

# PROSTATE CANCER SUPPORT GROUP - ACT REGION INC.

Affiliated with  
the Prostate Cancer Foundation of Australia

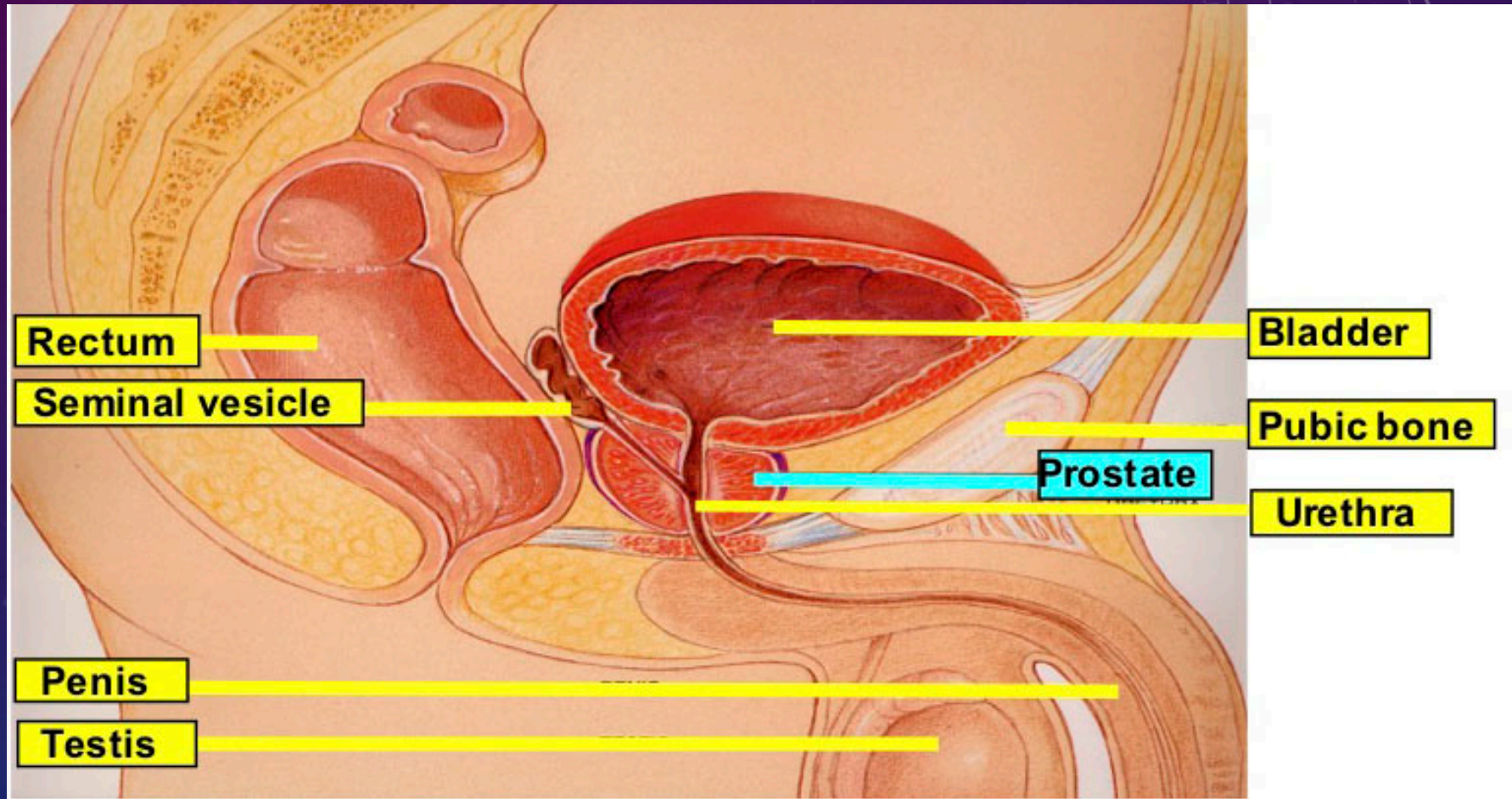


# WHO WE ARE

- 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 urologist.

# THE PROSTATE

- Small gland - size of walnut (about 30 ml).
- Produces fluid that nourishes and protects the sperm.
- Located beneath the bladder.
- Surrounds the urethra in the shape of a doughnut. As it enlarges with age it may compress the urethra and restrict urination.



# SYMPTOMS OF PROSTATE PROBLEMS

- 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**

# MAIN PROSTATE DISEASES

- BPH (Benign Prostatic Hyperplasia) – enlargement; non-cancerous
  - Almost inevitable with ageing.
- Prostatitis – non-cancerous
  - Simple infection or irritation – some infections hard to detect.
- Prostate cancer – malignant tumours that can spread
  - But initially may be assessed as of low malignant potential.

# HOW COMMON IS PROSTATE CANCER?

- Estimated by AIHW to be the most commonly diagnosed cancer.
- In 2013 men had 1 in 8 chance of being diagnosed with prostate cancer before age 75 (Note: women's risk of breast cancer: 1 in 10 to age 75).
- Rare before the age of 40 and uncommon in age group 40-50.

# DEATHS FROM PROSTATE CANCER

- 2<sup>nd</sup> most frequent cause of deaths in men (1<sup>st</sup> is lung cancer).
- More than 3,300 deaths each year (more than breast cancer deaths in women).
- In 2014, prostate cancer was 3<sup>rd</sup> most common cause of all cancer deaths in Australia.



# MAJOR RISK FACTORS

- Ageing
- Father, brother, son with prostate cancer
  - One first degree relative ( brother, father) increase risk twofold.  
Three or more relatives may increase by up to ninefold.
- Female side – family history of breast or ovarian cancer
- Poor life style: poor diet, little exercise, smoking, etc
- Ethnicity – e.g. Afro-Americans
- Some special groups – e.g. Vietnam veterans; regional and rural men
  - Increased risk in rural and regional areas may be partly related to access to and usage of primary care services.

# HOW IS PROSTATE CANCER DETECTED?

- PSA blood test – indicative, not definitive
- DRE (Digital Rectal Examination)
- Biopsy on extracted prostate tissue
- MRI of the prostate is now commonly used prior to biopsy as it gives a guide as to whether there is benign disease or malignancy and may show up the area within the prostate which is likely to be affected . This assists in the accuracy of the biopsy , particularly when the MRI images are ‘fused’ with an ultrasound at the time of biopsy ( fusion biopsy)
- PSMA scanning (a PET scan using an isotope selectively taken up by prostate cancer cells) is increasingly being used to help determine spread to lymph nodes or bone PRIOR to treatment, and prior to surgery. It appears to be more sensitive than the protocol using CT Abdomen Pelvis Chest with nuclear bone scan.
- If tumours are detected after treatment, extent of localisation or spread can be determined through radiology scans.

# WHAT PSA TESTING IS RECOMMENDED?

Clinical Practice Guidelines have been developed by the Prostate Cancer Foundation of Australia in conjunction with Cancer Australia and these have been endorsed for use in Australia.

- For men at high risk of cancer PSA testing every 2 years from age 45-69
- For men at very high risk (several relatives) PSA testing every 2 years from age 40-69
- For general population PSA testing every 2 years from age 50-69 and further testing if PSA >3
- Over 70 relate the harms of testing and investigation to the likely benefit to patient.

# TREATMENT OPTIONS

- Active surveillance or watchful waiting.
- Surgery to remove prostate (radical prostatectomy).
- Radiotherapy.
- Hormone therapy.
- Where prostate cancer no longer responds to surgical treatment, radiation or hormonal treatment may be used. Other treatments include chemotherapy and new radiopharma isotopes (e.g. Xofiga or Radium223), which is an isotope that specifically targets prostate tissue with a narrow (several mm) field of action so that nearby normal tissue is not affected.
- Treatments can have short or longer term side effects.
- Choice of initial treatment usually falls between surgery or radiotherapy. The outcomes are similar for both treatments and decision is based on comorbidities, patient age, aggression of disease, presence of distant disease and patient preference.

# THE GOOD NEWS

- 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.
- Early detection increases the likelihood of effective treatment.
- Usually, prostate cancer is slow growing and after treatment, survival rates are high and improving.

# HOW CAN YOU REDUCE THE RISK OF DEVELOPING PROSTATE CANCER?

- Lifestyle – exercise, diet, etc.
- Don't smoke
- “What’s good for your heart is good for your prostate”

# TAKE ACTION

- Regular PSA testing
  - \* From age 50 for most men, but earlier if there are risk factors (particularly family history of prostate cancer).
- Be one of 17,000 men who do not die of prostate cancer because of early detection and treatment.
- Healthy lifestyle.

# 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](http://prostate-cancer-support-act.net)