
Prostate cancer

Summary

- Prostate cancer affects one in 11 Australian men and is most common in men over 65.
 - Prostate cancer can be treated in a variety of ways, including watchful waiting, surgery, radiotherapy and hormone therapy.
 - Possible side effects of treatment include incontinence and impotence – treatment options should be discussed with your doctor.
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The prostate gland is part of the male reproductive system. It produces some of the fluid that makes up semen.

Prostate cancer affects one in 11 Australian men and is common in the over-65 age group. Around 4,700 Victorian men are diagnosed with prostate cancer every year. Many cases are not life-threatening because the cancer can be slow growing and usually occurs in older men.

Risks and causes of prostate cancer

The exact causes of prostate cancer are unknown. However, there are some risk factors we know about, including:

- **getting older** – more than half of all cases are diagnosed in men over 70 years of age
- **family history** – having a family history of prostate cancer. Your risk is increased if you have a father or brother who had prostate cancer. The risk becomes greater if they were diagnosed at an early age
- **family history of breast cancer** – having a strong family history of breast cancer
- **obesity** – having a waist circumference of 100 cm or greater could increase your risk.

Researchers are constantly looking at ways to help prevent cancer. Eating a healthy diet can lower your risk of many cancers. Research has found foods containing lycopenes and selenium probably reduce the risk of prostate cancer. Lycopenes are found mainly in tomatoes and tomato-based foods, and selenium is naturally found in plant foods such as vegetables, fish and wheatgerm. However, we need more long-term research results to prove this.

Symptoms of prostate cancer

Early prostate cancer usually causes no symptoms. When symptoms do occur, they may include:

- difficulties starting and stopping urination
- pain or a burning sensation when passing urine
- urinating more often than usual, particularly at night
- the feeling that the bladder can't be fully emptied
- dribbling urine
- blood in the urine or semen
- pain during ejaculation.

All of these symptoms can also be caused by conditions usually less serious than prostate cancer. Most enlargements of the prostate are benign, which means they are not cancer and can be easily treated. You should discuss any symptoms with your doctor.

Diagnosis of prostate cancer

Prostate cancer is diagnosed using a number of tests, which may include:

- **Prostate-specific antigen (PSA) test** – the prostate makes a protein called PSA. Large quantities of PSA in the blood can indicate prostate cancer or other prostate problems.
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- **Digital rectal examination** – using a gloved finger in the rectum, the doctor feels for enlargement and irregularities of the prostate.
- **Biopsy** – six to 12 tissue samples are taken from the prostate and examined in a laboratory for the presence of cancer cells.

If prostate cancer is diagnosed, more tests may be needed to see if the cancer has spread to other areas of the body. These may include computed tomography (CT) scans, magnetic resonance imaging (MRI) scans and bone scans.

Test results can take a few days to come back. It is very natural to feel anxious while waiting to get your results. It can help to talk to a close friend or relative about how you are feeling. You can also contact the Cancer Council Helpline on 13 11 20 and speak with a cancer nurse.

Treatment for prostate cancer

Prostate cancer treatment depends on a range of factors such as the man's age, physical condition, the stage of his prostate cancer and his personal preference. Prostate cancer can be treated in a variety of ways, so carefully discuss treatment options with your doctor.

Treatment may include:

- **Watchful waiting** – sometimes your doctor will advise you that treatment is not needed. However, you will still need to be examined and have PSA tests regularly to monitor any changes. This is usually for older men (over 70) with a slow-growing cancer. This is because older patients with slowly growing cancer are more likely to die of something other than prostate cancer. If the cancer begins to grow too fast or you develop symptoms, then your doctor will discuss treatment to help control your symptoms.
- **Active surveillance** – means regular PSA tests and repeat biopsies. This is sometimes offered to younger men with a very early-stage prostate cancer. It involves very close monitoring with early treatment for men with evidence that their disease is progressing.
- **Surgery** – removal of the prostate is called a radical prostatectomy. The operation can be performed by open surgery (the traditional way), or by a 'keyhole' (laparoscopic) approach. You can also have a newer type of keyhole surgery called 'robotic surgery'. This is only available in some cancer centres where they have surgeons trained to perform this technique. Depending on whether the surgery is open or 'keyhole', the hospital stay is between one and 10 days. Recovery can take up to six weeks.
- **Transurethral resection of the prostate (TURP)** – if the prostate can't be removed, TURP surgery may be performed to remove blockages in the prostate to relieve urination problems.
- **External radiotherapy** – x-rays are used to target and destroy cancer cells. Treatment usually lasts a few weeks, although this depends on the cancer and the person's general health.
- **Internal radiotherapy (brachytherapy)** – a radioactive implant is placed inside the prostate to target cancer cells. The implant may be temporary or permanent.
- **Hormone therapy** – is often an option for men whose cancer has spread beyond the prostate. Prostate cancer relies on the hormone testosterone for growth. Hormone therapy reduces testosterone levels and 'starves' the tumour. Hormone therapy is given either by medication (tablets) or hormone injections. Sometimes, surgical removal of the testes (orchidectomy) is suggested, which has the same effect.
- **Complementary and alternative therapies** – it's common for people with cancer to seek out complementary or alternative treatments. When used alongside your conventional cancer treatment, some of these therapies can make you feel better and improve quality of life. Others may not be so helpful and in some cases may be harmful. The Cancer Council Victoria booklet called *Understanding complementary therapies* can be a useful resource.

Side effects of prostate cancer treatment

The side effects of treatment vary depending on several factors, and they can be distressing. You should talk through options and concerns with your doctor before deciding which treatment to use for your prostate cancer.

Some common side effects of types of treatment include:

- **Surgery** – many men will have temporary urinary incontinence (loss of bladder control). Almost all men will have a change to their sexual function and most men will have erectile dysfunction (impotence).

- **Radiotherapy** – a small number of men will have bowel problems. Between 40 and 80 per cent of men who have radiotherapy will experience immediate or delayed erectile dysfunction.
- **Brachytherapy** – erectile dysfunction and bowel problems can occur. Some men may experience painful urination and irritation of the bladder for several months after therapy. Urinary incontinence is not usually a problem.
- **Hormone therapy** – side effects may include erectile dysfunction, tiredness, mood changes, hot flushes and loss of sex drive.

Coping with some of these side effects can be very difficult. It is important that you discuss possible side effects with your specialist before treatment.

Research into prostate cancer

Early detection and better treatment have improved survival for people with prostate cancer. The research is ongoing. The [CancerHelp UK website](#) has information about research into prostate cancer.

Clinical trials can test the effectiveness of promising new treatments or new ways of combining cancer treatments. Always discuss treatment options with your doctor.

Sexuality and prostate cancer

Most treatments for prostate cancer cause side effects that can affect your sex life, some more than others. This can have a huge effect on a man's mood, self-esteem and body image. It is important to discuss your concerns with your specialist before treatment starts, so that you are aware of any potential problems.

If you are having problems with your sex life after your treatment is over, ask your doctor or nurse for help. If you have a partner, it also helps to be as open as possible with them about how you are feeling. The Cancer Council Victoria booklet called *Sexuality, intimacy and cancer* may be helpful to read.

Caring for someone with prostate cancer

Caring for someone with cancer can be a difficult and emotional time. If you or someone you know is caring for someone with prostate cancer, there is support available. The Cancer Council Victoria booklet called *Caring for someone with cancer* may also be helpful to read.

When a cure for your prostate cancer isn't possible

If the cancer has spread and it is not possible to cure it with surgery, your doctor may still recommend treatment that focuses on improving quality of life by relieving the symptoms (this is called palliative treatment). Medications can be used to relieve pain, nausea and vomiting. The Cancer Council Victoria booklet called [Living with advanced cancer](#) may be helpful to read.

Where to get help

- Your **GP (doctor)**
- **Cancer Council Victoria, Information and Support Service** Tel. **13 11 20**
- **Multilingual Cancer Information Line**, Victoria Tel. **13 14 50**
- **WeCan website** helps people affected by cancer find the information, resources and support services they may need following a diagnosis of cancer.

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