



## DECISION AID

### Low-risk prostate cancer: What are your treatment options?

You have been diagnosed with low-risk prostate cancer. This means that cancer cells have been found in some parts of your prostate, but the cancer is growing very slowly – or not at all. Over a time period of 15 years, about 3 out of 100 men who have low-risk prostate cancer will die of this disease. In other words, about 97 out of 100 men will not die of prostate cancer in the 15 years after it is diagnosed.

There are various ways to deal with low-risk prostate cancer. The cancer can be surgically removed or radiotherapy can be used. There is also the option of regularly checking whether the cancer is growing. Only then is surgery or radiotherapy needed.

The aim of this decision aid is to help you choose a suitable treatment together with your doctors. If your doctor has recommended surgery, you have the right to get a second medical opinion.

#### THESE ARE THE TREATMENT OPTIONS:

- Active surveillance** — Regular check-ups
- Radiotherapy**
  - External radiotherapy applied through the skin
  - Internal radiotherapy (brachytherapy)
- Surgery** — Removal of the prostate gland (prostatectomy):

*You can read about the pros and cons of these treatments on the next few pages.*

A “wait-and-see” approach is also an option for men who are older or have other serious illnesses. Then doctors do not treat the cancer, but instead possible symptoms such as pain. No check-ups are carried out to monitor the cancer.

#### MAKING AN INFORMED DECISION

This decision aid probably won't include all of the information that you need. You will still have to talk to a doctor, but the decision aid can help you.

Each of the alternatives has different pros and cons. So there is no right or wrong decision. The decision is mainly a matter of personal choice. Some men want to be as sure as possible that the cancer has been removed from their body, and will then have to accept side effects such as unintended urine loss. Others want to prevent those kinds of side effects as much as possible, so they are willing to have regular and sometimes time-consuming check-up appointments.



Even if you find the diagnosis very distressing: Take the time you need to find out what you want to know and don't let anyone pressure you into choosing a certain treatment.

## PROS AND CONS OF THE TREATMENT OPTIONS

	Active surveillance	External radiotherapy	Internal radiotherapy (brachytherapy)	Surgery to remove the prostate
<b>What does the treatment involve?</b>	<p>The cancer is monitored with the help of regular blood tests, magnetic resonance imaging (MRI) and tissue samples (biopsies). If growth is detected, radiotherapy or surgery are used.</p> <p>Active surveillance is based on the fact that low-risk prostate cancer often grows very slowly or doesn't grow at all, so treatment often isn't needed. It can help to avoid unnecessary treatment and the associated side effects.</p>	<p>The cancer is exposed to radiation from outside of the body (through the skin). The goal is to destroy as many cancer cells as possible.</p> <p>Radiotherapy is used five days a week over a period of about two months. Each treatment session takes about 30 to 45 minutes. There are also procedures with a shorter treatment time.</p>	<p>Radiotherapy is applied from the inside the body. The goal is to destroy as many cancer cells as possible. Hollow needles are used to insert radioactive pins ("seeds") the size of a grain of rice into the prostate.</p> <p>This procedure lasts about two to three hours. A second appointment is needed to plan the procedure, and another for follow-up. The procedure is performed under anesthesia.</p>	<p>The prostate is removed together with the cancer cells. In addition to the prostate, the seminal vesicle and parts of the vas deferens are also removed.</p> <p>You have to stay in the hospital for a few days. It usually takes several weeks to recover from the surgery. The procedure is performed under anesthesia.</p>
<b>How many men die of prostate cancer?</b>	About 3 out of 100 men die of prostate cancer in the 15 years after it is diagnosed.	About 3 out of 100 men die of prostate cancer in the 15 years after it is diagnosed.	There is still no reliable data available for brachytherapy. Experts assume that the number of men who will die is similar to that of those who have external radiotherapy.	About 3 out of 100 men die of prostate cancer in the 15 years after it is diagnosed.
<b>How many men develop metastases?</b>	7 out of 100 men develop metastases in the next 15 years.	4 out of 100 men develop metastases in the next 15 years.	It is not known how often men develop metastases.	4 out of 100 men develop metastases in the next 15 years.

## PROS AND CONS OF THE TREATMENT OPTIONS

	Active surveillance	External radiotherapy	Internal radiotherapy (brachytherapy)	Surgery to remove the prostate
<b>How common are problems with urinating or involuntary loss of urine?</b>	<p>There is no risk during active surveillance.</p> <p>Having surgery or radiotherapy later on can lead to urinary problems.</p>	<p>During radiotherapy and in the first few weeks afterwards, the bladder and urethra may become inflamed. This can cause noticeable symptoms like an increased urge to urinate or a burning sensation when urinating.</p> <p>There is also a small risk of involuntary loss of urine. An estimated 2 out of 100 men will then need to use incontinence pads over the long term.</p>	<p>The urinary tract may be injured when the seeds are inserted, and the prostate can swell up quite a bit. This can lead to severe pain when urinating. In addition, the urge to urinate may increase and the stream of urine may become weaker. Sometimes a bladder catheter will temporarily be needed because the urine is no longer draining.</p> <p>Discomfort when urinating or holding urine usually goes away or gets better within one or two years.</p>	<p>The urethral muscle may be injured during the operation. As a result, 30 out of 100 men develop urinary incontinence. About half of these men will then need to use incontinence pads over the long term.</p> <p>The formation of scars on the bladder neck (the narrow lower part of the bladder close to its outlet) can also lead to problems urinating.</p>
<b>How common are bowel problems or involuntary bowel movements?</b>	<p>There is no risk during active surveillance.</p> <p>Having radiotherapy later on can lead to involuntary bowel movements.</p>	<p>About 4 out of 100 men experience involuntary bowel movements, mostly during radiotherapy and also for two years afterwards.</p> <p>Up to 4 out of 100 men experience liquid stools over the long term. There may also be blood in the stool.</p>	<p>Based on previous studies, bowel problems appear to be less common in brachytherapy than external radiotherapy.</p>	<p>There is no risk of bowel problems.</p>

## PROS AND CONS OF THE TREATMENT OPTIONS

	Active surveillance	External radiotherapy	Internal radiotherapy (brachytherapy)	Surgery to remove the prostate
<b>How common are erection problems?</b>	<p>There is no risk during active surveillance.</p> <p>Having surgery or radiotherapy later on can lead to erection problems (erectile dysfunction).</p>	<p>Radiotherapy leads to erectile dysfunction in the first few months in 35 out of 100 men. Erectile dysfunction persists in about half of them.</p>	<p>Brachytherapy is less likely to lead to erectile dysfunction than removal of the prostate. Compared to external radiotherapy, erectile dysfunction is about as common.</p>	<p>In 45 out of 100 men, the procedure leads to erectile dysfunction in the first few months. As a rule, erectile dysfunction does not go away.</p>
<b>What else is important?</b>	<p>You can change your mind at any time and have surgery or radiotherapy later. Reasons for this include:</p> <ul style="list-style-type: none"> <li>• The regular examinations are too stressful.</li> <li>• The thought of having cancer in your body is very distressing.</li> <li>• The cancer is growing.</li> </ul> <p>The biopsies can be painful and temporarily lead to blood in the urine or semen.</p> <p>About 1 out of 100 biopsies lead to complications such as infection. You can talk about how you need to have biopsies taken with your doctor.</p>	<p>Over the long term, the radiation from radiotherapy increases your risk of another kind of cancer developing. This risk is very low, though.</p>	<p>The seeds remain in the prostate. Sometimes individual seeds move to other parts of the body. The health risks of this have not been conclusively determined.</p> <p>As this is a surgical procedure, there is a general risk of infection and problems related to the anesthesia.</p>	<p>Most men will need to use a bladder catheter for a few days after the surgery.</p> <p>There may be complications such as bleeding, infection, thrombosis or poor wound healing. There is also a general risk related to the use of anesthesia.</p>

## YOUR DECISION

Nun können Sie die Vor- und Nachteile der jeweiligen Behandlungen für sich bewerten. Welche passt am ehesten zu Ihnen und Ihrer Lebenssituation – und welche eher nicht?

### WHAT IS IMPORTANT TO YOU?

You can use this table to note the main issues for you when considering the options. Which of them will affect your decision? How important are they to you? Mark the statements that apply to you, and add any thoughts of your own. Ranking the statements could help: For instance, you could mark the statements that are especially important to you with a 1, those that are a little less important with a 2, and so on.

Which statements apply to you?		Ranking (1, 2, ...)
I want to be as sure as possible that the cancer is gone.	<input type="radio"/>	
It is important to me to avoid serious complications due to treatment.	<input type="radio"/>	
I can live with the knowledge that I have cancer inside my body.	<input type="radio"/>	
It's difficult for me to attend involved check-ups.	<input type="radio"/>	
I would like to avoid having surgery.	<input type="radio"/>	
	<input type="radio"/>	
	<input type="radio"/>	
	<input type="radio"/>	
	<input type="radio"/>	
	<input type="radio"/>	

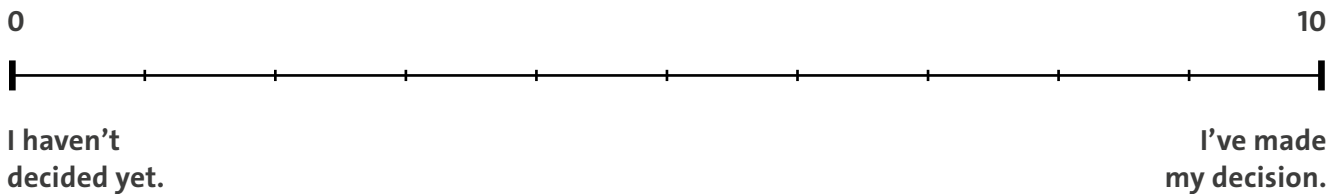
## WHICH TREATMENT WOULD YOU CONSIDER?

You can use this table to assess the different treatments. Mark the ones you would consider and write down what you like and don't like about them.

Which treatment would you consider?		What do you like about it?	What don't you like about it?
Active surveillance	<input type="radio"/>		
External radiotherapy	<input type="radio"/>		
Internal radiotherapy (brachytherapy)	<input type="radio"/>		
Surgery to remove the prostate	<input type="radio"/>		

## HOW FAR HAVE YOU GOT WITH YOUR DECISION?

You can use this section to record how far along you are in your decision-making process. Mark where you are on a scale of 0 to 10.



If you still aren't sure and need more help, you can find some tips and more information on the following pages.

## WHAT ELSE DO YOU NEED IN ORDER TO MAKE A DECISION?

If you still can't decide, the following might help:

<b>Knowledge</b> If you feel that you don't have enough information:	<input type="checkbox"/> Write down any questions you still have (see below). <input type="checkbox"/> Take this decision aid and your list of questions along to your next appointment and talk about them with your doctor. <input type="checkbox"/> Get more information (for example, on the internet) but make sure your sources are reliable! <input type="checkbox"/> Get a second medical opinion.
<b>Support</b> If you feel you need more support:	<input type="checkbox"/> Discuss the various options with a trusted person (for instance, with your doctor, someone in your family, or a friend). <input type="checkbox"/> Contact patient advice services or a support group. You will find more information about this on the next page. <input type="checkbox"/> Seek help to support your choice (like financial support, childcare, transport for appointments, or someone to go with you).

## PREPARING FOR THE DOCTOR'S APPOINTMENT

Do you still have any questions or concerns? Write down your questions or your own thoughts to discuss with the doctor.

There's a list of possible questions here:

[informedhealth.org/questions](http://informedhealth.org/questions)

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**YOU WILL FIND IN-DEPTH INFORMATION ABOUT THE FOLLOWING TOPICS ON THE INTERNET:**

	<b>Localized prostate cancer</b> <a href="https://informedhealth.org/localized-prostate-cancer">informedhealth.org/localized-prostate-cancer</a>
	<b>Low-risk prostate cancer: Active surveillance or treatment?</b> <a href="https://informedhealth.org/lrp-cancer-active-surveillance-or-treatment">informedhealth.org/lrp-cancer-active-surveillance-or-treatment</a>
	<b>At the hospital in Germany</b> <a href="https://informedhealth.org/at-the-hospital.html">informedhealth.org/at-the-hospital.html</a>
	<b>Surgery</b> <a href="https://informedhealth.org/surgery.html">informedhealth.org/surgery.html</a>
	<b>Second medical opinion</b> <a href="https://informedhealth.org/SecondOpinion">informedhealth.org/SecondOpinion</a>
	<b>Patient advice services and support groups</b> <a href="https://informedhealth.org/support-groups-and-information-centers">informedhealth.org/support-groups-and-information-centers</a>

**PUBLISHING DETAILS**

Institute for Quality and Efficiency in Health Care (IQWiG, Germany)

[www.informedhealth.org/about-us](https://www.informedhealth.org/about-us)

Last updated: 01/2026

The format of this decision aid is based on the following:

- Ottawa Personal Decision Guide. O'Connor, Stacey, Jacobsen 2012. Ottawa Hospital Research Institute and University of Ottawa, Canada.
- MAKING SDM A REALITY – Hospital-wide shared decision making – G-BA Innovation fund 2023.
- Institute for Quality and Efficiency in Health Care (IQWiG, Germany). Development of a decision aid for hysterectomy: Rapid Report; Commission P18-01. 2019.