



PROSTATE CANCER

THE GOVERNMENT INTENDS TO REVIEW EVIDENCE OF PROSTATE CANCER SCREENING BUT ARE THEY REALLY DOING SUFFICIENT TO FIGHT THIS COMPLEX DISEASE? BY BOB BLUFFIELD

The thought of being diagnosed with prostate cancer is still something the majority of men avoid discussing, let alone come to terms with. There is also a strong suspicion that when symptoms are discovered that could be associated with the disease there is a tendency to ignore them, often until it is too late. With an implemented Government supported screening programme and greater education about the potentially devastating effects of the disease, the number of deaths in the UK, could be substantially reduced. Prostate cancer is rare in men under 50, but the risk increases as you get older with men over 75 accounting for half of all diagnosed cases. You are also likely to be at greater risk if there is a family history of the disease. Currently more than 10,000 are expected to die of prostate cancer in the UK this year. Yet despite the Government's stand on life threatening lifestyles such as binge drinking and obesity, they have been remarkably reluctant to even consider introducing a routine screening programme that would reduce the risks of prostate cancer and thus save lives. Like many other aggressive forms of cancer, early diagnosis of the disease can greatly improve the survival rates of those that test positively and it is inconceivable why routine screening has not already been introduced as a matter of course.

There may just be some light at the end of the tunnel following a recent announcement by the Government that they intend to formally ask the UK National Screening Committee to review the evidence of prostate cancer screening. This does not of course mean that the introduction of screening is imminent but at least it might be a sign that politicians are taking men's health more seriously. The decision has prompted The Prostate Cancer Charity to ask the Committee to ensure that the review is '*as robust as possible*' in the light of some positive breakthroughs in the development of the

Prostate-Specific Antigen (PSA) blood test that can differentiate between the most aggressive forms of the disease and the slower growing forms. The test is fairly simple to conduct although there have been some mixed opinions among the medical profession over its reliability.

Despite information available from The Prostate Cancer Charity, the Association for International Cancer Research and other cancer charities, many men in the UK are still unaware of the risks or know how they should go about being tested for evidence of the disease. John Neale, Chief Executive of The Prostate Cancer Charity commented: *"Many men in the UK are unaware of their risk of prostate cancer and their right to make an informed decision about whether to have a PSA test. This is clearly unacceptable and must be changed. We also hope that the Committee will examine the existing levels of awareness of prostate cancer and the pros and cons of the PSA test, particularly in men over 50, who would most benefit from the outcomes of this review. We must be mindful of the fact that prostate cancer is a complex disease, unlike other common cancers, and may not need immediate treatment and we hope that the review will consider the impact of over diagnosis and treatment on men."*

"Countless men face opposition from their own GPs, who themselves are either not fully aware of the issues surrounding the PSA test or do not support a man's right to make an educated decision to take the test. We do not believe that the revised Prostate Cancer Risk Management Programme, aimed at providing advice to GPs on how to counsel men who request a PSA test but have no symptoms, will adequately address the problem and urge the Committee to consider their final recommendations."

SYMPTOMS

It is important that all men learn to be aware of the symptoms, although it must be stressed that it is possible to develop prostate cancer without having any noticeable signs, hence making it more vital to introduce a screening programme. The NHS suggests that symptoms on their own are of limited use in diagnosing the disease and that most common indications are also likely to be caused by benign prostatic hyperplasia (BPH). This statement however should not be taken as an indication that symptoms should be ignored because whether or not they are indicative of cancer, they can and should be treated.

In the early stages of the disease there are usually no signs that anything might be wrong. But, if you are conscious of any of the following these might be symptomatic of prostate problems including non-cancerous prostate disease, kidney infections etc and a medical consultation should be regarded as a matter of urgency.

- **Difficulty in passing urine**
- **Passing urine often, especially at night**
- **Inability to urinate**
- **Weak or interrupted urine flow**
- **Feeling that your bladder has not emptied fully**
- **Pain when urinating**
- **Blood in the urine**
- **Frequent pains in the lower back, hips and upper thighs**

The NHS also points out that men frequently only realise something is wrong when the cancer starts to spread and the symptoms of bone and back pain develop; there is pain when urinating or ejaculating; pain in the testicles; weight loss or more rarely; there is blood in the urine.

If you have **any** cause for concern, in the absence of a screening programme, you should initially consult your GP without delay. He/she is likely to ask you to supply a urine sample; take a blood sample to test your level of PSA (see above) and will carry out a digital rectal examination (DRE). It is the latter that causes many men the greatest concern and embarrassment because it involves the GP inserting a gloved forefinger into the anus to feel the size and shape of the prostate gland through

the wall of the rectum. This is not likely to be painful, although possibly a little uncomfortable, but your GP will be able to feel whether your prostate gland is enlarged. If your prostate shows signs of being abnormal but its surface is smooth, this is more likely to indicate a non-cancerous condition known as BPH; but if the gland feels hard and bumpy this could indicate prostate cancer.

If your GP finds anything abnormal you will be urgently referred to a urologist for further tests to be conducted at hospital with an appointment normally scheduled within two weeks of your GP's examination. The urologist is likely to carry out another DRE examination and may conduct a biopsy that involves taking tissue samples. This may determine whether you have a slow-growing cancerous condition that causes no problems and requires no treatment, or a more virile form that will require treatment. A biopsy however does not provide a clear result and you may decide not to have this. The urologist will discuss the pros and cons of this or recommend other tests such as MRI, CT and bone scans. The results will be analysed and sent to your GP who will discuss treatment issues.

TREATMENT

Some prostate cancers are so slow growing that they will not require any further treatment. In more serious conditions there are three main treatments: surgery, radiotherapy or hormone therapy. If surgery is required an operation known as a prostatectomy will remove the entire prostate gland. Radiotherapy involves killing the cancer cells by using high energy rays that will help destroy the original tumour and will help reduce pain caused by cells that may have already penetrated the bones. Hormone treatment can be used to reduce the male hormone, testosterone that is in the blood. This helps to stop or slow down the growth of the tumour although some cancers can be resistant and develop the ability to grow without testosterone.

SIDE-EFFECTS

There are always risks associated with surgery although there are not normally any side-effects, although there is a risk of impotence. Radiotherapy can produce tiredness, nausea and diarrhoea but these effects disappear once treatment has finished. Long-term radiotherapy can cause impotence in approximately half of patients. Similarly, hormone therapy can also cause impotence during the treatment period, tiredness, weight gain and hot flushes, but these cease when the treatment finishes.

In about half of patients prostate cancer is diagnosed at an early stage and in these cases the treatment is successful in 90% of cases. When the disease is only detected at a progressed stage, there is not normally any cure but treatment can help to prolong life by several years and can help to eradicate pain.

FURTHER INFORMATION

The Prostate Cancer Charity: www.prostate-cancer.org.uk

The NHS: www.nhs.uk

The Prostate Help Association: www.prostatehelp.me.uk

The Association for International Cancer Research:
www.aicr.org.uk



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