

Prostate cancer

Making a decision

If you have symptoms as described, there is no doubt that you need to be tested. Speak with your doctor and family about this. If you don't have symptoms, it is not easy deciding whether or not you should have a test for prostate cancer. Your decision should only be made if you are fully informed of all the facts.

Men with one or more close relatives who have had prostate cancer may be at greater risk and should talk to their doctor about more regular testing.

Treating prostate cancer

The decision on how to best treat prostate cancer depends on a number of factors including age, general state of health, grade (higher grade indicates more aggressive type of cancer) and stage (how widespread the cancer is). There are four approaches to treatment:

- **Surgery**

A prostatectomy, the complete surgical removal of the prostate, may be recommended especially where the cancer is confined to the prostate gland. Once the cancer has spread outside the gland, surgery is normally not an option.

- **Radiation therapy**

External radiation and/or internal radiation may be recommended. This uses high-energy x-rays to kill cancer cells. Whereas external radiation is directed to the cancer from outside the body, internal radiation (brachytherapy) uses implanted seeds or tiny rods which are placed directly into the cancer.

- **Hormone manipulation**

Reducing the male hormone testosterone may reduce the growth of the cancer. This is often an option where the cancer has spread or the patient cannot have other treatment.

- **Observation – no active treatment**

Because most prostate cancers are slow growing and occur in older men, they are not always a threat to life. A man may therefore have this cancer but it may not cause him any trouble.

As there can often be significant side effects from active treatment, observation or 'watchful waiting' may be recommended if the cancer is unlikely to grow or spread rapidly. The cancer will be carefully monitored but there is no active treatment.

Active treatment for prostate cancer may cause side effects including inability to maintain an erection (impotence) and/or inability to control urination (incontinence) that may or may not improve with time. The decision about the best type of treatment is a very personal one.

It is important to be fully informed about the options available and to discuss these with your doctor or specialist.

Men facing decisions regarding the treatment of prostate cancer should not be afraid to ask questions, and if necessary to seek more than one opinion.

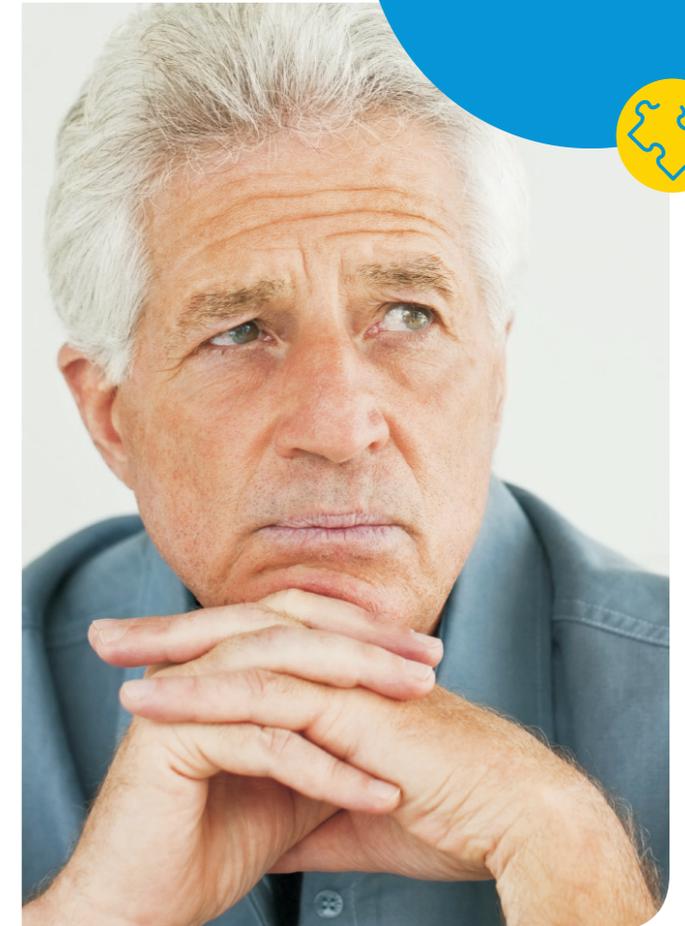


Cancer Council
Helpline
13 11 20
www.cancerwa.asn.au

For support and information on cancer and cancer-related issues, call Cancer Council Helpline. This is a confidential service. Available Statewide for the cost of a local call Monday to Friday 8 am – 6 pm.
15 Bedbrook Place, Shenton Park WA 6008
P: (08) 9388 4333 F: (8) 9388 4399

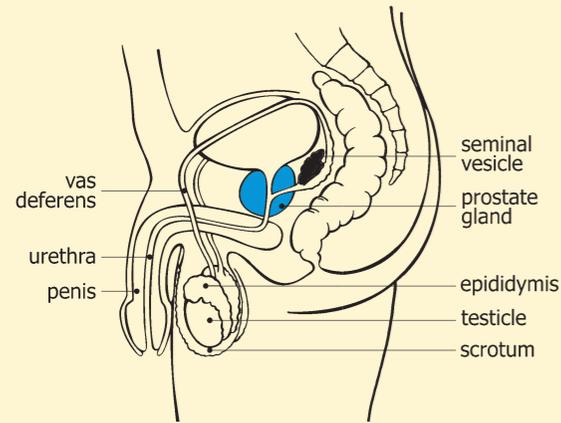


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What is the prostate?

The prostate is a gland found only in males. It is about the size of a walnut and is situated around the urethra. The urethra is the tube that carries urine from the bladder out of the body.



The prostate is one of the glands of reproduction. It produces some of the nutrients which sperm live on once they leave the body. Secretions from the prostate make up a large part of semen.

Prostate problems

The most common problem associated with the prostate is the enlargement of the gland. This commonly occurs when men get older. If the prostate becomes so large that it presses on the urethra, problems with passing urine can occur. This is most commonly caused by benign prostatic hyperplasia (BPH).

Benign means non-cancerous and hyperplasia means that the prostate has become bigger. Sometimes however the growth which obstructs the urethra can be malignant or cancerous.

The causes of prostate cancer are not known so there is currently no clear prevention strategy to reduce the risk of developing this cancer.

In Australia prostate cancer is the most common cancer in males with 1,963 new cases recorded in WA in 2008. It is the 3rd most common cause of cancer death in males, being the cause of 244 deaths in 2008. It is generally a disease of older men with around three cases in five occurring in men 65 years or older in WA.

Screening for prostate cancer

Cancer Council Australia and Cancer Council Western Australia are strong supporters of cancer screening and early diagnosis for those cancers in which it is clear that the benefits of screening outweigh any harm.

Unfortunately, in the case of prostate cancer, we don't have reliable medical proof that routine population testing does more benefit than harm. It will be several years before research answers this question.

The Cancer Council cannot responsibly support routine screening for prostate cancer. Neither do we say that no man should be tested. The Cancer Council — along with other expert organisations such as the Urological Society of Australasia and the Australian Prostate Cancer Collaboration — believe that men need to make their own decision about whether to be tested, after weighing up the pros and cons. The Cancer Council urges men to do this in light of good quality information and discussion with their doctor.

What are the symptoms of prostate cancer?

Prostate cancer in the early stages rarely has symptoms. Symptoms usually develop in older men but any man experiencing any of the following should contact his doctor promptly.

- A need to urinate frequently during the night (nocturia)
- A need to urinate more frequently
- An urgent need to urinate
- A delay in starting when wanting to urinate
- A weak and/or hesitant stream when urinating
- The bladder doesn't feel quite empty after urinating
- Dribbling at the end of voiding
- Being unable to control the bladder (incontinence)

These symptoms are also very common in men who may have a benign (non-cancerous) enlargement of the prostate gland. This is far more common than cancer of the prostate.

Symptoms associated with advanced prostate cancer include:

- Painful ejaculation
- Blood in the urine
- Bone pain, particularly in the lower back

How is cancer of the prostate detected?

There is no single, simple test to detect prostate cancer.

Prostate cancer may be suspected either by the feel of the prostate during digital rectal examination by your doctor or by a blood test to see if your prostate specific antigen (PSA) is above normal levels.

- The prostate specific antigen (PSA) test is a blood test that measures the amount of PSA that is in your blood. Virtually all PSA is produced by the prostate gland. PSA in the range of 0 to 4ng/ml is generally considered normal, while over 4ng/ml may be considered elevated and probably due to

some form of prostate disease (although not necessarily cancer).

Depending on the PSA level, as many as two-thirds of all cases of elevated PSA will be due to a non-cancerous condition. PSA levels can be raised in prostate cancer and a range of benign conditions such as prostatitis and benign prostatic hyperplasia (BPH).

- The digital rectal examination (DRE) involves your doctor inserting a gloved finger into your rectum to feel your prostate gland. It is not possible to feel the entire prostate and a small cancer or one that is out of reach of the finger may be missed.

Neither of these tests is conclusive and in order to diagnose cancer it is necessary to undergo further tests.

Diagnosis

If either of the above tests is positive, other tests are necessary to confirm a diagnosis of prostate cancer. It is likely that a trans-rectal ultrasound (TRUS) and biopsy will be needed. The TRUS gives an image of the prostate and allows accurate needle biopsy of the gland. The needle biopsy involves samples of tissue being removed for examination under a microscope. Even though tissue will be taken from a number of locations within the prostate, it is not possible to say with complete certainty that a negative result means that there is no cancer present.

As there is a risk of infection and bleeding associated with the biopsy procedure, it is normal for a course of antibiotics to be prescribed.

If a cancer is detected, some decisions about treatment will have to be made.

