

PROSTATE HEALTH

WICKED WALNUT!



CANCER AND BENIGN ENLARGEMENT OF THE PROSTATE

The prostate gland is the size of a walnut and sits just below the bladder, surrounding the urethra – the tube carrying urine from the bladder.

The prostate's function is to make seminal fluid to transport sperm during ejaculation. Unfortunately, it's very common for things to go wrong in the prostate, especially in men over 50.

Prostate cancer is the second highest cause of cancer death in Australian men, but low grade forms of the disease can be relatively harmless.

When prostate cancer is confined to the prostate, there are usually no symptoms, so to help check your risk of prostate cancer, you can get a simple blood test called the PSA. Because the prostate can be felt via the rectum, a brief rectal examination is often performed as well.

**: IF YOU'RE AGED
: BETWEEN 50 AND 70,
: AND WANT TO KNOW
: YOUR RISK OF HAVING
: PROSTATE CANCER,
: TALK TO YOUR GP
: ABOUT A PSA TEST.**

If prostate cancer is found early, it's much more likely to be curable. And remember that many prostate cancers don't even need treatment, but can be safely monitored.

At the same time of life as prostate cancer risk increases, your prostate can also undergo benign enlargement – also very common. Benign enlargement is an entirely separate process from cancer and does not turn into cancer. But it can cause troublesome symptoms like urgency to urinate, getting up to urinate at night, and a weak flow. If these symptoms are bothering you, you should see your GP, as there is a range of highly effective treatments available.

Treatment

OF PROSTATE CANCER

A wide range of treatment options are available for prostate cancer. The form of treatment depends upon the aggressiveness and extent of the disease, as well as the general health and life expectancy of each patient. Many prostate cancers don't need treatment at all but can be safely monitored using active surveillance.

: ACCURATE DIAGNOSIS : IS VITAL IN HELPING : TO DECIDE THE : MOST APPROPRIATE : TREATMENT.

The initial diagnosis is made by needle biopsy (tissue sample) of the prostate. Biopsy can be performed via the rectum (transrectal) or via the nearby skin (transperineal). An MRI scan of the prostate may also help detect prostate cancer but its exact role in diagnosis is not yet clear.

If an aggressive cancer is found, scans are performed to see if it has spread beyond the prostate (staging). These include a bone scan and a CT of the abdomen. These scans are usually not necessary if only low-grade cancer is found.

If cancer is confined to the prostate (localised), the treatment options are surgical removal (radical prostatectomy) or radiotherapy. If it is only low-grade disease, active surveillance is usually the most appropriate option, where the cancer is closely watched and treated only if there are signs of disease progression.

Surgery is performed either using an open or keyhole (laparoscopic) approach. Keyhole prostatectomy often includes use of a surgical robotic device. Radiotherapy is delivered either from outside (external beam) or inside (brachytherapy) the body. These treatments for localised disease can affect quality of life by interfering with the function of erections, the bladder or bowel.

If prostate cancer has spread to other parts of the body (metastatic), currently it is typically not curable. The standard treatment to help control the disease is hormone therapy, which usually involves injections every few months. If hormone therapy fails, chemotherapy and other newer agents can still be used to prolong and improve quality of life.

There are often clinical trials available for patients with metastatic disease, testing out the latest treatments. Ask your specialist to see if you are eligible.

MORE INFORMATION
www.andrologyaustralia.org
www.prostate.org.au