

Prostate cancer: testing and treatment – what you need to know

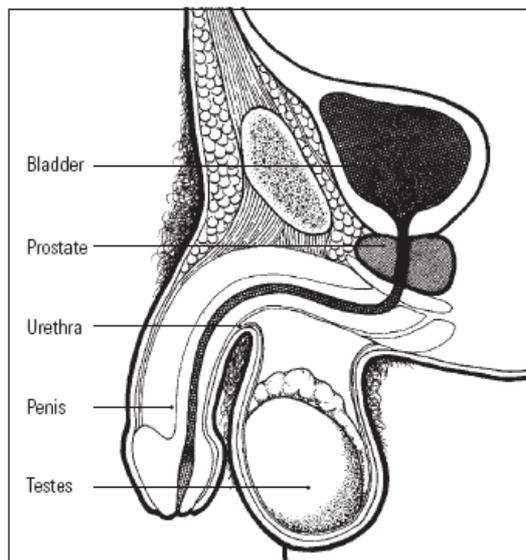
This fact sheet is not a substitute for talking to doctors or nurses. Please use it as a guide to questions you may want to ask.

What is the prostate?

The prostate is a sex gland found in men.

It sits under the bladder. It is at the base of the penis and just in front of the back passage (rectum). It is normally about the size of a walnut. It makes some of the fluid in semen.

The prostate has a narrow hole through the middle. The tube (urethra) that empties urine from the bladder passes through this hole on its way to the end of the penis.



Am I at risk of prostate cancer?

Prostate cancer mainly affects men over 65 and is very rare in men younger than 45.

As well as getting older, having a father or brother with prostate cancer, particularly if it was diagnosed before the age of 60, increases your risk.

How do I know if I have a prostate problem?

It is very common for men over 50 to have one or more of the following:

- a need to urinate more often
- needing to urinate urgently at any time
- trouble getting started
- taking longer, because the urine stream is weak, or it stops and starts
- dribbling of urine after you have finished.

In most cases these symptoms are caused by a non-cancerous, enlarged prostate (a common problem in men as they age). An enlarged prostate does not lead to prostate cancer. However, it is a good idea to speak to your doctor if you have any of these symptoms.

What will the doctor do if I have a prostate problem?

First of all, the doctor needs to find out what is causing the problem. This requires medical tests. These include:

Digital rectal examination

The doctor inserts a gloved finger into your back passage (rectum) to feel for changes to your prostate.

Prostate specific antigen (PSA) test

A protein called PSA is made in the prostate to help nourish sperm. Normally only small amounts of PSA enter the blood stream. When there are large amounts of PSA in the blood, it may be a sign of prostate cancer, but not always.

PSA levels can go up as you get older because of:

- inflammation
- infections
- other prostate conditions that are not due to cancer.

The PSA test is a blood test that shows how much PSA is in the blood.

If there is a lot of PSA in your blood, the doctor needs to do more tests to find out why.

Biopsy

If your PSA test or digital rectal examination is not normal, your doctor may refer you to a specialist called a urologist. The urologist may recommend a biopsy. This involves a small ultrasound probe being placed into your back passage. Usually six or more samples from your prostate are then taken. These are sent to be looked at under a microscope.

A biopsy is the only definite way to tell if you have prostate cancer. The biopsy will indicate how quickly the cancer may grow and how much of a threat it may be. This is called 'aggressiveness'. This can guide treatment choices.

Should I be tested for prostate cancer even if I don't have symptoms?

For some years now, there has been a debate about testing for prostate cancer due to the side effects of treatment. Some people believe all men over a certain age should be regularly tested. Others believe it should be a matter of choice for each man based on your family history and personal circumstances.

At the moment, we do not promote testing for all men for prostate cancer. At this stage, there is no reliable evidence that this prevents men from dying from prostate cancer.

However, we cannot be sure that routine testing is not effective, so we don't advise against testing either. Research may answer these questions in time.

We believe that talking to your doctor and making an informed decision about testing for prostate cancer is the best thing to do.

We suggest considering all the issues by:

- talking to our cancer nurses at the Cancer Helpline
- reading our information on prostate cancer issues and treatment
- visiting the prostate cancer website at www.prostatehealth.org.au
- speaking to men who have had prostate cancer

- talking to your doctor.

It's your decision to make. We can help you find the information you need.

What are the treatments for prostate cancer?

Your doctor will advise you what they think is the best course of action for you. Treatment depends on:

- the size of the cancer
- if it has spread
- your age
- how healthy you are.

Below are some options that your doctor may discuss with you if you are diagnosed with prostate cancer.

No treatment

Sometimes prostate cancer does not need treating if it is slow growing and not threatening. The doctor may do regular tests to check for any changes. You may get treatment at a later stage if the cancer begins to grow.

Surgery/radiotherapy

If the cancer has not spread, you may have surgery to remove the prostate, or radiotherapy to try to kill the cancer.

Radiotherapy can be given either:

- by a machine pointing rays from outside the body towards the cancer. This is called external beam radiotherapy OR
- by a radiation source placed surgically inside the body where the cancer is. This is called brachytherapy.

Hormone treatment

If the cancer has spread, you may have hormone treatment to slow down or stop the cancer. Some men have hormone treatment before brachytherapy is given.

Are there any complications of treatment?

Surgery or radiotherapy for prostate cancer can have three main complications.

1. Often men can no longer get an erection (they become 'impotent') after surgery. This is more likely to happen if you are older. It happens because the nerves that bring about an erection pass through the prostate. Sometimes it is impossible to avoid damaging these nerves because of the position of the cancer.
2. Following surgery, some men may lose their ability to control urine (they become incontinent). This is because of damage to the muscles around the prostate. For many men, the incontinence will not last more than a few months.
3. Radiotherapy treatment can also cause problems with erections and incontinence. It may also affect the bowel. You may get diarrhoea during treatment, or bowel damage that requires treatment.

There is help available for the complications of treatment. Talk to your doctor before making a decision about treatment.

Multilingual Cancer Information Line

To speak to a cancer nurse with an interpreter in your preferred language, follow these steps:

1. Call the Translating and Interpreting Service on 13 14 50, Monday to Friday, 9am to 5pm.
2. Say the language you need.
3. Wait on the line for an interpreter (may take up to 3 minutes).
4. Ask the interpreter to contact the Cancer Council Helpline on 13 11 20.
5. You will be connected to the interpreter and a cancer nurse.

Visit www.cancervic.org.au/multilingual for more cancer information in your language, or for this fact sheet in other languages.

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