

# DISCUSSION GUIDE

## FOR DOCTOR AND PATIENT

### Prostate Cancer Risk Reduction with Finasteride

This is a DISCUSSION GUIDE for patients and their doctors who are trying to decide whether or not to take medication to reduce the risk of getting prostate cancer. The information in this guide applies to men over the age of 50 who regularly receive prostate cancer screening.

Use of this DISCUSSION GUIDE is voluntary. Before reading this, please discuss with your doctor how you would like to receive medical information (seeing graphs, seeing and hearing numbers, hearing words only, reading words only, etc.).

The first time you read this DISCUSSION GUIDE, your doctor should be present to help you understand the information. However, you can take this form home to review and/or to talk about with family members and/or friends after reviewing it with your doctor.

#### Think about these questions before talking to your doctor:

What is going on now with your urinary and sexual health?

What do you think your chance of developing prostate cancer is?

Low chance    Average chance    High chance

What do you think your chance of dying from prostate cancer is?

Low chance    Average chance    High chance

- 1 in 6 men will get prostate cancer over their lifetimes (1 in 39 for men ages 40-59, 1 in 15 for men ages 60-69, 1 in 7 for men ages 70 and older.)
- If 100 men get prostate cancer, 98 will be alive 5 years later.
- These numbers come from looking at men as a group and do not predict your individual chances.

Please tell your doctor how you want to take part in making the choice:

- I prefer to share the decision with \_\_\_\_\_
- I prefer to decide myself after hearing the views of \_\_\_\_\_
- I prefer that someone else decides
- If so, who?    Doctor    Spouse/Partner    Other person \_\_\_\_\_

This discussion guide is derived in part from recommendations in the Use of 5- $\alpha$  -Reductase Inhibitors for Prostate Cancer Chemoprevention: American Society of Clinical Oncology/American Urological Association Clinical Practice Guideline. This discussion guide is a practice tool based on ASCO® practice guidelines and is not intended to substitute for the independent professional judgment of the treating physician. Practice guidelines do not account for individual variation among patients. This tool does not purport to suggest any particular course of medical treatment. Use of the practice guidelines and this discussion guide tool is voluntary. The practice guidelines and additional information are available at <http://www.asco.org/guidelines/5ari>. Copyright © 2008 by the American Society of Clinical Oncology. All rights reserved.

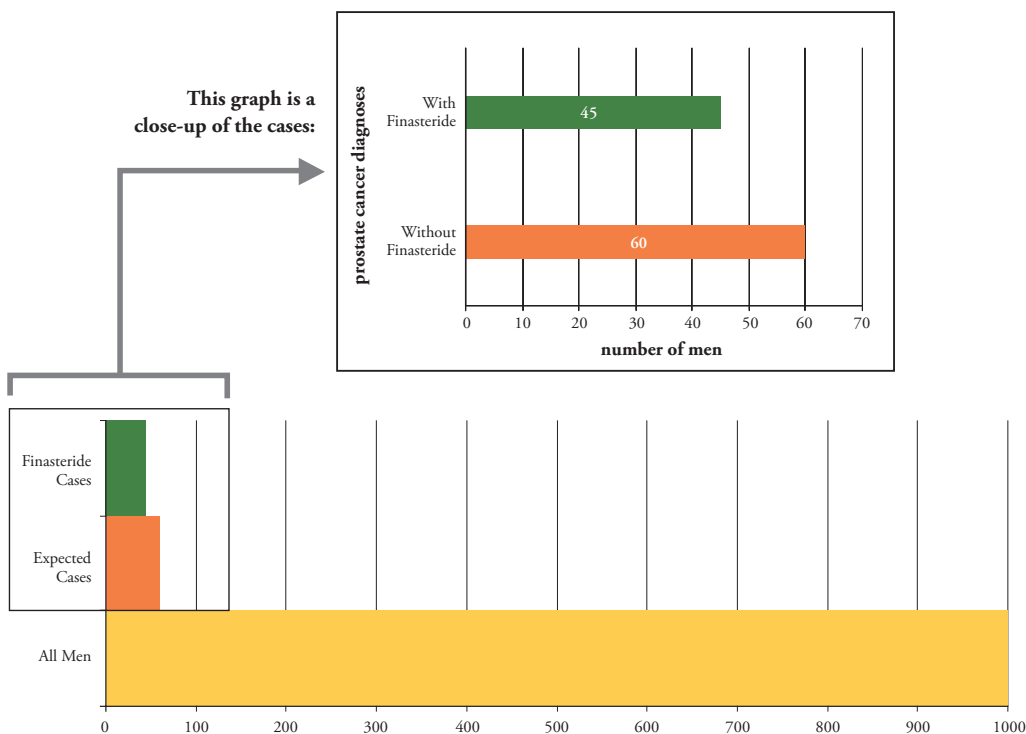
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# ESTIMATED BENEFITS OF FINASTERIDE

Based on research, in a group of 1000 men age 50 and over, there would be 15 fewer prostate cancers than expected over 7 years (a decrease from 60 expected cases to 45 cases) if all 1000 men took finasteride.



## OTHER POSSIBLE BENEFITS OF FINASTERIDE

Benefits	How likely (estimate)
Decreased chance of needing surgery for lower urinary tract symptoms (LUTS)*	The chance of needing surgery without finasteride is about 33 out of 1000 men; the chance with finasteride is 17 men out of 1000. Therefore 16 of 1000 men do not need surgery for LUTS if all 1000 took finasteride.
Increased ability to urinate and increased peak urinary flow*	The chance of inability to urinate without finasteride is about 56 out of 1000 men; the chance with finasteride is 33 men out of 1000. Therefore 23 men of 1000 increase the ability to urinate if all 1000 took finasteride.
Decreased chance of needing to urinate frequently and urgently	The chance of needing to urinate often without finasteride is about 10 out of 1000 men; the chance with finasteride is 8 out of 1000. Therefore 2 men of 1000 do not have this problem if all 1000 took finasteride.

\* Benefits most likely for men with baseline PSA > 4 ng/ml

Sources are available in the Use of 5- $\alpha$  -Reductase Inhibitors for Prostate Cancer Chemoprevention: American Society of Clinical Oncology/American Urological Association Clinical Practice Guideline, available at [www.asco.org/guidelines/5ari](http://www.asco.org/guidelines/5ari)

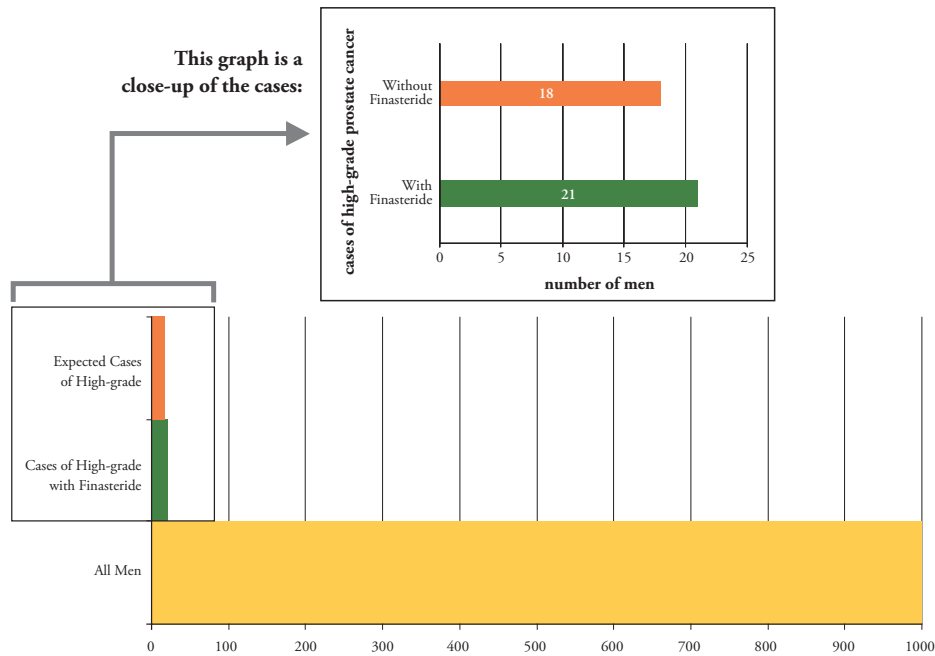
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# ESTIMATED RISKS OF FINASTERIDE

In a group of 1000 men age 50 or older taking finasteride for seven years, there were 3 more cases of high-grade prostate cancers\* than without finasteride (an increase from 18 cases to 21 cases). Most American Society of Clinical Oncology Expert Panel Expert Panel members do not think that the finding that finasteride causes an increase in high-grade prostate cancer was reliable. But, the chance of getting high-grade prostate cancer due to taking finasteride may not be zero.<sup>1</sup>



## OTHER POSSIBLE RISKS OF FINASTERIDE

Risk	How likely (estimate) if 1000 men took finasteride	Reversible? /For how long?
Decreased sex drive	From 11 out of 1000 men to 40 out of 1000 men may experience	Reversible/1-2 years (risk decreases after 2 years)
Decreased ejaculatory volume	From 10 out of 1000 to 30 out of 1000 men may experience	Reversible/1->2 years
Increased chance of impotence/erectile dysfunction	From 11 out of 1000 men to 40 out of 1000 men may experience	Reversible/1-2 years
Enlargement of male breasts	From 20 out of 1000 men to 30 out of 1000 men may experience	Reversible/1->2 years (risk decreases after 2 years)

\* High-grade prostate cancer (Gleason score 8-10) means the cancer is more likely to grow and spread. Low-grade prostate cancer is less likely to grow and spread.

1. 12 of 13 members of an ASCO Expert Panel felt that the increased rate of high-grade prostate cancer was not a "true" finding (that is, other reasons could explain it). Even so, an increase in the risk of high-grade cancer cannot be ruled out with certainty.

Sources are available in the Use of 5- $\alpha$  -Reductase Inhibitors for Prostate Cancer Chemoprevention: American Society of Clinical Oncology/American Urological Association Clinical Practice Guideline, available at [www.asco.org/guidelines/5ari](http://www.asco.org/guidelines/5ari)

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# THINKING IT OVER

After you have spoken with your doctor, you can take this home to help you organize your thoughts.

**Your choices include:**

1. Taking finasteride to reduce the chance of getting prostate cancer, along with prostate cancer screening.
2. Prostate cancer screening without taking finasteride.
3. Not receiving finasteride or screening (It is unknown what are the effects of finasteride for unscreened men).

By what date do you need to make a decision whether to take the medicine? \_\_\_\_\_

In the following table, use the numbers to show how important each benefit and risk is to you. If you circle the number five, then the risk or benefit matters a lot. If you circle zero, then the risk or benefit matters very little. Finally, check the box in the column next to the benefit and/or risk(s) that you think are most likely to happen.

	How much does this matter? Please circle a number: [0 (none)—5 (a lot)]	How likely is it do you think this would happen?
<b>BENEFITS/PROS</b>		
Possible decreased chance of prostate cancer	0 1 2 3 4 5	<input type="checkbox"/> unlikely <input type="checkbox"/> not likely <input type="checkbox"/> very likely
Decreased chance of need for surgery	0 1 2 3 4 5	<input type="checkbox"/> unlikely <input type="checkbox"/> not likely <input type="checkbox"/> very likely
Decreased chance of inability to urinate	0 1 2 3 4 5	<input type="checkbox"/> unlikely <input type="checkbox"/> not likely <input type="checkbox"/> very likely
<b>RISKS/CONS</b>		
High-grade prostate cancer ( <i>definition on p. 3</i> )	0 1 2 3 4 5	<input type="checkbox"/> unlikely <input type="checkbox"/> not likely <input type="checkbox"/> very likely
Impotence	0 1 2 3 4 5	<input type="checkbox"/> unlikely <input type="checkbox"/> not likely <input type="checkbox"/> very likely
Decreased amount of ejaculate	0 1 2 3 4 5	<input type="checkbox"/> unlikely <input type="checkbox"/> not likely <input type="checkbox"/> very likely
Decreased sexual desire	0 1 2 3 4 5	<input type="checkbox"/> unlikely <input type="checkbox"/> not likely <input type="checkbox"/> very likely
Excessive development of male breasts	0 1 2 3 4 5	<input type="checkbox"/> unlikely <input type="checkbox"/> not likely <input type="checkbox"/> very likely

**Note:** Risks and benefits beyond seven years are not currently known. The influence of finasteride on deaths over time is not known.

Are you clear about which benefits and risks *matter most* to you?  No  Yes

Do you have enough information, help and advice from others to make a choice?  No  Yes

Are there any people you would like to help you make this decision?

NAME(S): \_\_\_\_\_

Are you choosing your treatment option without pressure from others?  No  Yes

Is your age an important factor in your decision?<sup>1</sup>  No  Yes

Is your sex life an important factor in your decision?<sup>1</sup>  No  Yes

Are your urologic symptoms important factors in your decision?<sup>1</sup>  No  Yes

At this point, do you feel the pros are greater than the cons?  OR the cons are greater than the pros?

In the following space, write down any other health problems or social issues that you think are important to your decision

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After filling out this page, write any questions you have in the space below:

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**Additional Resource**

A prostate cancer risk calculator for men over 50 years old who haven't had prostate cancer before and have their PSA and DRE results from the past year is available at: <http://www.compass.fhcr.org/edrnci/bin/calculator/main.asp?t=prostate&sub=disclaimer&v=prostate&m=&x=Prostate%20Cancer>.

This page adapted from the Ottawa Personal Decision Guide Copyright O'Connor, Stacey, Jacobsen 2004.

1. Klein EA, Tangen CM, Goodman PJ, et al: Assessing benefit and risk in the prevention of prostate cancer: the prostate cancer prevention trial revisited. *J Clin Oncol* 23:7460-6, 2005