



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.

What is the prostate?

Only men have a prostate and 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 tube that allows urine to flow out of the bladder and for semen to pass out through the penis.

What does the prostate do?

It supplies the fluid to protect and nourish sperm during intercourse. Prostate Specific Antigen or PSA is also made in the prostate. Some PSA leaks out into the blood and can be measured. This is called your PSA level.

What is prostate cancer?

Prostate cancer happens when the cells in the prostate grow more quickly than normal. This causes a growth or tumour. Most prostate cancers grow slowly and for some men it doesn'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 and has not spread to other parts of the body
- Locally advanced; when it has spread just outside the prostate through the capsule or into seminal vesicles
- Advanced; when the cancer has 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 that 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 increases:

- As a man gets older - it mainly affects men over 65 but it can affect men in their forties
- If a man's brother or father has or had prostate cancer
- If the man is from an African/ Caribbean background
- If there is a strong family history of breast cancer

Ask your GP if you are worried about your risk.

What are the symptoms or signs?

With early prostate cancer, you may not have any symptoms at all. Having the symptoms below does not necessarily mean you have prostate cancer.

Still, see your doctor if you:

- Need to pass urine more often than before and during the night;
- Find it difficult to start passing urine;
- See blood in your urine;
- Need to get to the toilet quickly;
- Take longer to empty your bladder;
- Stop and start when passing urine;
- Have pain or stiffness in the lower back, hips or upper thighs;
- Have an unexplained weight loss.

Keeping a diary of visits to the toilet until you see the doctor would be helpful. Although it will not give a diagnosis, there is a symptom self-test on our website that you can do.

www.prostatescotland.org.uk

The earlier symptoms are picked up and treatment, if any, is started the better the outcome is likely to be.

What will happen at the doctors?

- The doctor will ask how you are feeling and some questions about passing urine;
- The doctor might give you a questionnaire to fill in or ask you for some answers so he/she can fill in the questionnaire;
- You will 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 is best used in combination with other tests. Later, PSA levels can be used to check if any treatment you are having for prostate cancer is working.

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 worries some men.

The doctor puts a gloved finger into the back passage to feel if the prostate is an odd shape, for any hardened areas or unusual lumps.

Although it may be embarrassing or a bit uncomfortable, the doctor has done this many times before and understands how you might be feeling.

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

Trans Rectal Ultrasound or TRUS

A small ultrasound instrument is gently passed into your back passage. This gives the doctor or specialist nurse a clear picture of your prostate on a screen. This can show the shape, size and areas where the doctor or specialist nurse may want to take small samples from the prostate. This is

called a prostate biopsy.

Prostate biopsy

A biopsy may be done if your PSA level was raised or if the DRE didn't feel right. Biopsy needles take out very small pieces of tissue from the prostate. 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.

MRI scan

An MRI scan uses magnets to take pictures of the inside of the body in lots of different views. It can show cancer in the prostate and if it has spread to other areas.

Bone Scan

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

What about treatment?

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

If you are offered a choice of treatments, take your time to talk to other people about the choices before making your decision. This could be your urologist, specialist nurse, GP, partner or family.

There may also be a support group in your area. Members of these groups can tell you about the treatments they have had but remember you make the decision which suits you best.

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

Types of treatment include:

- Active surveillance to keep an eye on your health with regular check-ups. It may eventually lead to another type of treatment
- Surgery (open or keyhole) to remove the prostate
- Radiotherapy uses high energy x-rays to kill the cancer cells
- Brachytherapy places tiny radioactive seeds in the prostate to kill the cancer cells
- Hormone therapy can help stop the cancer from growing and make it shrink. This may be used along with radiotherapy.

You can read more about treatments and any possible side-effects on our website: www.prostatescotland.org.uk or in 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, specialist nurse 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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