飲食和生活方式療法

奧尼什廸恩醫生(Dr Dean Ornish)設計了一項治療方案，成功地治療嚴重心血管疾病，現正研究類似的方案，研究是否能夠延緩或逆轉早期前列腺癌。這方案包括：堅持食用十分低脂食物、素

regular exercise; stress reduction and group support.

Alternative and Complementary Therapies

Alternative and complementary therapies refer to treatments that fall outside the conventional model of medicine typically used in this country. Their effectiveness for treating cancer is, as yet, unproven. The field of alternative and complementary medicine is very broad and encompasses changes in diet, stress reduction and life style changes, acupuncture, homeopathy and other approaches.

There is an important distinction between "complementary" and "alternative." Complementary therapies are undertaken in addition to conventional medical treatment, and may be more often encouraged by medical treatment personnel. Alternative therapies are undertaken instead of conventional medical treatment. They therefore have more risks associated with their use and should be used with more caution.

Many therapies can fall into either category. Some interfere with standard medical treatment or cause serious side effects, and patients' doctors should be fully informed of their use. But many of these therapies can benefit patients by helping them lead more healthy and active lives, reducing emotional stress associated with prostate cancer and its treatment, and reducing pain and discomfort.

食、增補營養、定期運動、減輕壓力和互助小組。

另類和互補的療法

另類和互補的療法是指一些治療方法不屬於國內一貫使用的典型傳統醫療模式，他們的治療成效尚未證實，另類和互補的療法的範疇非常廣泛，涵概改變飲食、減少壓力、改變生活方式、針灸療法、順勢療法、和其他治療方法，

“互補”和“另類”有著重要的分別。互補療法是在傳統醫療之外再進行治療，一般會受醫護人員鼓勵使用。另類療法則代替傳統治療方法，因此使用時會有更多風險，選用時要更加應該慎重。

許多療法可以區分入兩者之一，有些與標準醫療有抵觸，或會引起嚴重副作用，患者的醫生應該此充分告訴他們的作用，然而，許多療法可以令患者生活得更活躍健康，減少因前列腺癌及其治療相關的情緒波動，減少痛楚，和不適，患者能夠從中得益。

The main alternative and complementary therapies are discussed below.

Diet, Nutrition and Supplements

There is a broad consensus that diets high in fat, especially animal fat, increase the likelihood of developing prostate cancer. Some people believe that reducing the amount of fat in your diet may slow cancer growth, but there is no agreement as to how much of a reduction in fat intake is needed. Some men choose to eat less meat and dairy products while continuing to eat poultry or fish, while others become vegetarians. It is still important for the diet to be properly balanced. While many men have readily made major changes in what they eat, changing one's diet isn't easy and may require the cooperation of family and friends.

Many substances, preparations, supplements and herbs are touted as being effective in fighting or even curing cancer without any evidence to support such claims. Use caution when using unproven treatments and share the information with your physician.

Substances showing promise, but with little documented evidence, are lycopenes, which are found in high amounts in tomato products; green tea; and soy foods. In moderation, these substances generally aren't harmful. There is some indication that the whole food may be more effective than the extracts offered in supplements.

以下會討論主要的另類和互補療法：

飲食、營養品和補充劑

廣泛意見認為食物中含有高脂肪，特別是動物脂肪，可能增加患前列腺癌症可能性，有些人相信減少飲食中的脂肪可以減慢癌症生長，至於要減少攝取多少脂肪則沒有一致的意見。有些人選擇少吃肉類和乳製品而繼續進食家禽或魚，而有些則成為素食者。但保持均衡飲食仍然重要。許多人樂意在飲食方面作重大改變，改變一個人的飲食並不容易而且需要家人和朋友的協助。

很多物質、製劑、補充劑和草藥都吹捧為有效對抗或甚至治癒癌症，但又沒有證據支持這些說法。在使用未經證實的治療方法時要謹慎，而且要與你的醫生分享有關資訊。

其他物質顯示有效是蕃茄紅素，蕃茄產品、綠茶、和豆類食物中發現含大量蕃茄紅素，但未有實質文獻證明，中肯地說，這些物質並沒有害處，有些人指出完整的食物比提煉過的補充劑更有

A nutrition consultation with a professional can be very informative, and can be arranged through the Cancer Resource Center if you are a UCSF Medical Center patient. As always, let your physician know about dietary changes and the supplements you take.

Exercise

Being physically active is not only good for the body, it also relieves depression and promotes a sense of well-being. Exercise doesn't have to be aerobic or so intense as to lead to pain or exhaustion to be of help. Just taking a walk for up to an hour three times a week can provide benefit.

Stress Reduction

A wide array of activities can help reduce stress and anxiety. These include various meditation practices, modifying your breathing rhythm, visualization, relaxation exercises and massage. Classes and groups are available to teach these techniques. The UCSF Cancer Resource Center can direct you to information and resources.

A cancer diagnosis can lead to an examination of one's life and how it is lived, resulting in changes in work, play, relationships, personal and social behaviors, and spiritual practices that can accentuate the positive and reduce the

效。

如果你是 UCSF 癌腫醫療中心的病人，你可以透過癌症資源中心安排，由專業人員進行營養會診，他們可以提供更多資訊。如常地，讓你的醫生了解你的飲食轉變情況和服用什麼補充劑。

運動

做體育活動不但有益於身體，也減輕壓抑和利於促進健康，運動不一定要帶氧或非常劇烈以致引起疼痛或筋疲力盡，每星期三次散散步，每次行約一小時，已經得益。

減輕壓力

各種不同的活動有助於減輕壓力和焦慮，包括各種默念療法、改善呼吸節奏、冥想、放鬆運動和按摩，坊間有不同的課程和小組教授有關技巧，UCSF 癌症資源中心可以提供有關的信息和資訊。

癌症診斷會同時研究探討一個人的生活 and 習慣，結果因為改變工作，活動，相互關係，個人和社交行為，精神上的寄託等等，從而令人的日常生活變得正面積

<p>more stressful and negative aspects of one's daily life.</p> <p>Asian Medicine</p> <p>There is a growing interest in the treatment and meditative practices used and developed over hundreds of years in certain Asian countries, particularly China. Acupuncture has become increasingly accepted by Western medicine, and has been effective in reducing the pain and discomfort associated with various medical conditions. Stylized movements and exercises such as tai chi, qigong and yoga can help people feel more balanced and more at ease with themselves. Traditional Chinese medicine uses herbal preparations to treat a variety of disorders, including prostate cancer. Some of these treatments are being studied systematically in the United States.</p>	<p>極，減少壓力和負面情緒。</p> <p>亞洲醫學</p> <p>有些治療方法和默念療法在亞洲各國尤其中國已經發展了數百年，大家對這些方法愈來愈感興趣；針灸愈來愈受西方醫學接納，針灸有效舒緩各種病症相關的疼痛和不適。各種招式和運動如太極、氣功、瑜伽可以協助他們保持身體平衡和身心舒泰，中國傳統醫藥使用草藥製劑治療各種疾病，包括前列腺癌；美國已經有系統地研究其中一些治療方法。</p>
<p>Some Helpful Hints</p> <p>The diagnosis of cancer can create intense fear and emotional upset in patients and their families, even with all of the modern advances and successes in treatment. Worries that your life may soon be over, with resulting feelings of despair and hopelessness, may alternate with a sense of urgency to do something now to get rid of the cancer. In time, becoming more knowledgeable about prostate cancer, the different treatments and also the nature of your own situation, can diminish this distress and enable you to make more informed treatment decisions.</p> <p>This process is helped by support from</p>	<p>有用提示</p> <p>雖然現代醫學進步和治療成就，患者一旦確診患上癌症，他和他們的家人會有強烈的恐懼和情緒波動，擔心生命也許很快結束，因他們感到絕望和失望，迫使他们想盡快擺脫癌症。此時，學習和了解關於前列腺癌的知識、不同的治療方法，了解自己的情況的本質，能減少這困厄，使您有豐富的資訊協助做出治療決定。</p> <p>這過程需要家人，朋友，醫護人</p>

family, friends and health care professionals, and by learning how to take charge of your treatment. Learning to live with the basic uncertainty about treatment outcome is a challenge for anyone. There are no absolute guarantees that a "cure" has been achieved, even with confirmed good findings at the time of treatment, and a number of years of being disease-free after treatment.

Your PSA level should be monitored at appropriate intervals for the rest of your life. Some men experience temporary "PSA anxiety" around the time of the tests. But many men and their families go on to live their lives without obsessive worry that the cancer may return.

A variety of sources can provide information to help you during diagnosis, treatment and after treatment, including:

- Your doctors and other medical team members
- Books and articles
- Support groups and other prostate cancer patients
- The Internet

The Cancer Resource Center at UCSF Medical Center also can assist you in this effort.

Computer access may be available at your local library, and local cancer centers may provide Internet access and have staff to assist you with your search for information. Take care to check out the credibility of the information on any particular website.

員的支援，和通過學習如何為自己的治療負責。學習如何面對不能確定的治療結果對任何人來說都是一個挑戰，即使於治療時確定有極好的成績，和接受治療後數年後不再復發，亦不能絕對保證病症完全治癒。

你要在有生之年繼續監察自己的 PSA 水平，有些人臨近接受測試便會感到短暫“PSA 緊張”；但很多男士和他們的家人會繼續如常生活而不再強迫擔心癌症重臨。

無論診斷、治療和治療後，你都可以從以下不同的渠道得到資訊協助，包括：

- 你的醫生和其他醫護團隊成員
- 書籍和雜誌
- 病人互助組織和其他前列腺患者
- 互聯網

這方面 UCSF 的癌症資源中心可以提供協助

你居住的社區可能會有電腦提供給你使用，各地區的癌症中心可以提供互聯網上網服務，他們的職員會協助你找尋有關資料，謹記小心查核提供資料的網站的信

See [Evaluating Health Information](#) for more pointers.

With time and information, you will be able to make well-informed decisions based on what is important to you. Most patients don't need immediate treatment and, after consultation with their doctors, may be able to safely take their time.

Getting Second Opinions

Because understanding the different treatments and then choosing among them isn't easy, getting multiple opinions may be a necessary part of your decision making. In the course of developing a treatment approach for yourself, you may consult with a urologist, radiation oncologist and medical oncologist, along with your primary care doctor and other medical specialists. Based on their training and experience, they may bring differing perspectives to the assessment of your cancer and to their treatment recommendations.

It is helpful to prepare yourself in advance for a meeting with any doctor by writing out a list of questions you want to ask, to bring along a partner or friend, and to record the discussion for future reference. See Questions to Ask Your Doctor for a list of questions that you can review and bring to your office visit.

Keeping Good Records

It is very helpful to keep a complete

用。如需要更多指示，請參考[如何評審健康資訊](#)

隨著時間的推移和獲取資訊，您將能夠基於什麼是重要的，做出明智的決策。大多數病人不需要立即治療，並與他們的醫生協商後，也許能安全地把握時間研究治療方案。

尋求第二意見

因為要了解各種不同的治療方案，從而選擇是十分困難，所以尋求多方的第二治療意見是決定治療時的必然步驟。在建立治療方案時，您可能需要諮詢不同人士的意見，包括泌尿科醫生、輻射癌症治療師、藥劑師、主診醫生和其他醫學專家，憑他們的專業訓練和經驗，可以給你的癌症評估作多角度分析和治療推薦。

與醫生開會前應該做好事前準備，將想要查詢的問題一一寫下、帶同一位伴侶或朋友一同出席會議，紀錄有關討論作日後參考。請參考向醫生提問那裡有一系列問題可作參考和帶往開會。

保存良好紀錄

保存完整的病歷、實驗室檢驗工

medical record, with copies of the laboratory work, diagnostic studies and treatment recommendations, and the treatment reports with the outcomes. This will help you get the most out of your second opinions, deal with insurance companies and play a more active role in your treatment.

Involving Your Family

Prostate cancer affects not just the patient, but family and friends as well. Keeping them informed and involving them in the decision making is helpful to everyone involved. Wives, partners and children, who may become fearful about losing a mate or parent, may not be able to express these fears directly. Keeping communication channels open and discussing fears and hopes openly can be helpful. It may be appropriate to have frank talks with adult sons — who are now shown to be at greater risk for developing prostate cancer — about risk reduction measures.

In some instances, the wife or partner may become the more active person in getting information about the disease, arranging for and participating in medical visits, and supporting continued action and decision making.

Since the treatments for prostate cancer can significantly affect sexual drive and functioning, changes in the nature of the sexual relationship may need to be made over time to keep the relationship mutually satisfying for both partners. Men often overestimate their partners' need for frequent sexual intercourse, as compared with other means of showing love and

作複印件、診斷研究、治療建議、治療報告和治療結果是非常有用的，這將助你從第二意見獲得最佳效益，有助與保險公司交涉和為自己的治療發揮更積極的作用。

涉及您的家庭

前列腺癌不只影響病人，還有家人和朋友。令他們保持知情和參與決策，對每個參與的人都有幫助。妻子，伴侶和孩子，誰可能害怕失去配偶或父母，可能無法直接表達這些擔憂。保持溝通渠道暢通，公開討論恐懼和希望能有所幫助。成年的兒子面對罹患前列腺癌的風險更大，所以坦誠會談有關減少風險的措施是合適的。

某些情況下，妻子或伴侶在尋找有關疾病的資訊可能會更積極，安排和參與就醫，並支持持續的行動和決策。

由於治療前列腺癌可以顯著影響性慾和性功能，為了保持兩人關係，又要令雙方滿意，可能需要在一段較長時間去改變性關係的性質。相對其他表達愛意的方式和身體親近接觸的方法，男士常常高估自己伴侶需要性交的頻

physical closeness. This is a time when men often become more aware of what is important to them, what contributes to a good quality of life and the value of relationships with family and friends.

Joining a Support Group

A support group can be of great help to a man with prostate cancer, both before and after treatment. A number of studies have shown the value of support groups in helping with decision making, enhancing quality of life and possibly in prolonging life.

Being with other men with prostate cancer who have been successfully treated can be tremendously reassuring. Hearing how others went through the decision making process, what their actual experiences were and how they coped with the consequences of their treatment also can be helpful. This also applies to men whose initial treatment has failed or who are dealing with recurrence of their cancer. Many support groups enable wives to participate, and to have their own meetings.

The local office of the American Cancer Society is a good source of information about support groups in your area, as is the Cancer Resource Center at UCSF Medical Center.

It is important to recognize that everyone copes differently and benefits from different types of support. To the extent

率。這時候，男士更加要知道什麼東西對他們更重要，有什麼有助於建立良好的生活質量，與家人和朋友關係的價值在那裡。

加入一個支援小組

支援小組對一個患有前列腺癌的人，無論治療前或後，都有莫大的幫助。大量的研究表明，支援小組在決策、提高生活質素、甚至延長壽命的機會各方面都有其價值。

能夠和其他成功治療前列腺癌的男士一起，病患者可以大大放心。聽到別人如何通過決策過程中，他們的實際經歷是如何和他們如何應對治療的後果，這對患者有幫助。這也適用於初始治療失敗的或者癌症復發的人。許多支援小組會讓妻子參與，並擁有自己的會議。

美國癌症協會的當地辦事處是您所在地區的支援小組一個很好的信息來源，正如 UCSF 的癌症資源中心。

認識到每個人對不同的支援小組的應對不同，從中獲得益處是很重要的。只可以盡量感覺什麼最

<p>possible, be aware of what feels most supportive to you. Try to incorporate activities and people that bring you a sense of joy, peace and healing. This may mean joining a support group, spending more time with family, seeking individual counseling or spending time alone in nature.</p>	<p>能支援你，盡量參與一些活動以及和人相處，這些活動能為你帶來歡樂、平和、和癒合意識。這可能意味著加入一個支持小組，花更多的時間與家人一起，尋求個別輔導或獨自一人享受大自然。</p>
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