

PROSTATE CANCER SUPPORT GROUP - ACT REGION INC.

Affiliated with
the Prostate Cancer Foundation of Australia



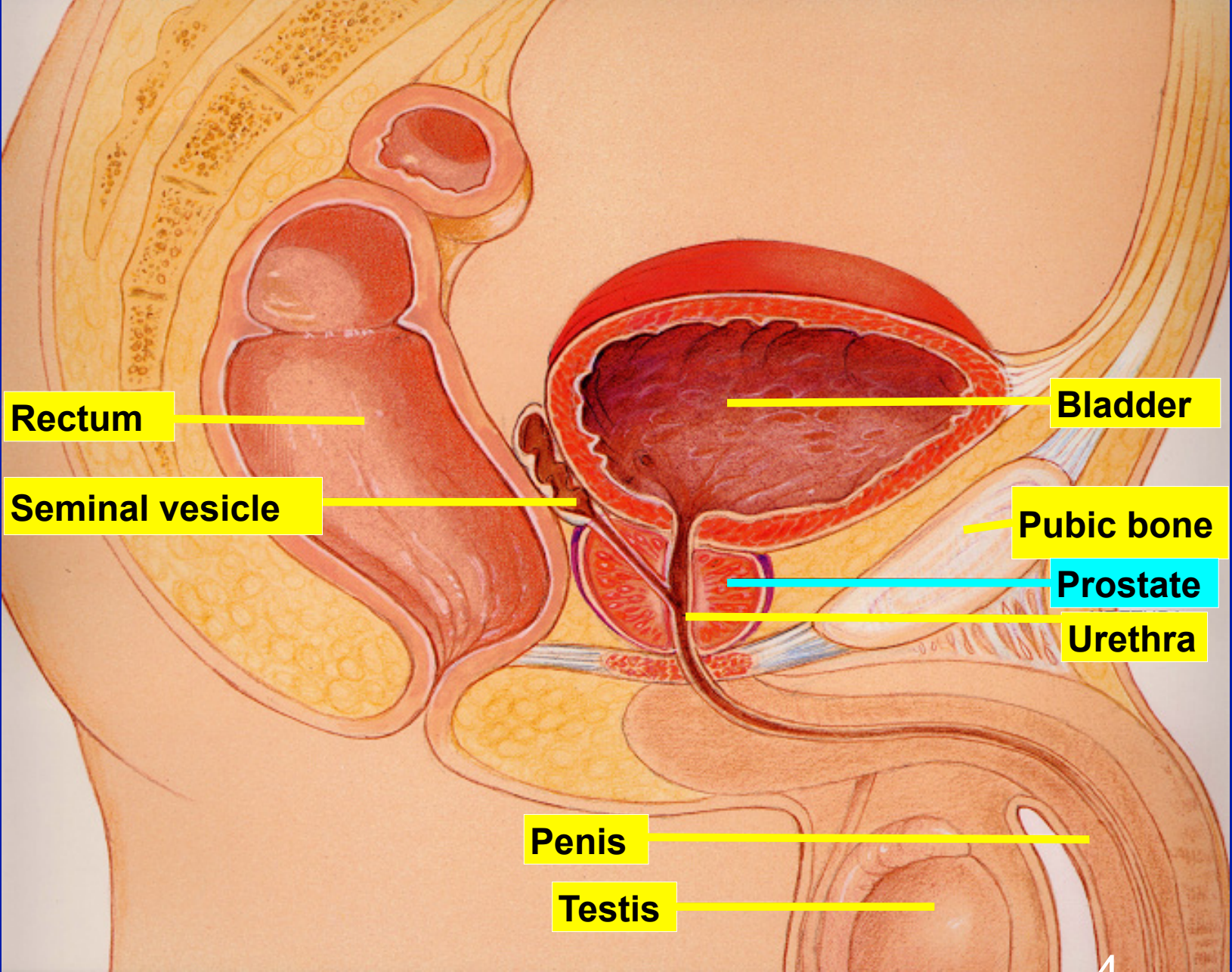
Short form presentation

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

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



Rectum

Seminal vesicle

Bladder

Pubic bone

Prostate

Urethra

Penis

Testis

Main prostate diseases

- BPH (Benign Prostatic Hyperplasia) – enlargement; non-cancerous
- Prostatitis – non-cancerous
- Prostate cancer – malignant tumours that can spread

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
- and sometimes: **NO SYMPTOMS AT ALL**

How is prostate cancer detected?

- PSA blood test – indicative; not definitive
- DRE (Digital Rectal Examination)
- Biopsy on extracted prostate tissue
- If tumors detected, extent of localisation or spread can be determined through radiology scans

Incidence

- 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

Deaths

- 2nd 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 - **Be one of 17,000 men who do not die of prostate cancer because of early detection and treatment**

Major risk factors

- Age
- Father, brother, son with prostate cancer – two-fold or greater risk
- Female side - family history of breast or ovarian cancer
- Life style: poor diet, little exercise, smoking, etc
- Ethnicity – e.g. Afro-Americans
- Some special groups – e.g. Vietnam veterans; regional and rural men

Treatment options

- Active surveillance or watchful waiting
- Surgery to remove prostate
- Radiotherapy
- Hormone therapy
- Treatments can have short or longer term side effects

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.

Take action

- PCFA recommends:
 - * PSA and DRE testing included when evaluating initial urinary symptoms
 - * annual PSA and DRE test from age 40 if family history of prostate cancer
 - * annual PSA and DRE test as part of general checkup from age 50 for other men
- Be one of 17,000 men who do not die of prostate cancer because of early detection and treatment
- Early detection can save your life

More information

- Our brochures
- Attend one of our monthly meetings
- Phone one of our group and arrange for confidential discussion
- Information on our web site:

prostate-cancer-support-act.net