

Your treatment options

There are essentially five main options:

- Surgery
- Radiotherapy (includes Brachytherapy)
- Hormonal Treatment
- Cryotherapy
- Active Surveillance

Surgery - radical prostatectomy

This involves surgical removal of the prostate by one of several approaches.

Radiotherapy

This usually involves daily treatment for six weeks but alternative radiotherapy treatment has been developed and is now available in New Zealand. This is called brachytherapy and involves placing radioactive seeds directly into the prostate.

Cryotherapy

This involves the controlled freezing and thawing of the prostate.

Hormone treatment

Generally, before radiotherapy, hormone therapy is used to reduce the size of the prostate. If the cancer has spread beyond the prostate then hormonal treatment may well be used to help control the cancer. The treatment associated with this is castration which can be either by surgical removal of the testicals (orchidectomy) or the reduction of their production of testosterone by hormone treatment (injection or tablet).

Active surveillance

In some circumstance it may be decided just to watch and wait and see what happens.

Join us or make a donation

- I/we would like to join (\$20 Single, \$30 couple)
- I would like to make a donation
(donations over \$5.00 are tax deductible)
- \$5.00 \$10.00
- \$20.00 \$ Other

Name: _____

Address: _____

Email: _____

Partner's Name: _____
(if applicable)

Send cheques payable to Prostate Cancer Foundation to
The Secretary, P.O. Box 11006, Musselburgh, Dunedin 9049

PCF National Helpline 0800 4 PROSTATE (0800 4 77678)

email: info@prostate.org.nz

website: www.prostate.org.nz

Registered NZ Charity No. CC30635

The Prostate Cancer Foundation of New Zealand Inc. is a New Zealand organisation formed to provide information, counselling and comfort to those diagnosed with prostate cancer or other prostate problems. PCF is a national, non-profit, volunteer organisation comprised largely of prostate cancer survivors.

Foundation Mission Statement

'To create or enhance an environment to empower men to make informed decisions about the diagnosis and treatment for prostate cancer.'

One life, One chance

YOU, YOUR PROSTATE AND PROSTATE CANCER



t 0800 477 678 w www.prostate.org.nz
e nationaloffice@prostate.org.nz



What is this thing called a prostate that can cause so much trouble?

The prostate is a male sex gland. It is about the size of a walnut and is located below the bladder and in front of the rectum. It surrounds part of the urethra, the tube which carries urine from the bladder. It is made up largely of muscular and glandular tissues and its main function is to produce fluid for semen which transports sperm. During male orgasm muscular contractions squeeze the prostate's fluid into the urethra. About the age of 40 a man's prostate begins to enlarge and create a condition known as Benign Prostatic Hyperplasia (BPH). The likelihood of developing BPH increases with age and eventually about 80% of men have enlarged prostates but many will never have symptoms. If you do have any of the symptoms outlined in this brochure you may well have BPH and you should also consult your doctor to check for prostate cancer.

How do you know if you have prostate cancer?

You may not. This is what is so alarming about prostate cancer. In its early stages it usually does not present any symptoms. It is when prostate cancer has become advanced that it is more likely to show symptoms but unfortunately, when it has reached this stage, it is less responsive to treatment. Because of this every man over the age of 40 should be aware that he is at risk of prostate cancer. Although prostate cancer does not usually exhibit symptoms in its early stages there are symptoms that indicate you may have a prostate problem. These symptoms do not mean you have prostate cancer. Indeed 90% of men who have a problem with their prostate do not have cancer.

Some signs to look for:

- A weak urinary stream
- Difficulty starting urination
- Frequent urination
- Difficulty postponing urination
- Waking frequently at night to urinate
- Stopping and starting while urinating
- Pain or burning on urination

What is the likelihood you will get prostate cancer?

Approximately 10% of men will get prostate cancer and about 4% of these will die as a result of prostate cancer. Studies in the United States and Sweden, however, have shown that early diagnosis and treatment reduces the number of deaths due to prostate cancer.

If you have a family history of prostate cancer, you are at greater risk than other men. Discuss with your doctor the option of having an annual check-up from the age of 40. All men should consider being checked for prostate cancer (DRE and PSA) annually from the age of 50.

The process to check for prostate cancer

There are two simple tests that will indicate to your doctor whether you might have prostate cancer and whether further tests are necessary to establish if you actually have prostate cancer.

The DRE

Because your prostate is an internal organ your doctor cannot see it but it can be felt by a finger inserted into your rectum. This examination enables your doctor to estimate if your prostate is enlarged, has lumps or other areas of abnormality. It is a test that may cause momentary discomfort but it causes neither damage nor severe pain.

The PSA

The PSA test is a simple blood test that measures the level of Prostate Specific Antigen in the blood. PSA is a protein manufactured by the prostate, and when prostate cancer is present the PSA leaks into the blood in increased amounts. It is normal to find small quantities of PSA in the blood but these levels differ according to a man's age and the general health of the prostate (cancer is not the only problem to afflict the prostate) and a raised PSA does not necessarily mean you have cancer.

What happens after these tests?

If your doctor feels an abnormality during the DRE, or your PSA is higher than it should be, then you will discuss having further tests to establish whether you have prostate cancer. It may well be, however, that your DRE is normal but the PSA is elevated. Or it may be your doctor feels something during your DRE but the PSA is within normal readings. You can see why you will need to discuss these things with your doctor. It may be suggested you consult a urologist who is an expert in such things. Together you will decide about any further tests. If your PSA and DRE tests indicate you may have prostate cancer then an accurate diagnosis will be done by a TRANSRECTAL ULTRASOUND (taking sound generated pictures of your prostate) and a biopsy. During this procedure small pieces of prostate tissue are removed and examined microscopically for cancer. The procedure is uncomfortable and there can be complications. All of this needs to be discussed in detail with your doctor.

So what if you are diagnosed with prostate cancer?

Only those who have been diagnosed with cancer can truly appreciate the feeling such news generates. The Prostate Cancer Foundation is here to help. Its membership is largely men who have been diagnosed with prostate cancer. They have been through what you are going through and are available to talk to you on 0800 4 PROSTATE (0800 4 77678).

PCF members will not offer you medical advice so it is important for you to talk to your doctor about treatment. To some degree your treatment will depend upon how developed your cancer is. You need to thoroughly explore the various options available and get to understand as much about them as possible. The decision about which treatment you choose will largely be yours but it is a decision which must be an informed decision and should involve not just your doctor but your partner and family as well.