

Prostate cancer testing

There are two common tests for prostate cancer. These are a digital rectal examination (DRE) and a prostate specific antigen (PSA) blood test. Neither of these is completely accurate. If the tests suggest there is a problem, your doctor may repeat the test or refer you to a specialist. A biopsy (removal of some prostate tissue) may be needed to confirm the diagnosis.

Discuss testing with your doctor. It is not recommended that all men are routinely tested for prostate cancer. You will need to consider the benefits, risks and uncertainties of testing as well as your own risk from the disease.

Prostate cancer

Prostate cancer is malignant tissue that grows in the prostate gland and most often occurs in men over the age of 65. The prostate is a small walnut-shaped gland found only in men. It surrounds the urethra, which is the tube through which urine passes from the bladder to the penis. As men get older, the prostate may become larger. This benign growth can squeeze the urethra and cause men to have difficulties urinating.

Prostate cancer affects one in nine Australian males up to the age of 75 years and one in five by age 85 years. The risk of death is lower, however: one in 84 men under the age of 75 years and one in 22 by the age of 85 years.

Problems with urinating are common in men over 50

In Victoria, about one in three men over 50 have problems with urinating. These problems include:

- Difficulty starting
- Slow stream
- Urinating more frequently than usual, especially at night
- Dribbling of urine after urinating
- Pain or a burning feeling when urinating
- Appearance of blood in the urine.

If you have any of these symptoms, particularly blood in the urine, see your doctor.

Symptoms may not mean cancer

Early prostate cancer does not usually have symptoms (it is asymptomatic). Symptoms of more advanced prostate cancer may include difficulty with urinating, pain and burning when urinating, or blood in the urine. It is important to talk to your doctor, as these symptoms are not necessarily signs of prostate cancer. In fact, they are most likely to be caused by:

- A non-cancerous growth called benign prostate enlargement
- A prostate infection.

It is not known why some men develop prostate cancer and others do not. It is known that the likelihood of prostate cancer increases with age. In early stages, the growth of the cancer is dependent on the male hormone.

Many prostate cancers are not life threatening

Because many prostate cancers grow slowly and occur in older men, they are often not a threat to life. Prostate cancer diagnosed in younger men (40–65 years) is more likely to threaten health.

Common tests for prostate cancer

There are two common tests for prostate cancer:

- PSA blood test
- Digital rectal examination (DRE).

Neither of these tests is 100 per cent accurate. If the tests suggest you may have a problem, your doctor may repeat the test or will refer you to a specialist for further tests. Usually a biopsy (removal of some prostate tissue) is needed to confirm whether or not you have prostate cancer.

Further tests

If cancer is diagnosed, the following tests may be used to determine the stage of progression of the cancer:

- **Bone scan** – to check whether or not cancer cells have migrated to the bones.
- **Computed tomography (CT) scan** – a specialised x-ray.
- **Pelvic lymph node dissection** – a nearby lymph node is removed and examined to check whether or not cancer cells have entered the lymphatic system (this is only done during surgery on the prostate).

Treatment

There are currently three courses of action or treatment available for **early or localised prostate cancer** (where the cancer has not spread beyond the prostate gland). They are:

- Watchful waiting or 'active surveillance' – no immediate treatment is given, but regular monitoring takes place and treatment is offered if the cancer grows
- Radiation therapy – there is more than one type
- Surgery.

We are not certain which treatment is best; however, there is now some evidence of benefits for men who have surgery. Men with early prostate cancer usually live for many years, regardless of treatment.

Radiation therapy and surgery can have side effects such as erectile dysfunction and incontinence that affect quality of life.

Treatment for advanced prostate cancer involves reducing the availability of the male hormone. This can be done with tablets, injections or surgery.

Discuss testing with your doctor

Medical authorities do not recommend that all men should be tested for prostate cancer. While we now have some evidence that regular testing may prevent prostate cancer deaths, there are concerns that many men may be diagnosed and treated unnecessarily as a result of being screened, with a high cost to their health and quality of life.

Some men prefer to have a test anyway, to reassure themselves. One approach now recommended by the Urological Society of Australia and New Zealand is to have a single test at age 40 years. The results of the test could give an indication of risk from prostate cancer over the following 15–20 years. Men with a family history of prostate cancer (father or brother diagnosed at an early age) or men who have previously had an elevated test result are at higher risk and may also consider a test. Ultimately, it is a decision only you can make. If you are unsure, discuss it with your doctor.

Where to get help

- Your doctor
- Cancer Council of Victoria, Information and Support Service Tel. 13 11 20
- Lions Australian Prostate Cancer

Things to remember

- In most cases, prostate cancer is slow growing and occurs in men over 65.
- When prostate cancer does occur at a younger age, it is more likely to be life threatening.
- Early prostate cancer does not usually cause symptoms.
- Urinary symptoms are commonly due to benign prostate growth.
- Men with a family history or men who have had an elevated test result in the past, have the most to gain from regular testing.

This page has been produced in consultation with, and approved by:

Australian Prostate Cancer Collaboration

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