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Prostate cancer

This factsheet is for men who have prostate cancer or people who wish to learn more about prostate cancer.

The prostate is a gland that produces the liquid part of semen.

Each year, around 27,000 men are diagnosed with prostate cancer in the UK, making it the most common cancer in men. It mainly affects older men.

Cancer - a general overview animation

The Flash plug-in is required to view this animation.

The prostate

The prostate is about the size of a walnut and lies at the base of your bladder.

The front of your prostate surrounds your urethra, the tube that carries urine from your bladder and out through your penis. Any change in the size or shape of the prostate can narrow this tube, making it difficult for you to urinate (see Symptoms below). The back of your prostate presses against your rectum.

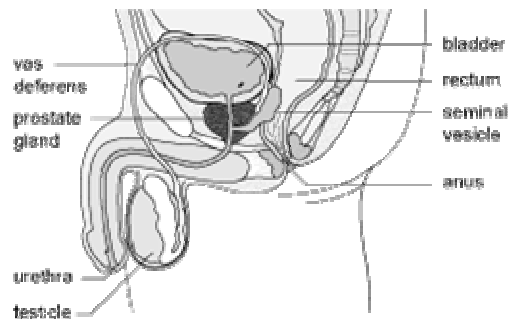


Illustration showing the male urinary tract

What is prostate cancer?

A prostate tumour is a lump created by an abnormal and uncontrolled growth of cells. It can either be malignant (cancerous) or benign.

Cancerous tumours can grow through your prostate and spread to other parts of your body (through the bloodstream or the lymph system) where they may grow and form secondary tumours. This is called a metastasis.

The outer part of the prostate is most likely to get a cancerous tumour.

Symptoms

Prostate cancer often has no symptoms, particularly in the early stages.

Some men may never have any symptoms or problems from the disease. Some types of prostate cancer can be slow-growing and may not become a serious threat to your health. Whereas others are a faster-growing and aggressive form and can be more harmful.

You are more likely to get symptoms if and when your cancer grows in the prostate gland and narrows the urethra. Symptoms then include:

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- problems urinating such as difficulty in starting to pass urine, a weak, sometimes intermittent flow of urine, dribbling of urine before and after urinating, a frequent or urgent need to pass urine or a need to get up several times in the night to urinate
- a feeling that your bladder is not completely empty
- pain when you orgasm
- rarely, blood in the urine

These symptoms are similar to those produced by a common non-cancerous disease where the prostate becomes enlarged (benign prostatic hyperplasia). For more information, please see the separate BUPA factsheet: [Enlarged prostate \(BPH\)](#)

If you experience any of these symptoms, you should visit your GP for advice. If prostate cancer is found early, it can often be cured.

If prostate cancer spreads to other parts of your body, other symptoms can develop. The most common site for prostate cancer to spread to is one or more bones, especially the lower back, pelvis and hips. These bones can become painful and tender.

Causes

The cause of prostate cancer isn't fully understood at present. But there are certain factors that make prostate cancer more likely, which are listed below.

- The risk of prostate cancer increases steadily with age and it is rare in men under 50.
- Your risk is higher if you have close relatives (a father, uncle or brother) who have had prostate cancer.
- If several women in your family have had breast cancer (especially if they were diagnosed at under 40 years of age) an inherited faulty gene may be present. The gene may also increase the risk of the men in that family getting prostate cancer.
- If you are African-Caribbean or African-American you are at highest risk whereas if you are Asian, you are at lower risk.
- A high fat diet may increase your risk.

Diagnosis

Your doctor will ask you about your symptoms and will examine you. He or she may do some of the following tests or refer you to a hospital specialist (urologist) for them.

- A **digital rectal examination (DRE)** is an examination of your prostate. Your doctor will insert a lubricated, gloved finger into your rectum and feel your prostate through the wall of your rectum. If there is prostate cancer it may feel harder than usual, or knobbly.
- A **PSA blood test** will test the amount of prostate-specific antigen (PSA) in a sample of your blood. PSA is a chemical which is made by both normal and cancerous prostate cells. If you have an abnormally high level of PSA, prostate cancer is a possibility. However, a high PSA score does not always indicate cancer and can be caused by other prostate diseases.
- In a **prostate biopsy**, your doctor will surgically remove a small piece of tissue using a needle. The sample will be sent to a laboratory for examination to find out if it is a tumour and how fast it is growing.

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- **CT** (computerised axial tomography), **MRI** (magnetic resonance imaging) and **bone scans** can help your doctor see how far the cancer has spread (if at all). A bone scan involves injecting a small amount of radioactive liquid into your vein. This can show if the cancer has spread to the bone. For more information on CT and MRI scans, please see the separate BUPA factsheets:
[CT scan](#)
[MRI scan](#)

Treatment

Your treatment for prostate cancer will depend on a number of factors such as your age and whether the cancer has spread and if so, how far. There are a number of treatments which are described below. Some can have serious side-effects so it is important to discuss them in more detail with your doctor who will advise you which treatment is best for you.

Active monitoring

Sometimes, particularly for slow-growing tumours, no treatment is the best course of action. This is often called active monitoring or watchful waiting. Your condition will be monitored closely with routine check-ups. You can start treatment at any time and will be advised to do so if tests show the cancer is growing.

Surgery

Surgery is a common treatment for prostate cancer. It is most suitable for otherwise healthy men (usually, those under 70) whose cancer has not spread beyond the prostate.

The most common technique is a radical prostatectomy. This is a major operation, which removes the whole of the prostate, seminal vesicles and nearby lymph nodes.

Radiotherapy

Radiotherapy uses radiation to destroy cancer cells. For more information, please see the separate BUPA factsheet:

[Radiotherapy](#)

Newer techniques that are used for treating prostate cancer with radiotherapy include conformal radiotherapy (CRT) or high-resolution intensity modulated radiotherapy (IMRT). Conformal radiotherapy shapes the radiation beams to match the shape of the prostate. This reduces the radiation received by the healthy surrounding cells in nearby organs such as the bladder and rectum. This lowers the side-effects and may allow higher doses to be given which could be more effective. IMRT allows the radiotherapist to vary the dose of radiotherapy given to the tumour and surrounding tissue.

Brachytherapy

Brachytherapy involves implanting radioactive seeds into, or next to, the tumour in your prostate. Radiation can be released slowly over time. The seeds lose their radioactivity over about a year. Brachytherapy is more effective if the tumour is small and you have early prostate cancer.

Hormone therapy

Hormone therapy blocks the action of male sex hormones that help cancer grow. This can slow the growth and spread of prostate tumours but will not kill the cancer cells.

Medical hormone therapies include goserelin (Zoladex) and bicalutamide (Casodex).

Alternatively, surgical hormone therapy involves removing your testicles, which permanently gets rid of the main source of testosterone. This operation is called an orchidectomy. It is possible for you to keep your scrotum and just have the testes (the organs inside it) removed.

This treatment is less common than it used to be as many men prefer to take drugs to block their testosterone instead.

New treatments

There are new treatments being developed such as cryotherapy. This is surgery to freeze the prostate with liquid gas and kill cancer cells.

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High intensity focused ultrasound (HIFU) is a treatment given using a machine that gives off high frequency sound waves. Some cancer cells die when this is focused directly onto them.

New surgical developments include keyhole surgery (a laparoscopic prostatectomy) where the prostate is removed through smaller incisions.

Further information

- **Prostate Research Campaign UK**
020 8877 5840
www.prostate-research.org.uk
- **The Prostate Cancer Charity**
0845 300 8383
www.prostate-cancer.org.uk
- **Cancerbackup**
0808 800 1234
www.cancerbackup.org.uk

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