

About Prostate Cancer

A Quick Guide

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This is a brief summary of 'About prostate cancer' from our website. You will find more detailed information on there. In this information there are sections on

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You can view this information in a larger print on our website.

The prostate

Where the prostate is

Men have a small gland about the size of a walnut called the prostate gland. The prostate is below the bladder. It surrounds the first part of the tube (urethra), which carries urine from the bladder to the penis. The same tube also carries sex fluid (semen). The prostate gland is divided into 2 lobes: the left lobe and the right lobe.

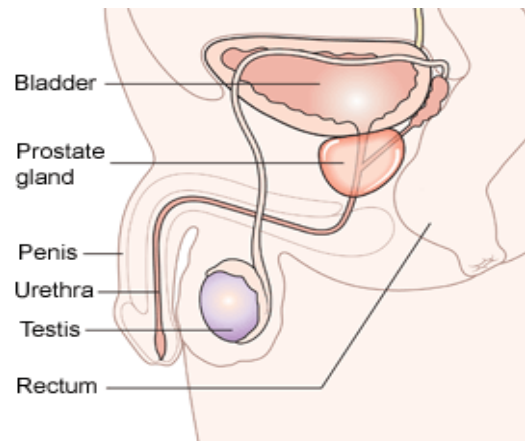


Diagram showing the position of the prostate and rectum
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What the prostate does

The prostate gland makes the fluid part of semen. It needs the male sex hormone, testosterone, to grow and function. Some treatments for prostate cancer work by reducing the levels of testosterone.

Prostate cancer symptoms

The most common symptoms of prostate cancer and a non cancerous (benign) enlarged prostate are the same. They are

- Having to rush to the toilet to pass urine
- Passing urine more often than usual, especially at night
- Difficulty passing urine, including straining to pass it or stopping and starting
- A sense of not being able to completely empty the bladder
- Pain when passing urine
- Blood in the urine or semen

What causes the symptoms?

Prostate cancer and non cancerous enlargement of the prostate both cause symptoms by pressing on the tube that carries urine out of the body (the urethra). The pressure blocks the flow of urine.

If you have any symptoms, do see your doctor. Most enlargements of the prostate are not cancer (they are benign) and can be easily treated.

Do also remember that very early prostate cancer does not usually cause any symptoms at all. Any growth in the prostate is too small at first for you to notice any effect on urine flow.

Other symptoms of prostate cancer

Cancer of the prostate often grows slowly, especially in older men. Symptoms may be mild and can occur over many years. Sometimes the first symptoms are from prostate cancer that has spread to the bones but this is not common. Prostate cancer cells in the bone may cause pain in your back, hips, pelvis or other bony areas. This is known as secondary prostate cancer.

Prostate cancer risks and causes

Prostate cancer is now the most common cancer in men in the UK (not counting non melanoma skin cancer). There are some risk factors that we know about.

Age is the most significant risk factor. More than half of all cases are diagnosed in men over 70. It is quite rare in men under 50.

You may also be more at risk if you

- Have a family history of prostate or breast cancer
- Are black (of African or Caribbean ancestry) – prostate cancer is more common in black men than white or Asian men
- Asian men have a lower risk than white men

Your diet may affect your risk. There is a lot of research going on and the evidence is not strong but you may increase your prostate cancer risk if you eat a diet high in dairy products. There is some evidence that lycopene from tomatoes (especially cooked or processed tomatoes) may lower the risk.

Some studies have shown that having diabetes may reduce the risk of prostate cancer. There is also some evidence that regularly taking aspirin or other non steroidal anti inflammatory drugs (NSAIDs) could reduce the risk.

Types of prostate cancer

Your doctor will tell the type of prostate cancer you have by taking samples of cells from the prostate during a biopsy. A pathologist examines the cells in the laboratory under a microscope. The cells look different, depending on the type of cancer you have.

More than 9 out of 10 prostate cancers are a type called acinar adenocarcinomas. This is pronounced ass-in-ar ad-en-oh-car-sin-oh-ma. This type of cancer starts from gland cells in the prostate.

Other types of prostate cancer include the following

- Ductal adenocarcinoma
- Transitional cell (urothelial) cancer
- Squamous cell cancer
- Carcinoid
- Small cell cancer
- Sarcomas and sarcomatoid cancer

Screening for prostate cancer

The aim of screening is to diagnose disease at an early stage, before symptoms start. Cancers diagnosed early are easier to treat and more likely to be cured. Before we can screen for a disease, there must be an accurate test to use. At the moment, there is no national screening programme for prostate cancer in the UK. This is because there is no clear evidence from research that screening will reduce deaths from prostate cancer or help people to live longer. If you ask your GP to check you for prostate cancer they will

- Examine your prostate by putting a gloved finger into your back passage and feeling the prostate gland
- Take a blood test for a protein produced by the prostate called PSA – prostate specific antigen

Generally speaking, the higher the PSA level, the more likely there is a cancer. But PSA can be raised for other reasons, such as infection or an enlarged prostate that is not cancerous.

PSA testing is not recommended for screening in the UK because

- Men with prostate cancer may not have a raised PSA
- 2 out of 3 men with a raised PSA do not have prostate cancer
- Many early prostate cancers grow very slowly and may never cause any problems
- There is uncertainty about the best way to treat early prostate cancer
- The treatments can cause unpleasant side effects and reduce quality of life

Clinical trials are still looking into prostate cancer screening.

If you have close relatives with prostate cancer, or have inherited a faulty gene, you may be at a higher risk of developing it yourself. You may be able to have screening with a PSA test or rectal examination from the age of 40 to 45.

Should I see a prostate cancer specialist?

The symptoms of prostate cancer can be very similar to some other prostate conditions. So it can be very difficult for GPs to decide who may have a suspected cancer and who may have something much more minor that will go away on its own. The National Institute for Health and Care Excellence (NICE) has produced guidelines for GPs in the UK. The guidelines help GPs decide which patients need to be seen urgently by a specialist called a urologist.

It is important when reading these guidelines to remember that 99% of men diagnosed with prostate cancer are over 50. And 75% are over 70.

The guidelines say you should ideally get an appointment within 2 weeks (an urgent referral) if you have

- Abnormalities in your prostate that your GP can feel during a rectal examination
- A prostate specific antigen (PSA) test that is considered high for your age
- A borderline PSA test, followed by a repeat test 1 to 3 months later that shows the level is rising
- A raised PSA reading, together with other symptoms that may be linked to prostate cancer

If you have symptoms and you don't think your GP is taking them seriously enough, you could print off this page and take it to your appointment. You may be able to decide together whether you need to see a specialist and how soon.

What to ask your doctor about prostate cancer

- How will I know if I get prostate cancer?
- Will I feel pain if I have it?
- Am I more likely to get prostate cancer than anyone else?
- Do you think I should have screening?
- What are the tests?
- What are the pros and cons of the PSA blood test?
- I am having difficulty passing urine, so should I have a blood test for prostate cancer?

For more information, visit our website <http://www.cruk.org/cancerhelp>

You will find a wide range of detailed, up to date information for people affected by cancer, including a clinical trials database that you can search for trials in the UK. Our information is based on the best current scientific evidence and reviewed regularly by leading clinicians and experts in health and social care.

For answers to your questions about cancer call our Cancer Information Nurses on 0808 800 4040 9am till 5pm Monday to Friday.

Adapted from Cancer Research UK's Patient Information Website CancerHelp UK in March 2014. CancerHelp UK is not designed to provide medical advice or professional services and is intended to be for educational use only. The information provided through CancerHelp UK and our nurse team is not a substitute for professional care and should not be used for diagnosing or treating a health problem or disease. If you have, or suspect you may have, a health problem you should consult your doctor. Copyright Cancer Research UK 2014. Cancer Research UK is a registered charity in England and Wales (1089464), Scotland (SC041666) and in the Isle of Man (1103)