

A start to help you understand prostate cancer

If you are reading this because you have worries or concerns about yourself or someone you know then the best thing to do is make an appointment with your GP or encourage that person to see their GP. The earlier this is done the better the outcome is likely to be.

What is the prostate?

Only men and those born biologically male have a prostate. It is usually about the size of a walnut. Around the age of 40 it starts to grow or enlarge, and this may cause problems for a man when passing urine. or not being able to pass urine

Where is it?

The prostate is inside the pelvis, just below the bladder and in front of the back passage. It wraps around the waterpipe (urethra) that allows urine to flow from the bladder and for semen to pass out through the penis.

What does the prostate do?

It supplies the fluid to nourish and protect sperm during intercourse. Prostate Specific Antigen or PSA is made in the prostate and some leaks out into the blood. The PSA level can indicate if something might be going wrong with the prostate.

What is prostate cancer?

Prostate cancer occurs when the cells in the prostate multiply and grow faster than normal. This causes a growth or tumour. Most prostate cancers grow slowly. For some men it won't have any effect on or shorten their life. However, if there are any signs or symptoms worrying you, make an appointment with your GP to have these checked out.

Prostate cancer may be:

- Early or localised. When it has stayed inside the prostate.
- Locally advanced. When it has spread just outside the prostate into the seminal vesicles
- Advanced. When cancer cells have spread outside the prostate to the bones or other organs. If the cancer cells grow in this new site, it is called a secondary cancer or metastasis.

The earlier you see your doctor and a diagnosis is made the better. More and more men are being successfully treated for prostate cancer and leading a full, active and happy life for many years.

What causes prostate cancer?

- No one really knows but the chances of getting prostate cancer increase:
- As a man gets older - it mainly affects men over 65 but it can affect men from their forties onwards
- If a man's brother or father has or has had prostate cancer If the man is from an African/ Caribbean background
- If there is a strong family history of BRCA 1 or BRCA 2 breast cancer

Ask your GP if you are worried about your risk.

What are the symptoms or signs?

Sometimes with early prostate cancer, there may not be any symptoms at all. Having the symptoms below does not necessarily mean you have prostate cancer.

- Need to pee more often than before and more often during the night
- Find it difficult to start peeing
- It's painful to pee
- See blood in your urine or semen
- Need to get to the toilet quickly with a risk of getting caught short
- Take longer to empty your bladder
- Stop and start when peeing
- Have pain or stiffness in the lower back, hips or upper thighs
- Have an unexplained weight loss

There is a symptom-checker on our website that you can do to find out about the possible next steps to take. But it will not give you a diagnosis.

See: www.prostatescotland.org.uk/symptom-checker

What will happen at the doctors?

Your GP will ask how you are and usually ask you some questions about passing urine and you might be asked to fill in a questionnaire.

You may be asked for a urine sample to check for blood, glucose (a type of sugar) or for any infection in the bladder or kidneys.

A blood sample may be taken to check that your kidneys are working properly.

The doctor may suggest you have a Prostate Specific Antigen or PSA blood test

It's normal to find PSA in a man's blood. This is called the PSA level. On its own, a PSA test can't tell if the man has prostate cancer, but it can point to something being wrong with the prostate. So, it's best used in combination with other tests. There are benefits and drawbacks of having a PSA test. To help you decide whether or not to have a PSA test see our leaflet on the PSA test or information on our website.

Digital Rectal Examination or DRE

Because the prostate can't be seen or checked from outside the body, one of the first examinations the GP will do is a DRE. This is a straight-forward procedure, but it is an examination that can worry some men. For this examination, the doctor slides a gloved finger into the back passage to find out the size of the prostate, if it is an odd shape or for any hardened areas or unusual lumps. Although it may be a bit embarrassing or uncomfortable, it only takes about 15- 30 seconds to do and can tell the GP a lot about what may be going on.

What happens next?

Your GP might decide to refer you to the hospital to see a doctor who specialises in this type of illness called a Urologist. The urologist may want you to have more tests.

Tests you may have in hospital

MRI or MPRI scan

This scan uses a magnetic field and special computer software to take detailed pictures of your prostate, surrounding tissues, bones and other organs. It can show if there is cancer in the prostate, where it is and if it has spread to other areas.

Prostate biopsy

A biopsy may be done if your PSA level is raised or if the DRE didn't feel right. Although there are different ways of doing a biopsy, it basically means taking tiny samples of tissue from your prostate using a special needle. Cells from the tissue are studied to look for prostate cancer cells. Cells which look very unhealthy, may give some hint of how slowly or quickly the cancer might grow or if it is likely to spread.

Bone Scan

A bone scan may be done to show whether the cancer has spread outside the prostate into the bones.

What next

Results from all the tests in hospital will be sent to your urologist and GP in a few weeks. They will get in touch to let you know what the next steps might be. Waiting for test results and seeing the urologist or clinical nurse specialist (CNS) can be an anxious time for everyone. It may help to speak to the CNS and ask any questions. There may also be a prostate cancer support group in your area, and you can speak to these men who have been in the same position as you are now.

What about treatment?

There are different kinds of treatment available depending on whether the cancer is early (localised) or advanced.

PLEASE NOTE: Not all types of treatment listed over will be suitable or available for everyone.

Types of treatment include:

- Active surveillance. This is a way of managing prostate cancer with treatment being put off until needed. Regular check-ups with PSA, DRE, scan/ biopsy will keep an eye on what is happening.
- Surgery. This is to remove the prostate completely along with a small part of the urethra. Nowadays, this is mainly robotic assisted keyhole surgery.
- Radiotherapy. Uses high energy x-ray beams to pinpoint and kill the cancer cells in the prostate.
- Brachytherapy. Tiny seeds that emit radiation are placed into the prostate to kill the cancer cells
- Hormone therapy. This reduces the amount of testosterone and as a result slows down the growth of the cancer or shrinks it. This may be used alongside other treatments too.

For more information go to our website: www.prostatescotland.org.uk or one of our fuller booklets on early or advanced prostate cancer

Then what....

It isn't possible for anyone to predict exactly what will happen in the future. Make a list of any questions you have then ask your Urologist, CNS or GP.

The information contained in this leaflet has been developed by Prostate Scotland and reviewed by its Advisory Group of doctors, nurses and patients. This leaflet is not intended to replace medical advice or seeing a doctor for specific illnesses or symptoms.

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