ADVANCED UROLOGY ASSOCIATES

PROSTATE CANCER CENTER

Understanding Radiation Therapy

A Guide for Patient and Families

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Introduction

Welcome to the Prostate Cancer Center

The Prostate Cancer Center is unique in that we are devoted to the treatment of prostate cancer. Patients benefit from increased efficiency in the delivery of care and subspecialization beyond what is provided in multi-specialty centers.

It has also been observed that many of our patients derive great satisfaction and see real value in going through treatment with a group of people being treated for the same disease. Almost always, men will form lasting friendships and create their own support group.

This booklet has been created to help you understand your disease and how the treatment team at the Prostate Cancer Center collaborates with your urologist in curing your cancer. Additionally, the booklet is designed to answer your questions and those of your loved ones about the treatment of prostate cancer with radiation therapy. We believe this booklet will serve as a useful reference throughout your course of treatment.

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Prostate Cancer

The causes of prostate cancer are not known. Ongoing research may one day help determine the cause and potentially identify ways to prevent it. A diagnosis of cancer raises many concerns. You probably have many questions about your disease and treatment. What are the best treatment options? Will treatment hurt? How long will treatment take? Will I have to stay in a hospital? How much will it cost? Most of these have been addressed by your urologist.

The one lingering question you and your loved ones may have is; can I be cured? Please be assured that depending on your age and the stage of your disease, a man with cancer confined to the prostate can lead a long and healthy life. The 5 year survival rate for men with early stage prostate cancer is nearly 100 percent. The 10 year survival rate is 86 percent.

There are several curative treatment options for prostate cancer. One is external beam radiation therapy (EBRT), using the Intensity-Modulated Radiation Therapy (IMRT) treatment technique. In this booklet, we will answer common questions about IMRT as it pertains to the treatment of prostate cancer. If you have further questions, please ask your doctor or staff. Communicating openly and honestly with them is the best way to understand what is happening to your body and how medical science is trying to control the disease.

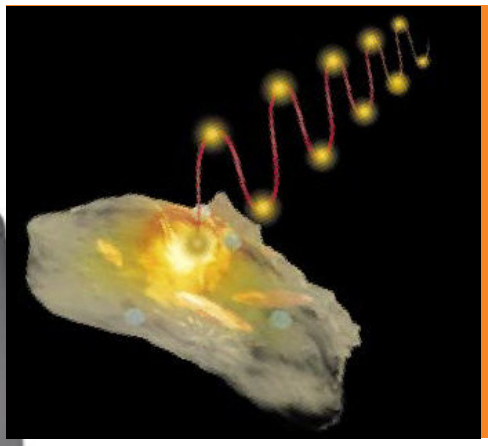
Intensity-Modulated Radiation Therapy (IMRT) (Radiation therapy)

Radiation therapy uses a stream of high-energy particles or waves, such as xrays, gamma rays, electrons, or protons to destroy or damage cancer cells.

Radiation therapy is one of the most common treatments for cancer and is used in more than half of all cancer cases. It is often part of the main treatment for some types of cancer, such as cancers of the head and neck, bladder, lung and Hodgkin's disease. Many other cancers are also treated with radiation therapy. Thousands of people become free of cancer after receiving radiation treatments alone or in combination with surgery, chemotherapy, or immunotherapy (biologic therapy).

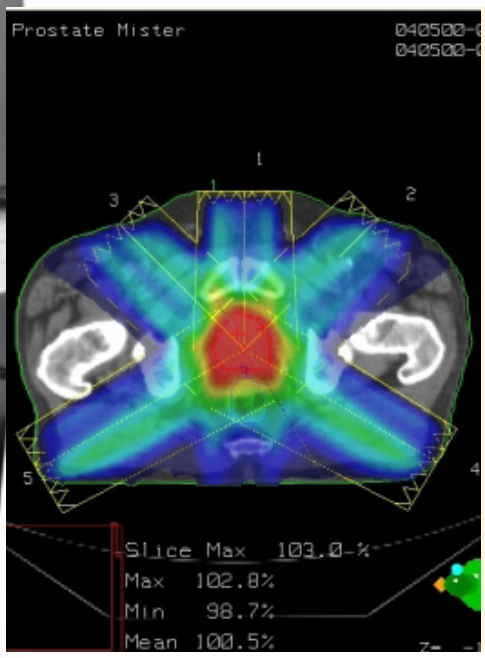
Radiation therapy uses a machine outside the body that sends a beam of radiation toward the cancer from multiple angles. A high dose of radiation reaches the tumor, killing the cancer.

Radiation is typically delivered over 7-9 weeks, 5 days a week. Possible side effects include, injury to the rectum, including diarrhea, rectal bleeding, and discomfort during bowel movements, impotence and urinary problems, including discomfort with urination. Radiation may be used in combination with Hormone/ADT therapy.



How Does Radiation Therapy Work?

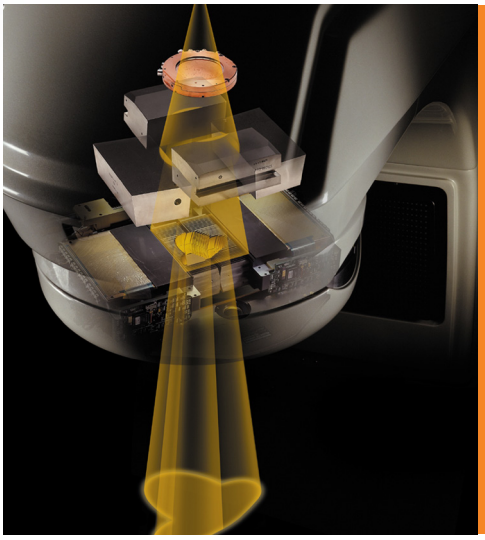
All cells, cancerous and healthy, grow and divide. But cancer cells grow and divide more rapidly than many of the normal cells around them. Radiation therapy uses special equipment to deliver high doses of radiation to cancerous tumors, killing or damaging them so they cannot grow, multiply, or spread. It works by breaking a strand of the DNA molecule inside the cancer cell, which prevents the cell from growing and dividing. Although some normal cells may be affected by radiation, most recover fully from the effects of the treatment.



What is IMRT?

IMRT (intensity-modulated radiation therapy) is a relatively new technique to improve external delivery of radiation therapy by a linear accelerator. Intensity modulated radiation therapy (IMRT) is a method that allows the strength of the beam to be changed to lessen damage to normal body tissues. This technique allows for the doctor to change the intensity of the radiation within each beam to safely increase the amount of radiation delivered to the prostate. This technique can be further enhanced by adding visualization of the prostate anatomy before each daily treatment, called Image Guided Radiation Therapy or IGRT.

Unlike chemotherapy, which exposes the entire body to cancer-fighting chemicals, IMRT/IGRT is a state-of-the-art local treatment that only affects the part of the body being treated.



How Does IMRT Work?

Instead of maintaining a uniform radiation beam as used in conventional or 3-dimensional radiation therapy, IMRT uses devices within the linear accelerator to divide the radiation beam into multiple smaller beams called beamlets that can have different intensities (modulated) within the area being treated. This allows more precise delivery of radiation doses to the tissues within the target area, allowing increased doses to the prostate while relatively sparing the surrounding bladder and rectum. This is important as several recent medical studies have suggested that higher prostate doses are associated with increased curability.

How Is IMRT Given?

IMRT is delivered or given by a machine called a linear accelerator. The machine directs high-energy x-rays at the cancer and some normal surrounding tissue from outside the body. Patients receive IMRT during outpatient visits to a hospital or treatment center. IMRT involves a series of daily treatments to target and accurately deliver radiation to the prostate.

Who Gives Radiation Treatments?

During your radiation therapy, a team of medical professionals will care for you.

Radiation Oncologist: A doctor specially trained to treat cancer patients with radiation. He or she makes the decisions about your treatment plan and leads the team of medical professionals in the cancer center.

Medical Physicist: An individual with an advanced degree (Masters or PhD) in physics. The medical physicist ensures the treatment plan prescribed by the radiation oncologist is prepared properly, to deliver the appropriate dose of radiation. Additional the medical physicist is responsible for the safety of the radiation equipment, ensuring that it is working properly.

Dosimetrist: Takes the prescription for treatment written by the radiation oncologist and through the use of physics, creates a computerized treatment plan that will run the radiation equipment.

Radiation Therapist: Operates the radiation equipment and positions you for treatment.

What happens during/after my initial meeting with the cancer doctor?

On your first visit to our cancer center, you will have an initial meeting/consultation with a physician specializing in radiation oncology. The process of IMRT will be discussed and any questions or concerns that you may have will be addressed. You will be given more information about what to expect during each step of your treatment. The radiation oncologist will be responsible for your radiation treatment and will manage any symptoms you may develop during the course of treatment. If you consent to treatment, the process will be started for insurance authorization.

What is Prostate Marker Placement?

Marker placement involves implanting gold markers, sometimes called Fiducial markers, in the prostate or prostate bed to target the treatment area and focus the radiation beam. The markers are placed in the prostate utilizing the same procedure as was used to obtain the biopsy samples. These markers do not need to be removed at the end of treatment and provide us with a target to align your daily treatment. We will give you specific instructions when we schedule your appointment.

Rectal Balloon

A balloon is placed into the rectum to protect rectal tissue by reducing motion, removing rectal gas, and to provide a more reproducible set up throughout the course of radiation treatment. Insertion takes a few minutes by the radiation therapist. After insertion, the balloon is inflated to the prescribed amount. Most patients describe this as a light pressure sensation. After radiation, the balloon is removed and will be inserted with each radiation treatment.

SpaceOAR

To help avoid rectal injury, the space between the prostate and the rectum can be increased by an absorbable gel spacer. The SpaceOAR system temporarily moves the rectum away from the high dose radiation area. The gel stays in the body for 3 months during radiation treatment and is naturally absorbed and cleared in the urine in about 6 months.

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Radiation Therapy
How Does Your Doctor Plan your Treatment?

After a physical exam and a review of your medical history and test results, including CT simulation, your doctor will pinpoint the treatment area. In a process called simulation, you will be asked to lie still on a table while the radiation therapist uses a special diagnostic CT machine to define your treatment field. This is the exact place on your body where the radiation will be aimed. To ensure the radiation beam is aimed correctly, special molds or casts of parts of your body will be made to help you remain still during your treatment. A radiation therapist will mark the field with semi-permanent ink. These marks will be used to properly align you on the treatment table during your course of therapy. The marks will fade away over time, but they need to remain until your treatment is completed.

Avoid using soap or scrubbing these marks. Sometimes the area will be marked with permanent dots like a tattoo.

By using the information from the simulation, other tests, and your medical background, your doctor will decide how much radiation is needed, how it will be given, and how many treatments you should have.

How Long Does the Treatment Take?

Radiation therapy IMRT treatments to the prostate are given 5 days a week for 7 to 9 weeks. Weekend rest breaks allow normal cells to recover. But the total dose of radiation and the number of treatments you need depends on:

- The size and location of your cancer
- The type of cancer
- Your general health
- Any other treatments you are receiving

What Happens During Each Treatment Visit?

IMRT Radiation treatments are painless. The experience is just like having a regular x-ray taken. The treatment takes only a few minutes; but each session may last 15 to 30 minutes because of the time it takes to set up the equipment and place you in the correct position.

Depending on the treatment area, you may need to undress, so wear clothes that are easy to take on and off. You will lie on a treatment table positioned under the radiation machine. You will be asked to remain still during the treatment. You do not have to hold your breath- just breathe normally.

Once you are in the correct position, the radiation therapist will go into a nearby room to turn on the machine and watch you on a TV monitor. You will be able to talk with the therapist over an intercom.

The radiation therapy machine will make clicking and whirring noises and sometimes sound like a vacuum cleaner as it moves to aim at the treatment area from different angles. The radiation therapist controls the movement and checks to be sure it is working properly. If you are concerned about anything that happens in the treatment room, ask your therapist to explain. If you feel ill or uncomfortable during the treatment, tell your therapist at once. The machine can be stopped at any time.

Living with Cancer:
Preventing and Managing Side Effects

What Can I Do To Take Care of Myself During Therapy?

You need to take special care of yourself to protect your health during the treatment. Your doctor or nurse will give you advice for caring for yourself that is specific to your treatment and the side effects that might result, but here are some suggestions:

Be sure to get plenty of rest.
You may feel more tired than normal. Sleep as often as you feel the need. Fatigue may last for 4 to 6 weeks after your treatment ends.

Eat a balanced, nutritious diet.
Depending on the area of the body that will receive radiation (for example, the abdomen or pelvic area), your doctor or nurse may suggest changes in your diet.

Take care of the skin in the treatment area.
The skin in the area receiving radiation treatment may become more sensitive. For this reason, do not use any soap, lotions, deodorants, medicines, perfumes, cosmetics, talcum powder, or other substances on the treated area without your doctor's approval. Some of these products may irritate sensitive skin.

Do not rub, scrub, or use adhesive tape on treated skin.
If bandaging is necessary, use paper tape or other type for sensitive skin. Try to put the tape outside the treatment area, and avoid putting the tape in the same place each time.

Do not apply heat or cold (heating pad or ice pack, etc.) to the treatment area.
First talk with your doctor. Even hot water can hurt your skin, so use only lukewarm water for bathing the treated area.

Do not use a pre-shave or after-shave lotion or hair-removal products.
Use an electric shaver if you must shave the area, but only after checking with your doctor or nurse.

Protect the treated area from the sun.
Your skin may be extra sensitive to sunlight. If possible, cover treated skin with dark-colored clothing before going outside. Ask your doctor if you should use a lotion that contains a sunscreen. If so, use a sunscreen product with a sun protection factor (SPF) of at least 15. Reapply the sunscreen often, even after your skin has healed. Continue to provide extra protection to your skin from sunlight for at least 1 year after radiation therapy.

Tell your doctor about medication you are taking before your treatment.
If you take any medication, even things like aspirin or vitamins, let your doctor know first.

Variations of Side Effects

Your health care team members are the only ones who can properly advise you about your treatment, side effects, at-home care and any other medical concerns you may have. Talk to them about any side effects you may experience, including skin changes, fatigue, diarrhea, or difficulty eating. If you are given any safety guidelines or restrictions, be sure you understand them and know who to contact in case you have more questions.

High doses of radiation damage or destroy cancer cells in the radiation field by damaging the DNA cells. DNA stores genetic information on cell growth, division, and function. Radiation can also damage the DNA of normal cells. This may cause different side effects, depending on the area of the body that is being treated. Many patients have no side effects at all, but some patients have side effects related to the treatment area. Although unpleasant, most side effects are not serious and can be controlled.

IMRT Radiation therapy treatments can cause early and late side effects. Early side effects occur close to the time of treatment. They usually are gone within a few weeks of finishing therapy, although they may be permanent. Late side effects may take months or years to develop and usually are permanent.

The most common side effects are:

- Fatigue (feeling tired)
- Skin Changes
- Urinary Problems
- Gastrointestinal Symptoms

Most side effects go away in time. In the meantime, there are ways to reduce the discomfort they cause. If you have a reaction that is severe, the doctor may order a break in your treatments, change the schedule, or change the type of treatment you are receiving. Tell your doctor, nurse, or radiation therapist about any side effects you notice so they can help you manage them.

Dealing with Fatigue

Your radiation treatments may cause you to feel tired. Some people may call it weary, weak, malaise, or exhausted. Whatever the word, being tired is common for people receiving radiation therapy. It does not mean that your cancer is increasing or spreading, but may be a result of your body using a lot of energy to fight the cancer and rebuild healthy cells. It's the body's defense that helps preserve energy for those purposes. Fatigue usually begins several weeks into therapy and will gradually disappear after you complete therapy. Take rest periods when you feel tired, but continue as much of your usual activity as you can. Continuing your usual activity will help stimulate energy and improve your overall sense of well being. You may notice that you feel less tired on the days when you do not have treatments, like on the weekend. Eat a well balanced diet, including foods high in iron. Also, maintain a fluid intake of at least two quarts a day. Dehydration causes you to feel tired. If you feel extremely fatigued, are short of breath or if dizziness occurs, consult the health care team.

Dealing with Skin Care

Radiation therapy can affect your skin. Toward the end of your treatment, the skin may become reddened, darkened in color (tanned), blistered and may peel. It is important to monitor your skin and consult the health care team for advice concerning the care of your skin. Below you will find some tips to assist you:

- If your skin is marked with a color dye, do not wash the marks off or 'refresh' the marks yourself. They are necessary for accurate daily alignment of the treatment beam.
- At the beginning of your treatments, the therapist may 'tattoo' the treatment area. Tattoos are small permanent dots that define the treatment area and allow for accurate daily set ups.
- Keep your skin dry and exposed to the air whenever possible. Use of cornstarch, gently patted on with a powder puff, will keep the skin dry.
- Wear loose fitting clothing that does not rub or irritate the treatment area.
- Avoid extreme hot and cold temperatures to treated areas. This includes heating pads, hot water bottles, ice bags, heat producing ointments and lotions. An electric blanket may be used on low temperature settings.
- Clean the treated area with mild soap and warm water. Do no massage or rub the treated area vigorously.
- Avoid placing any powder, ointments, lotions creams or oils on the treated skin area, unless ordered by your physician.
- Protect your skin from excessive sun exposure.

As your treatment progresses, the doctor will advise you regarding skin care and if necessary, will prescribe medications. Once therapy is complete, skin reactions usually subside in two to four weeks. The skin may be dry, scaly and slightly darker than normal after treatment. Continuing the use of ointment or lotion will aid the return of normal skin texture.

Proper Nutrition during Treatments

It is important to keep your protein and calorie intake high. Doctors have found that patients who eat well can better handle their cancers and side effects. Unless you are on a special diet for another medical condition such as diabetes, you can continue your normal eating habits throughout treatment.

During your weekly visits, your radiation oncologist will ask you if you are having any problems with bowel movements. The reason for this question is that some patients experience rectal irritation during treatment. If that happens, your radiation oncologist may suggest a change in diet that will help with bowel movements and will lessen the rectal irritation.

If you feel tired, or have loose stool/diarrhea during your treatment, you should discuss this with your radiation oncologist or nurse. While these are common side effects associated with radiation therapy, they should not be ignored. By discussing these side effects with the doctor or nurse, they can recommend changes to your diet and if necessary in the case of diarrhea, medication can be prescribed.

Controlling Diarrhea

Diarrhea associated with radiation is temporary and will go away shortly after treatment is complete. You can control diarrhea by:

- Drinking at least 8 glasses of fluid daily.
- Avoid foods known to cause loose stools, gas, or cramps such as raw fruits and vegetables, coffee, beans, cabbage, whole grain, breads and cereals, sweets and spicy foods.
- Increase intake of protein, carbohydrates, fiber, and calories. Be sure your diet includes foods that are high in potassium (bananas, potatoes, apricots), and important mineral you may lose through diarrhea.
- Report loose or watery stools of 3 or more per day.
- Do not take a laxative unless specifically directed by your physician.

Side Effects with Radiation Therapy to the Pelvis

Bladder

Bladder irritation results when normal as well as cancer cells are included in the radiation treatment field. The cells that that line the bladder divide rapidly as do cancer cells. Radiation damages cells that divide at a fast rate. This may lead to bladder irritation and infection. If this happens, you may find that you have to urinate frequently and urgently, during the day and at night. You may have the urge to urinate but have difficulty starting your stream. You may feel pain or burning when you urinate and notice pus or small amounts of blood in your urine.

Bladder irritation is temporary. Injured cells will be replaced by new cells and the bladder will usually heal within 2 to 3 weeks after your treatment has ended. Your Radiation Oncologist may order blood or urine tests if you develop signs or symptoms of a bladder infection. It is important to drink plenty of fluid. This dilutes your urine and decreases the risk of infection. It will also help remove pus or blood from the bladder and promote healing if an infection has already developed. If you have any symptoms of bladder irritation, talk to your doctor or nurse.

Sexual Relations

With IMRT treatments, men are not likely to suffer any change in their ability to enjoy sex. However, you may notice a decrease in your level of desire. Radiation may affect a man's ability to have an erection (if hormone suppression is also given as part of the course of treatment).

Follow-up Care

After your radiation therapy ends, you will need regular doctor visits to check your progress and help you deal with any problems that arise. This phase of your treatment is called follow-up care. Your follow-up care will include checking the results of your treatment, as well as appointments with your urologist.

Questions you may want to ask your doctor after radiation therapy:

- When can I go back to my normal activity?
- How often will my follow-up appointments be scheduled?
- Which tests will be done and why?
- Do I need to continue changes in my diet?
- When can I resume sexual activity?

For a short time following your therapy, you will need to continue some of the special care used during your treatment. For instance, if you have skin problems after your treatment ends, be gentle with your skin until all signs of irritation are gone. Also, you may need extra rest while your healthy tissues are rebuilding. You may need to limit your activities to conserve energy and not try to resume a full schedule of activities right away.

When to Call the Doctor

After treatment, you are likely to be more aware of your body and slight changes in how you feel from day to day. If you have any of the problems listed below, tell your doctor at once.

- Pain that does not go away, especially if it always in the same place
- Lumps, bumps, or swelling
- Nausea, vomiting, diarrhea, loss of appetite, or trouble swallowing
- Unexplained weight loss
- Fever or cough that doesn't go away
- Unusual rashes, bruises, or bleeding
- Any other signs mentioned by your doctor or nurse

Returning to Work

If you have stopped working, you can return to your job as soon as you and your doctor believe you are up to it, even during radiation therapy. If your job requires lifting and heavy physical activity, you may need to change your activities until you have regained your strength.

When you are ready to return to work, learn about your rights regarding your job and health insurance.

If you have any questions about employment issues, contact the American Cancer Society at **1-800-ACS-2345**.

Instructions for the Placement of Trans-rectal Ultrasound Guided Fiducial Markers with or without SpaceOar

Prior to your procedure:

1. There are no dietary restrictions.
2. Discontinue any medication that may thin your blood **1 full week prior** to your procedure. These medications include: Aspirin, Coumadin, Warfarin, Plavix, Ibuprofen (Motrin), Naproxen (Aleve), Lodine, Toraol, Celebrex, Fish Oil, Vitamin E, etc.
3. You **MUST** have a driver to and from your procedure.
4. You will take an antibiotic **beginning the day prior** to your procedure, and continue said medication the following 3 days as prescribed. Typical preprocedure antibiotics are Levaquin or Cipro. Please call the office if you have not received a prescription for this medication of if you have questions about the dosing schedule.
5. An enema **MUST** be used approximately **1.5 hours prior** to your procedure. This product (Fleets Enema) is available at most drug stores and/or pharmacies. Simply followthe directions on the label.

After your procedure:

1. You may experience blood in the urine and/or stool for a few days.
2. Visible blood in the ejaculatory fluid is not uncommon.
3. You should refrain from heavy lifting the day of your procedure. Otherwise, there are no restrictions.
4. Please call the office, **815-409-4930**, if you develop a fever (temperature >100.3), difficult urination, or upon heavy bleeding from the rectum, with a bowel movement, or in the urine.

My Markers Appointment is Scheduled for _____

Instructions for your Radiation Treatment Planning Session and Daily Treatments

For CT Simulation:

Prior to your procedure:

1. Eat light twelve hours prior to your procedure. You may have clear liquids such as soup, juice, jello, etc.
2. An enema **MUST** be completed 2 hours prior to the CT. This product (Fleets Enema) is available at most drug stores and or pharmacies. Simply follow the directions on the label.
3. Drink 3 cups of water (24 oz) 45-60 minutes prior to your appointment. Try not to urinate until after procedure is completed.

After your procedure:

Once the CT simulation is complete, you will meet with a therapist to discuss when your next appointment will be and when you treatments will begin. This appointment is set up approximately 7-10 days following your CT simulation. You will be given instructions from the therapist at that time on how to prepare for your daily treatments.

Should you have any questions or concerns between these appointments, please contact the Prostate Cancer Center at **815-409-4957**.

My CT Simulation Appointment is Scheduled for _____

Instructions For Daily Treatment

It is important that you arrive for your daily treatment with a full bladder. This pulls your bladder up and away from your prostate area in order to limit the dose to this area. If required by your radiation oncologist, we will insert a rectal catheter and inflate a balloon every day. This allows us to keep as much of your rectum out of the treatment field as possible. We will position you in your "mold" daily. Once you are aligned in the treatment position, we will leave the treatment room. The machine will move around you in order to obtain images to finely target the treatment area. Once completed, the treatment will begin. Again, the treatment machine will move around you, it will not touch you, stopping periodically to deliver the treatment dose. During this process, you will be monitored by video and audio if communication is needed. It is important that you breathe normally and remain very still.

Please try to have a Bowel Movement prior to arriving for your treatment. We prefer to have the rectum clear of any gas or stool fortreatment whenever possible.

Quick Reference Guide

The following information is your Quick Reference Guide should you need assistance during your course of treatment:

Advanced Urology Associates – Prostate Cancer Center

1541 Riverboat Center Drive
Joliet, IL 60435

Phone: **815.409.4957**
Fax: 815.409.4940
Hours: 8am-4:30pm

To change your daily appointments, call:

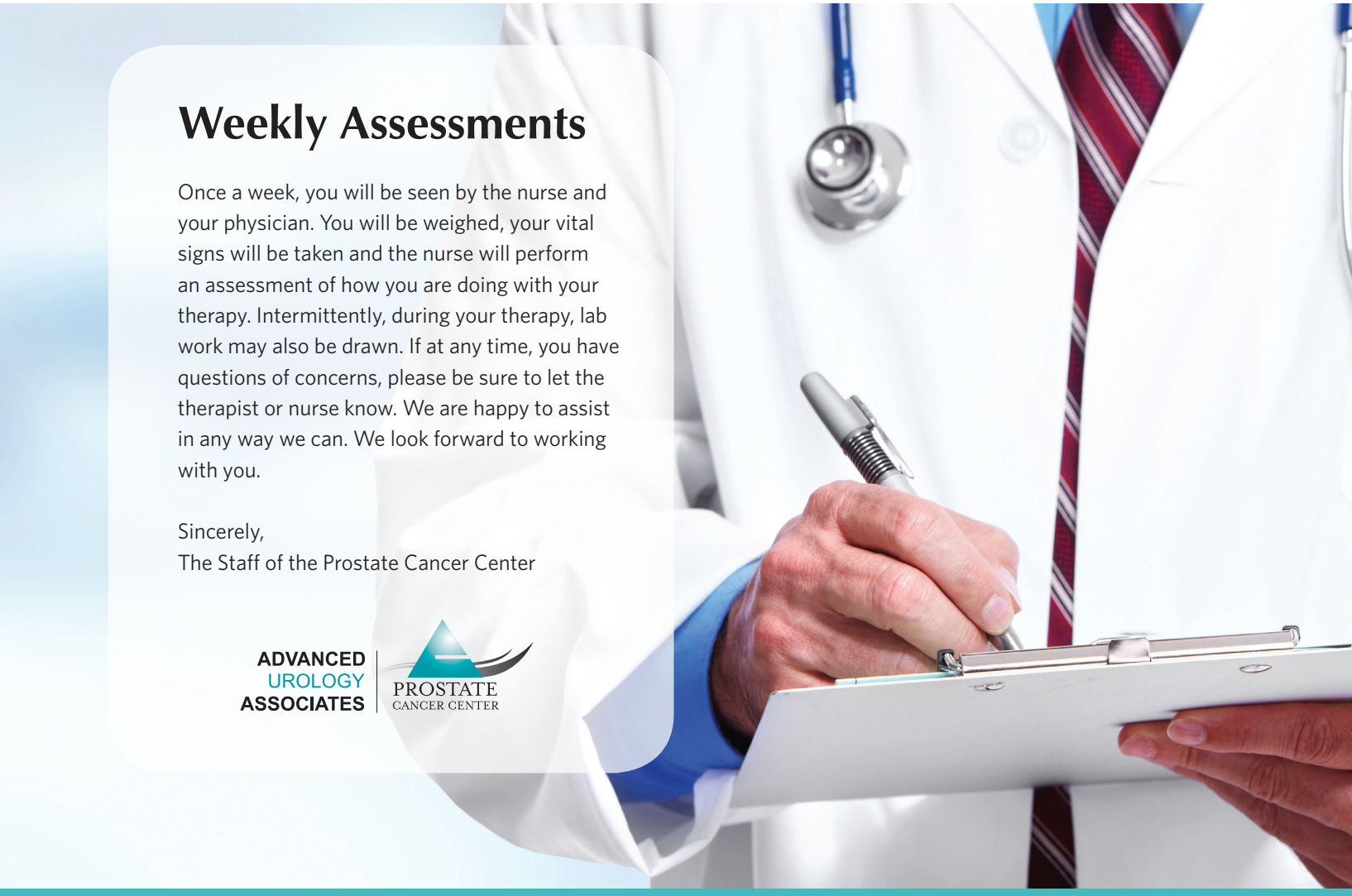
815.409.4957 and ask to speak with a Radiation Therapist

Concerns with diarrhea and nausea related to treatment, call:

815.409.4957 and ask to speak with the Radiation Oncology Clinical Staff

About an hour before treatment, empty your bladder. Because it takes 45-60 minutes to fill your bladder for treatment, you must finish drinking 24oz (3 cups) of water one hour prior to your treatment time.

If you must urinate before you are treated, drink an additional 16 oz of water and notify the therapist or staff that is was necessary for you to urinate. Before we start your treatment, we will check to be sure you have enough urine in your bladder. It may be necessary to allow some additional time for your bladder to refill. Since everyone is different, you may find you need to increase or decrease your water intake. The therapist or nurse can guide you. Caffeine is irritating to the bladder and will increase your urgency to urinate. Try to wait until after your daily therapy to have caffeine. Caffeine can be found in most soda, tea, coffee, chocolate and energy drinks.



Weekly Assessments

Once a week, you will be seen by the nurse and your physician. You will be weighed, your vital signs will be taken and the nurse will perform an assessment of how you are doing with your therapy. Intermittently, during your therapy, lab work may also be drawn. If at any time, you have questions of concerns, please be sure to let the therapist or nurse know. We are happy to assist in any way we can. We look forward to working with you.

Sincerely,
The Staff of the Prostate Cancer Center

ADVANCED UROLOGY ASSOCIATES | PROSTATE CANCER CENTER

PSA & Injection Log

DATE	PSA	INJECTION INTERVAL

Notes and Reminders

Please use these pages to note your observations as you go through the treatment process.
Then share your thoughts and concerns with the radiation therapy staff at your next visit.

Notes and Reminders

Please use these pages to note your observations as you go through the treatment process.
Then share your thoughts and concerns with the radiation therapy staff at your next visit.

Financial Aspects of your Treatment

Health care in general is expensive and when one is faced with a disease such as prostate cancer, it is natural to be concerned about the costs of treatment. We are sure that you have questions regarding the costs of your treatment.

Most health insurance plans, including Part B of Medicare, cover charges for radiation therapy. Prior to your treatment, we will call and verify your plan coverage. If you have any financial responsibility beyond your health insurance coverage, we will discuss that with you before treatment and if necessary make appropriate financial arrangements.

Our goal at the Prostate Cancer Center is to ensure that all ofa your concerns regarding the financial aspects of your care are addressed, so that you can concentrate on getting well. Should you have questions regarding what is billed to Medicare or your health insurance, please let us know. We can arrange for a member of our billing department meet with you privately to discuss any concerns you may have related to your treatment.

INSURANCE QUESTIONS?

Call: **815.409.4930** and ask for the billing department.

Resources

The Prostate Cancer Center is pleased to share with you the Us TOO Prostate Cancer Support Group!

Us TOO is founded on the model of peer-to-peer support. The mission of Us TOO is to help men and their families make informed decisions about prostate cancer detection and treatment through support, education and advocacy.

Receiving the news that you or a loved one has prostate cancer is traumatizing. Life is suddenly out of control and fear takes hold. Often, feelings of helplessness, guilt, isolation and anger emerge. No one needs to face prostate cancer alone. 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. We are committed to making sure patients have access to the programs, medications, treatments and health care professionals they need for the best possible outcomes.

A member patient advocacy organization of the National Health Council, Us TOO International has achieved compliance with the Council's Standards of Excellence, maintaining the highest standards of organizational effectiveness and public stewardship.

Just as pink is to breast cancer, blue is to prostate cancer. Us TOO wants to increase prostate cancer awareness and for people to see more blue, or SEA Blue, with SEA standing for support, educate and advocate – the primary components of it's mission.

> "To Know the road ahead, ask those coming back."
>
> – Chinese proverb.

Additional Sources of Information

Advanced Urology Associates
Prostate Cancer Center
advuro.com

American Cancer Society
1.800.227.2345
cancer.org

National Cancer Institute
1.800.4.CANCER (1.800.422.6237)
cancer.gov

American Urological Association
auanet.org

Prostate Cancer Foundation
pcf.org

Us Too International, Inc
1-800-808-7866
ustoo.org

ZERO Prostate Cancer Run/Walk

The ZERO Prostate Cancer Run/Walk - Chicago features a 10K run, 5K run/walk, 1 mile walk, Kids' Superhero Dash for Dad, and virtual Snooze for Dudes program. It also includes a family-friendly post-race celebration. Run/walk participants receive tech shirts, free food and prizes, and the opportunity to connect with others who are impacted by prostate cancer.

ZERO is proud to partner with Advanced Urology Associates to end prostate cancer. The funds raised from ZERO Prostate Cancer Run/Walk - Chicago are invested around the country to provide research for new treatments, free prostate cancer testing, and educate men and families about prostate cancer. A portion of the proceeds will also benefit the local chapter of Us TOO International Prostate Cancer Education & Support Network.

For more information visit:
ZeroProstateCancerRun.org/Chicago

The Cancer Experience

"I believe there are 2 types of cancer patients: the cancer victor and the cancer victim. A cancer victim lets the disease take him over; he doesn't reach out into life anymore. A cancer victor, even if his case ends in death, lives life abundantly and fully. Cancer victors are happy; they go for walks; they smell the flowers; they go for bike rides; they do the things they want to do. They don't let the disease take over their lives. They let it have certain control points, but they don't let it control them."

John Chapman ~ Bone Cancer Patient

"Before anything happened to me, when I was healthy, I was miserable, because nothing was enough. I wasn't successful enough. I wasn't tall enough. I wasn't goodlooking enough. I wasn't smart enough. I wasn't talented enough. You name it. All the way down. I didn't have a Mercedes. I wasn't famous. I wasn't well known. I wasn't selling my work. And now, the big difference, because this happened, is that for the first time in my life, I am satisfied with what I have. And you know, it's too bad that I had to learn it this way, but I did. One of the great gifts of having this illness."

Charles Fuhrman ~ Hodgkins Patient

Testimonials

"Your staff is terrific!"

"I would highly recommend the Prostate Cancer Center."

"The doctor and staff were outstanding!"

"Your staff is exceptionally courteous and informative."

"You can feel you are in good hands!"

Prostate Cancer Center
HOPE

When most patients say “hope”, they mean the hope of a cure. To us, hope means accepting the reality of any situation but focusing on the redeeming aspects of that situation. To hope is to look for the positive in one’s circumstances, whether those circumstances are good or bad. Hope does not necessarily mean overcoming fear. It means feeling the presence of life even if you are afraid.

To hope is to be able to focus on what matters the most to you. This means that hope is highly individual. And hope can be an act of renewal or discovery. To hope is to discover what gives your life meaning, to discover your own personal truth. For one person, hope might be the hope of a cure. For another, it might be the hope of a peaceful death.

For one person, hope might be hope for the highest possible quality of life. For another, it might be the hope of bringing life to a positive completion ~ by means of old quarrels, by finishing work left undone, by coming to terms with old fears.

For one person, hope might be the hope of living in such a way that one’s life has made a difference to others. For another, it might be the hope of dying in such a way that one’s death has made a difference to others. Or hope can simply be a readiness to experience the present moment, a total appreciation of whatever life still has to offer.

Some patients never lose this readiness to appreciate life. A few hours before Arnold Schraer died, he came out of a deep sleep and opened his eyes. His nurse offered him a ripe, red strawberry. Arnold’s eyes lit up with pleasure. In a moment of complete clarity, he exclaimed: ‚To be able to eat strawberries one more time!'

We have seen countless people’s lives enriched by hope. We have witnessed its power, its light. Our hope for you is that your life too, will be touched by this power.

- Sincerely,
Your Radiation Staff of the Prostate Cancer Center

ADVANCED UROLOGY ASSOCIATES | PROSTATE CANCER CENTER

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ASSOCIATES

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AUA Prostate Cancer Center
Tel: 815.409.4957
Fax: 815.409.4940
1541 Riverboat Center Drive
Joliet, IL 60431

www.AdvUro.com