

# PROSTATE CANCER SUPPORT GROUP - ACT REGION INC.

Affiliated with the Prostate Cancer Foundation of Australia



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## Who we are

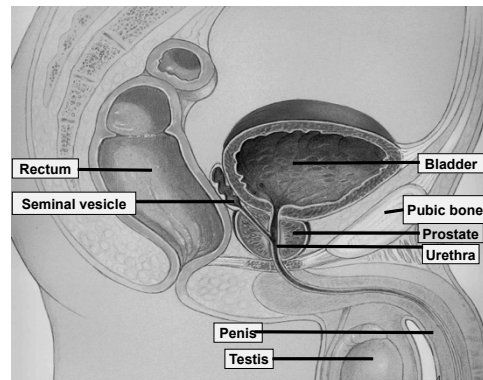
- A friendly group of prostate cancer survivors and their partners
- We are NOT medical professionals but can provide information and express opinions based on our personal experiences
- Your GP is your first source of advice, and then an experienced, successful urologist

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## The Prostate

- Small gland - size of walnut
- Produces fluid that nourishes and protects the sperm
- Located beneath the bladder
- Surrounds the urethra in the shape of a doughnut

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## Symptoms of prostate disease

- difficulty starting urination
- slow flow
- urination frequency
- urgent need to urinate
- nocturia – need to urinate during night
- difficulty emptying the bladder
- Leaking

**Note: sometimes there are no symptoms of disease**

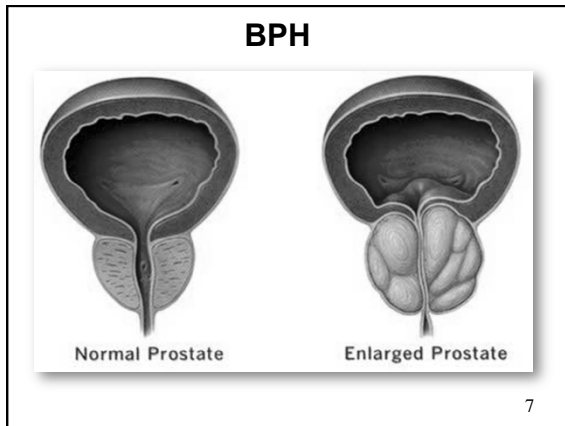
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## Main prostate disease conditions - 1

Benign Prostatic Hyperplasia (BPH) or Benign Prostate Enlargement (BPE):

- non-cancerous condition
- enlarged prostate
- difficulties with: starting, flow, frequency, urgency, nocturia, etc
- Treatment options: lifestyle, medication, surgery (e.g. TURP – “rebore”)

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**Main prostate disease conditions - 2**

**Prostatitis:**

- non-cancerous condition
- prostate infection or inflammation
- symptoms can include: urination difficulty, frequency, painful urination or ejaculation, flu-type symptoms (fever, chills, aches), back, pelvic or groin pain
- treat with medication

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**Main prostate disease conditions – 3**

**Prostate cancer:**

- malignant
- tumor/s
- develops in prostate gland
- may spread to other parts of the body

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**Prostate cancer Statistics - 1**

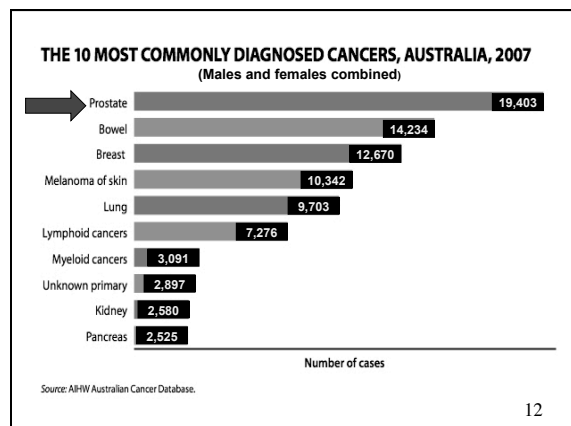
- Most commonly diagnosed cancer for men excluding non-melanoma skin cancers
- About 20,000 new cases diagnosed each year
- Men have 1 in 8 chance of being diagnosed with prostate cancer before age 75
  - \* Note: women’s risk of breast cancer: 1 in 11

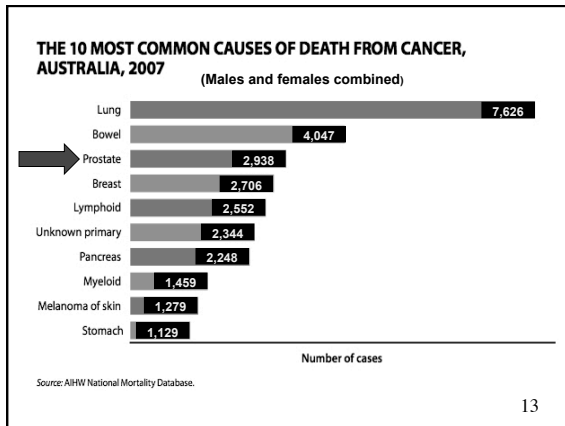
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**Prostate Cancer Statistics – 2**

- 2<sup>nd</sup> most common cause of cancer deaths in men (after lung cancer)
- About 3,300 deaths each year (more than breast cancer deaths amongst women)
- Early detection can save lives

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**Symptoms of early prostate cancer**

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- Major risk factors**
- Gender - only men have a prostate
  - Age
  - First-degree relatives (father, brother, son) with prostate cancer – two-fold or greater risk
  - Family history of multiple cases of breast or ovarian cancer
  - Life style - diet, exercise, smoking, etc
  - Ethnicity – e.g. Afro-Americans
  - Some special groups – e.g. Vietnam veterans; regional and rural men

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- Reducing risk**
- Lifestyle – exercise, diet, etc.
  - Don't smoke
  - "What's good for your heart is good for your prostate"

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- Resolving the possibility of prostate cancer**
- First step: talk to your GP
  - Initial tests usually:
    - \* PSA (Prostate Specific Antigen) blood test
    - \* DRE (Digital Rectal Examination)

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- Testing policies - 1**
- Prostate Cancer Foundation of Australia:
    - \* should be included in evaluating initial urinary symptoms
    - \* annual testing from age 40 if family history of prostate cancer
    - \* annual testing as part of general checkup from age 50 for other men
    - \* Combination of PSA and DRE usually recommended

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### Testing policies - 2

- Urological Society of Aust. and NZ:
  - \* Initial PSA and DRE at age 40 for all men, then:
  - \* High risk cases tested regularly; lower risk cases tested less frequently

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### PSA test

PSA test measures the level of Prostate Specific Antigen in your blood:

- requires small amount of blood for analysis
- elevated level may indicate prostate cancer or other prostate disease
- single test may not be reliable
- if single elevated result : retest
- rate of change over time provides more reliable information

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### PSA levels and age

PSA level increases with age:

- level of PSA should be compared with normal level for your age
- high PSA for your age could be due to conditions other than prostate cancer

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### PSA levels by age group (illustrative statistics only)

AGE	AVERAGE SERUM PSA (ng/ml)	UPPER LIMIT OF NORMAL SERUM PSA (ng/ml)
40-49	0.65	2.0
50-59	0.85	3.0
60-69	1.39	4.0
70-79	1.65	5.5

Source: [www.andrologyaustralia.org](http://www.andrologyaustralia.org)

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### DRE (Digital Rectal Examination)

DRE can be undertaken by your GP. Involves insertion of gloved finger into the rectum to feel prostate for any abnormality (tenderness, enlargement, hardness, growths)

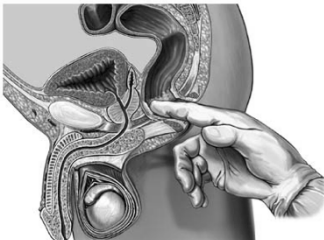
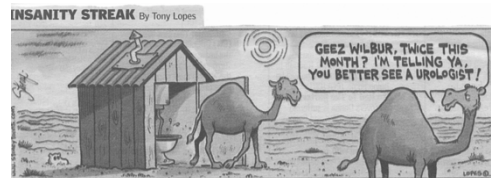


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### Next step in diagnosis - consult a urologist - 1



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### Consult a urologist - 2

- If level of PSA and/or DRE results are of concern, the usual next step would be referral to a urologist
- In consultation with your GP choose an experienced, successful urologist
- Urologist may recommend biopsy:
  - small samples of prostate tissue extracted from the prostate
  - pathologist looks for cancer cells in the samples

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### Biopsy results

- Biopsy is only based on a sample of cells
- If no cancer cells detected:
  - does not guarantee that there is no cancer
  - further monitoring through PSA and DRE and further biopsies may be appropriate

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### Gleason score

- Pathologist grades any prostate cancer cells found using a scale ranging from 1 to 5
- "Gleason score" calculated by adding the values for the two most common grades of cells
- "Grade" is determined from Gleason score:
  - 2 to 4: very slow growing
  - 5 to 6: slightly faster growing
  - 7: becoming more aggressive
  - 8: aggressive

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### Other tests

Depending on PSA history, DRE and biopsy results, the urologist may propose other tests to determine the progression of the cancer:

- Whole body bone scan (to detect spread)
- CT scan
- MRI scan
- PET scan

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### Treatment options - 1

Active surveillance or watchful waiting:

- frequent follow-up PSA tests
- possibly periodic biopsies
- change to other treatment if changes indicate it is warranted

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### Treatment options - 2

Surgery:

- Open radical prostatectomy
- Laparoscopic radical prostatectomy
- Robotic laparoscopic radical prostatectomy

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### Treatment options - 3

Radiotherapy:

- External beam radiotherapy (EBRT)
- Brachytherapy:
  - \* low dose rate seed brachytherapy or
  - \* temporary high dose rate brachytherapy (followed by EBRT)

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### Treatment options - 4

Hormone therapy - androgen deprivation therapy (ADT). May be used:

- in conjunction with radiation therapy or
- after recurrence of prostate cancer
- for advanced prostate cancer

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### Treatment options - 5

Treatments that may have potential:

- Chemotherapy and immunotherapy
- cryotherapy (freezing) - experimental
- HIFU (High Intensity Focused Ultrasound) - experimental

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### Deciding on treatment - 1

Factors to be taken into account:

- risk factors (family history, etc)
- age and life expectancy
- overall health
- "grade" (Gleason score)
- "stage":
  - \* localised (T1 or T2)
  - \* locally advanced (T3 or T4)
  - \* advanced or metastatic (N+ or M+)

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### Deciding on treatment - 2

Become informed:

- publications and audiovisual material (e.g. see stuff on our web site)
- talk to other cancer survivors:
  - \* discuss with one of our members on a confidential basis
  - \* come to a monthly meeting

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### Deciding on treatment - 3

- If possible, get more than one opinion on treatment options
- Evaluate risks and benefits of treatment Vs active surveillance
- Evaluate side effects for each treatment option
- Life expectancy considerations
- Discuss with partner and family

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**Possible side effects of treatment - 1**

- **Surgery:**  
urinary incontinence (often only short term and treatable), erectile dysfunction (can be long term and harder to treat)
- **Radiotherapy:**  
irritation of urinary tract and/or bowel, other urinary problems, erectile dysfunction, nausea, skin reactions, lethargy
- **Hormone therapy:**  
loss of libido, lethargy, energy loss, hot flushes, mood swings, weight gain, bone strength loss

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**Possible side effects of treatment - 2**

Side effects and recovery can vary from patient to patient depending on:

- Skills of specialists involved
- Grade and Stage of the cancer
- Training before and after treatment (e.g pelvic floor exercises)
- Rehabilitation effort
- Age
- Health
- Lifestyle (e.g. diet, exercise)
- Attitude

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**The good news**

- Usually, prostate cancer is slow growing and after treatment, survival rates are high and improving.
- If the cancer is localised to the prostate gland, then chances of enduring remission with minimal or manageable side effects are very good.
- If the cancer has advanced beyond the prostate gland its progress can usually be managed, enabling an enjoyable and useful life for many years.

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**Moral of the story - 1**

- Prostate cancer is the most common male cancer in Australia excluding non-melanoma skin cancers
- Prostate cancer can develop without any noticeable symptoms
- Early detection is of critical importance and facilitates effective treatment options

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80 THE NEW YORKER, MAY 22, 2000

**“I’d have been here sooner if it hadn’t been for early detection”**

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**Moral of the story - 2**

- Talk to your GP and implement a suitable PSA and DRE testing regime from age 40
- If PSA or DRE or biopsy are of concern, get informed so that you can make a good decision about what treatment or management option is best for you.
- Ensure that you are being advised by experienced and successful specialist/s

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### **Moral of the story - 3**

- PRIOR to agreeing to a treatment strategy:
  - inform yourself - see:  
[prostate-cancer-support-act.net](http://prostate-cancer-support-act.net) and  
[www.prostate.org.au](http://www.prostate.org.au)
  - talk to members of our support group
  - Attend sessions run by ACT Health's continence nurses (pre- and post-treatment)
  - discuss with partner and family
- Maintain a positive attitude - there can be a satisfactory outcome in the longer term

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### **Prostate Cancer Support Group - ACT Region Inc.**

- Phone: contact President or Secretary – details on web site
- Monthly electronic newsletter *The Walnut* – free – details on web site
- Our web site:  
[prostate-cancer-support-act.net](http://prostate-cancer-support-act.net)
- Affiliated with Prostate cancer Foundation of Australia

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### **Prostate Cancer Foundation of Australia (PCFA)**

- Helping men and their families through national network of prostate cancer support groups
- Funding research into prostate cancer
- Fostering consumer participation in cancer research
- Raising awareness about prostate cancer
- Web site: [www.prostate.org.au](http://www.prostate.org.au)
- Free-call help line: 1800 220 099

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