

Prostate cancer

Is it in the family? Is it time to check it out?

This guide covers risk factors for prostate cancer; what it can't tell you is whether or not you or men in your family will develop prostate cancer.

You may be reading this because you know or you've heard that there is a history of prostate cancer in your family and you want to find out a bit more about what this might mean for you and possibly others in your family.

It may be that you or a relative has been diagnosed with prostate cancer. If you've just heard the news, then it may have come as something of a shock. After you've had time to come to terms with your diagnosis, you may start to wonder if and what the risks might be for other men in your family.

So, once you've read through this guide, you may like to pass it on to other men in your family; fathers, brothers, sons, uncles or nephews. It may not only help you understand more about the risk factors but also help you tell your family about your diagnosis and what it might possibly mean for them. It may also be of interest to women in the family in helping them understand more about the risks and in helping their men-folk talk to other family members about the risks.

What is meant by a 'risk factor'?

A 'risk factor' is anything that increases a man's likelihood of getting prostate cancer. Although these factors increase a man's risk, it doesn't mean they will necessarily cause prostate cancer. Some people with one or more risk factors

will never develop prostate cancer and some may develop prostate cancer late in life that doesn't require treatment.

What are the risk factors?

Age

A man's age is the strongest risk factor for prostate cancer. Before the age of 40, it's very uncommon for a man to develop prostate cancer. After the age of 50, the chance of a man getting prostate cancer increases. It's thought that, by the age of 80, about 80% of all men will have some cancer cells in their prostate. Most of these men in their 80's will never need treatment and some of them will possibly never know that they have prostate cancer.

Family history

It's been found that prostate cancer can run in families. Men who have close relatives (father, brother, grandfather, uncle) who have or had prostate cancer are more likely to get it themselves.

What this means:

- If your father has/had prostate cancer then you're about 2 times more at risk of getting prostate cancer
- If your brother has/had prostate cancer then you're about 2-3 times more at risk of getting prostate cancer
- If a father or brother were diagnosed at an early age, less than 60, then you're almost 3 times more at risk of getting prostate cancer
- If there's more than one man on the same side of the family (father, brother, son) diagnosed with prostate cancer, at any age, then you're about 4 times more at risk of getting prostate cancer

Breast or ovarian cancer

There's also a link between prostate cancer and **some** types of breast and ovarian cancer. If there's a strong family history of **certain** types of breast/ovarian cancer in the family especially before the age of 50, it may mean that there is a faulty gene, the BRCA 1 or BRCA2 gene. For the small proportion of women (less than 10%) who have or had

breast or ovarian cancer due to the faulty BRCA1 or BRCA 2 gene, then close male relatives are almost 4-9 times more at risk of developing prostate cancer. This may mean that if it's due to the BRCA1 or BRCA2 gene, then you're almost 4 times more at risk of getting prostate cancer.

Your background

Men from an African/Caribbean background are 3 times more at risk of getting prostate cancer and up to 5 years earlier than other ethnic groups.

Your lifestyle

Your lifestyle also plays a part in your prostate health.

What should you do now?

Although it may be difficult, when you're ready to talk about it, you should let men (brothers, sons, nephews, fathers, uncles) in your family know about these risks. Perhaps giving them a copy of this leaflet may help you to tell them about it. Encourage them to think about the risk factors and most importantly encourage them to make an appointment to talk it over with their GP.

Over 40 and worried about your risk?

If you're over 40, and have a strong family history of prostate cancer or if your mother or sister have or had **certain** types of breast/ovarian cancer (ie BRCA1 or BRCA 2), the best thing you can do is to make an appointment with your GP to let him/her know about your family history of prostate cancer (or certain types of breast cancer) so that you can discuss further. You may also wish to ask about the possibility of referral to a genetics department for further discussion.

Your GP may offer or you may want to ask for a PSA test which is a simple blood test. However, the PSA test is best used as a guide to the possibility of there being a problem with the prostate or prostate cancer and your GP may want to do some further tests or examinations at some stage.

Because there are benefits but also drawbacks in having the PSA test you may want to think more about these and chat it over with your GP about what it might mean for you before deciding to have a PSA test. If you decide to go ahead with a PSA test and your GP knows your family history and refuses you a PSA test, then you can ask your GP why he/she has said 'no' and you might want to discuss the pros and cons of the PSA test further in this context or you might want to consider asking another GP.

More about the PSA test

PSA (Prostate Specific Antigen) is one of the proteins made in the prostate. Because some PSA leaks out of the prostate, it's normal to find PSA in a man's blood. The PSA test measures the amount of PSA in your blood and helps your GP check on possible problems with the prostate. There is more information about the PSA test on our website www.prostatescotland.org.uk including leaflets that you can download.

For a copy of the leaflet email info@prostatescotland.org.uk or call 0131 603 8660 and a copy will be sent to you.

If you are worried about any signs or symptoms, there is a symptom self-test on our website www.prostatescotland.org.uk that you can fill in then print off and take along to your GP.

Prostate cancer screening

At the time of writing, (April 2014) there is not a screening programme for prostate cancer in the UK. Instead, there is a Prostate Cancer Risk Management pack for GPs and the guidance in the pack states that:

“Any man over the age of 50 who asks for a PSA test after careful consideration of the implications should be given one”

However, if there is a strong family history of prostate cancer or certain types of breast cancer, after discussing the PSA test with you, your GP may ask you to consider having a PSA test before the age of 50.

The best thing is to make an appointment with your GP to discuss further.

Some lifestyle changes for you to consider

Diet

Try to have a healthy diet low in saturated fat with at least 5 portions of fruit and vegetables every day.

Although not conclusive, many studies have shown that natural substances in plant foods, called antioxidants, may help reduce the risk of developing certain kinds of cancer including prostate cancer. Tomatoes, especially cooked tomatoes, are a very good source of these antioxidants so try to include cooked tomatoes in some form every day such as fresh tomato sauce, tomato soup, tomato juice, tomato ketchup as well as 5 portions of either broccoli, sprouts, cabbage, cauliflower, swede, turnip every week.

Being overweight can bring with it many health problems so you may want to think about losing weight.

Exercise

Recent studies have pointed to the benefit of taking regular exercise. Aim for about 30 minutes of moderate exercise, 5 times a week. Moderate exercise can include going for a brisk walk, swimming, mowing the lawn, washing and polishing the car. Taking exercise may help with your general health and wellbeing. If you haven't exercised for a long time build this up gradually and check with your GP before starting.

Smoking

Smoking can affect your health in many ways so the best advice is to give up. Giving up smoking can be difficult and it

may be worth discussing this with your GP, pharmacist or local smoking cessation advisor.

Alcohol

As long as you've not been told otherwise, it's best to keep alcohol intake to a moderate amount and within sensible drinking limits. Try to have a couple of 'alcohol free' days each week.

For more information on sensible drinking limits go to www.drinkaware.co.uk Helpful sections include 'Understanding unit guidelines', 'Should you take a break from alcohol' and 'How much alcohol is too much'.

Some facts about prostate cancer

- Prostate cancer is the most common cancer for men
- There is a 1 in 11 lifetime risk of a man developing prostate cancer
- Every year around 2700 men in Scotland are diagnosed with prostate cancer
- Latest forecasts by the NHS in Scotland suggest that over the next ten years from 2010 to 2020 there may be an increase of up to 48% in the number of men with prostate cancer

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This leaflet is not intended to replace medical advice or seeing a doctor for specific illnesses or symptoms.

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