

PROSTATE CANCER FAQS



Prostate Cancer Therapy FAQ

Because there is so much information surrounding prostate cancer therapy and treatment options, it can sometimes be overwhelming to know where to start. This page aims to address some of the most frequently asked questions (FAQ) about prostate cancer therapy. While the Q&A below can be helpful with some of your initial questions, it's important to discuss them with your doctor, as every patient is unique, and individualized discussions with healthcare professionals are crucial for personalized treatment plans.

Frequently Asked Questions

What are the treatment options available for prostate cancer?

Treatment options for prostate cancer include active surveillance, surgery (prostatectomy), radiation therapy (external beam or brachytherapy), hormone therapy, chemotherapy, cryotherapy, immunotherapy, and/or targeted therapy. The choice of treatment depends on various factors such as cancer stage, grade, and patient preferences.¹

How do doctors determine the appropriate prostate cancer therapy for an individual patient?

The prostate cancer therapy decision is based on various factors, including the cancer stage, grade, overall health, and patient preferences.¹ Healthcare professionals, including urologists and radiation oncologists, work closely with patients to develop personalized treatment plans.

What are the different types of radiation treatments used for prostate cancer?

Common prostate cancer radiation treatments include external beam radiation therapy (EBRT), brachytherapy (internal radiation), and radiopharmaceuticals.² Each treatment approach has its unique benefits and considerations.

External beam radiation therapy (EBRT) for prostate cancer involves directing high-energy radiation beams from outside the body to the prostate gland, precisely targeting and destroying cancer cells while minimizing damage to surrounding healthy tissues.²

Brachytherapy for prostate cancer is a type of prostate cancer radiation therapy where radioactive seeds or pellets are placed directly into the prostate gland. These seeds emit radiation, treating the cancer while minimizing radiation exposure to nearby tissues.²

Radiopharmaceuticals are drugs that carry radioactive elements. They are given by injection into a vein and travel through the bloodstream to reach cancer cells. Once they reach cancer cells, they emit radiation to kill or damage those cells. The radiation used is short-range, which helps limit damage to nearby healthy tissue.²

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Barrigel™ rectal spacer is intended to temporarily position the anterior rectal wall away from the prostate during radiotherapy for prostate cancer and, in creating this space, it is the intent of Barrigel™ rectal spacer to reduce the radiation dose delivered to the anterior rectum. Barrigel™ rectal spacer is composed of biodegradable material and maintains space for the entire course of prostate radiotherapy treatment and is intended to be absorbed by the patient's body over time.

Barrigel™ rectal spacer should only be administered by qualified and properly trained physicians with experience in ultrasound guidance and injection techniques in the urogenital/pelvic area.

As with any medical treatment, there are some risks involved with the use of Barrigel™ rectal spacer. Potential complications associated with the use of Barrigel™ rectal spacer include, but are not limited to: pain associated with Barrigel™ rectal spacer injection; needle penetration of the bladder, prostate, rectal wall, rectum, or urethra; injection of Barrigel™ rectal spacer into the bladder, prostate, rectal wall, rectum, urethra, or intravascularly; local inflammatory reactions; infection; urinary retention; rectal mucosal damage, ulcers, necrosis; bleeding; constipation; and rectal urgency. More information on indications, contraindications, warnings and instructions for use can be found in the Instructions For Use at www.barrigel.com. Individual results may vary.

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What should I expect before a radiation treatment session for prostate cancer?

Prior to a prostate cancer radiation treatment session, you may undergo a treatment planning session where specialized imaging scans, such as CT or MRI, are taken to precisely map out the treatment area. This process helps ensure accurate radiation delivery and may involve the use of immobilization devices and [fiducial markers](#).

Are there other procedures that occur prior to radiation therapy?

Prior to prostate cancer radiation therapy, patients may undergo simulation, where imaging scans and measurements are taken to plan the treatment. This step helps determine the exact position and dosage of radiation to ensure accurate and effective treatment. Additionally, patients may also receive fiducial markers and/or a rectal spacer like Barrigel™ rectal spacer prior to beginning radiation treatment.

What are fiducial markers and their role in prostate cancer therapy?

[Fiducial markers](#) are tiny metal markers placed in or near the prostate to help guide prostate radiation therapy. These markers act as reference points for accurate tumor targeting and ensure precise radiation delivery to the intended area. If you are also receiving a rectal spacer like Barrigel™ spacer prior to radiation therapy, your doctor may implant the fiducial markers at the same time.

Who are the key members of the prostate cancer radiation treatment team?

The prostate cancer radiation treatment team typically includes a radiation oncologist, radiation therapist, medical physicist, dosimetrist, and radiation oncology nurse. Each member plays a crucial role in delivering safe and effective radiation therapy, coordinating treatment, and providing support throughout the process.

What is the role of a radiation oncologist in prostate cancer treatment?

A radiation oncologist is a specialized doctor who oversees radiation therapy. They work closely with the patient to develop a personalized treatment plan, determine the appropriate radiation technique, monitor progress, and manage the patient response during treatment.

Can radiation therapy be combined with other treatments for prostate cancer?

Yes, prostate cancer radiation therapy can be combined with other treatments depending on the individual case. For instance, it may be used in combination with hormone therapy to enhance effectiveness or as a follow-up to surgery in certain situations.² The decision is based on the patient's specific needs and the stage of cancer.

What is the number of radiation treatments for prostate cancer patient typically receive?

The number of radiation treatments for prostate cancer therapy you receive depends on the specific treatment approach and individual circumstances.

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How does a rectal spacer help during prostate radiation therapy? —

Spacers, such as **Barrigel™** rectal spacer, are placed between the prostate and rectum to create a physical barrier. By increasing the distance between these organs, Barrigel™ rectal spacer helps minimize radiation exposure to the rectum and reduces the risk of treatment-related rectal side effects during prostate cancer radiation therapy.³

Can radiation therapy be repeated if prostate cancer recurs? —

In cases of recurrent prostate cancer, radiation therapy can be considered as a treatment option. The decision to repeat radiation therapy depends on various factors, including the location and extent of the recurrence, the patient's overall health and the amount of radiation that was previously delivered to the rectum.

While this prostate cancer therapy FAQ can be used as an educational resource, it is always important to consult your doctor for personalized advice. Your medical team is best equipped to address your unique concerns and develop a tailored treatment plan for the best possible outcomes.

References

1. <https://www.cancer.org/cancer/types/prostate-cancer/treating/by-stage.html>. Accessed July 2, 2025.
2. <https://www.cancer.org/cancer/types/prostate-cancer/treating/radiation-therapy.html>. Accessed July 2, 2025.
3. Mariados NF, Orio PF III, King MT et al. JAMA Oncol (2023).^{*}

^{*}Study sponsored by Palette Life Sciences, now part of Teleflex

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