

ABOUT THE PROSTATE

The prostate is a gland about the size of a walnut. It is situated immediately below the bladder. The urethra, which conveys urine from the bladder to the end of the penis, passes through the centre of the prostate gland. Any swelling of the prostate may cause flow problems.

While there is gradual growth with aging, additional enlargement can result from infection (prostatitis) or cancer.

ABOUT PROSTATE CANCER

Prostate cancer is a close second to lung cancer as the commonest cause of cancer deaths in men - over 10,000 each year in the UK. It is a disease of older men, being uncommon in those under 50. But the numbers are rising for all ages

Over 35,000 diagnoses are made each year. As prostate cancer often does not have obvious symptoms, about half of newly diagnosed cases will already have spread outside of the prostate gland. In these cases, radical surgery is no longer possible. Sometimes prostate cancer is not diagnosed until secondary cancers begin to cause pain.

SCREENING FOR PROSTATE CANCER

In the UK there is, no national screening programme for prostate cancer. However, if he is concerned, a man over the age of 50 can request a PSA blood test from his doctor. Some argue that the introduction of screening would increase the number of men diagnosed at a stage when there are more treatment options and reduce the number of men dying of this disease. But many health professionals are concerned about how effective screening would be. At present about 75% of men with early cancer survive for more than ten years.

SYMPTOMS

If a man often experiences any of the following symptoms, it is important that he should tell his doctor without delay. They may well be due to a condition other than cancer. Early diagnosis gives the widest choice of treatment and the best chance of a successful outcome.

- Passing water often, especially at night
- Poor or stop-start flow or dribbling
- Sudden, urgent need to go
- Pain when passing water
- Blood in urine or semen
- Pain in the groin
- Inability to get or maintain an erection
- Pain in the lower back, spine or hip.

TESTS

DRE

The Digital Rectal Examination involves the doctor putting a gloved finger into the back passage to feel if the prostate is enlarged or lumpy. This can be embarrassing, but it is very important not to let such feelings delay a visit to the doctor.

PSA Test

Prostate cells produce a substance called Prostate Specific Antigen, some of which gets into the blood. A higher than normal blood PSA level may be due to infection, Benign Prostatic Hyperplasia (BPH) or Cancer .

Biopsy

If your PSA is higher than normal your GP may refer you to a hospital to see a consultant urologist, who may arrange for a biopsy. This involves removing some small samples of cells from the prostate for examination under a microscope to see if they are cancerous.

Scans

If there is a tumour, the consultant usually arranges for one or more scans to find out exactly where and how large it is and if there has been any spread beyond the prostate gland.

TREATMENT

1) Surgery to remove the whole gland. This is usually only appropriate when the tumour is small and contained entirely within the prostate.

2) Irradiation of the gland by

a) External X-ray Beam (radical radiotherapy). Newer machines use conformal radiation, which is shaped and does less damage.

b) IMRT (Intensive Modulated Radiation Therapy), now being introduced, moulds the beam closely around the tumour, minimising damage to surrounding organs.

c) Placing radioactive 'seeds' inside the gland (Brachytherapy). This treatment is also new but is becoming more widely available in the UK

These therapies are used for small, contained tumours and slightly larger ones, where there may have been some local spread.

3) Hormone Treatment

This treatment stops the cancer growing by suppressing the effects of the male hormone (testosterone) which the cancer cells need to develop. It is the only treatment for cancer which has spread widely, causing secondary tumours in other organs. Hormone therapy usually works for some considerable time, often several years. Unfortunately, it may cease to work and the cancer begins to grow again.

4) Palliative Care

When active treatment is no longer effective, it is still possible to tackle problems and pain advanced cancer may cause. Palliative care is about preserving quality of life.

Because prostate cancer usually grows slowly, except in its later stages, there is often no need to rush into making the very difficult choice between treatments. Some men put quality of life before quantity and defer treatment until symptoms are troublesome and the PSA level is high.

UNWANTED RESULTS OF TREATMENT

Surgery may damage the nerves to the penis and cause permanent loss of erection (impotence). Where possible, nerve-sparing surgery is used. There is usually some degree of incontinence for a few weeks, occasionally longer, but it normally clears up quite quickly.

Radiotherapy may cause tiredness and diarrhoea during treatment. Sometimes permanent damage may be done to the back passage or anus which can cause incontinence problems. They can, however, be controlled by drugs. Blood vessels, which supply the nerves to the penis, may suffer damage. In the four or five years following treatment, these nerves may die causing permanent impotence. More recent treatments like IMRT can reduce these side effects.

Brachytherapy is much more localised and usually causes far less damage to nearby organs.

Hormone Therapy by suppressing the effects of testosterone, may lead to the development of breasts and hot flushes.

The adverse effects of treatment can vary from mild to severe, but are usually moderate.

So most men living with prostate cancer continue to enjoy life after treatment.

Cambs PSA is made up of patients who are having or have had treatment for Prostate Cancer, their wives or partners, family and friends.

We meet every month, usually on the first Tuesday, at Addenbrooke's Hospital for either a social evening or to listen to a Guest Speaker.

Why not call one of our support group contacts for more information or simply a chat.

Don (Peterborough) 01733 261281

Vic (Cambridge) 01223 262917

Doug (Ely) 01353 662171

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***Hit below
the belt?***



***Prostate Cancer
doesn't play fair!***

Cambridgeshire Prostate Cancer
Support Association

CambsPSA

Registered Charity No. 1133410