



Prostate cancer – what we all need to know

PROSTATE cancer is a disease of the prostate gland (an organ found only in men) which lies next to the base of the bladder in the pelvic area.

It is diagnosed in approximately 36,000 men in the UK each year, making it the most common cancer affecting men. Like most other types of cancer, it may spread to other organs of the body if left undiagnosed or untreated.

The aim of this article is to help men (and the people close to them) to avoid the condition where possible, by providing any information that will help minimise the risk of developing prostate cancer.

I am also aiming to help men self-screen themselves so as to be in a position to detect the condition as early as possible if it does happen to affect them. As with all cancers, early detection is an important part of managing or treating prostate cancer.

However, unlike some other cancers, in the UK we don't have a screening programme for prostate cancer, which puts the responsibility for screening squarely on the shoulders of the public – and the healthcare professionals they come into contact with from time to time for various reasons.

To assist with meeting these aims I contacted Mr James Michael Adshead,

This month Idai Makaya speaks to Consultant Urologist James Adshead about prostate cancer and the things everyone needs to be aware of in order to lessen the potential impact of this condition on peoples' lives.

a well-known Hertfordshire consultant urological surgeon based at the Spire Harpenden Private Hospital in Harpenden and at the Lister NHS Hospital in Stevenage.

Mr Adshead qualified at Cambridge, trained further in London and Australia, and has gone on to become a nationally recognised specialist in the field of urology (a poll of surgeons carried out by a national newspaper in 2010 – based on the ratings given by other doctors regarding who they would like to be treated by if they prostate cancer – rated Mr Adshead as a candidate for a top-ten position). Mr Adshead is an expert in robotic prostate surgery, keyhole urological surgery, and laser treatment of kidney stones.

Idai Makaya: Mr Adshead, please explain which men are at the greatest risk of developing prostate cancer.

James Adshead: All men are at risk of prostate cancer but especially those with a family history of prostate or

breast cancer. The disease appears to affect Afro-Caribbean men to a greater extent. These two groups need to be particularly aware that it is a potential health risk for them.

Q Is there anything one can do to reduce the risk of developing prostate cancer? If so, please state if you think there is any single action which will have the biggest impact on reducing this risk.

A Being overweight may be linked to an increased risk of aggressive or advanced prostate cancer. Therefore, eating a healthy low fat, high vegetable and fruit intake in the same way as we would be advised to prevent heart attacks is advisable.

Some dietary intake has been shown to be protective such as tomatoes (lycopenes), pomegranate juice and polyphenols present in green tea and wait for the good news... red wine.

Q What symptoms, if any, should people look out for when self-screening for prostate cancer?

A The problem is that many men think that the time to go to see the doctor is when 'waterwork' symptoms occur.

Most of these symptoms are due to the non cancerous enlargement that happens to most men as they get past 50.

In actual fact, if you look at the frequency of prostate cancer in 60-year-old men presenting to their GP with flu or with 'waterwork' symptoms, rather surprisingly it is the same in both groups. This is why the only way to detect early cancer is by asking for a PSA blood test as well as having the 'dreaded' prostate examination.

Q Is there any way people can be screened for prostate cancer, considering there isn't a national screening programme?

A Men in this country do not get asked to come for a blood test automatically which is a great shame in my opinion (in fact not even those men who we know have a higher risk of the disease). By raising awareness, however, those men interested in preventative measures can ask their GP to include a prostate cancer screening test in their 'well man' checks (mainly designed to look at heart disease risk).

Q How is prostate cancer diagnosed?

A The diagnosis involves taking samples from the prostate to look at under a microscope and – yes you've guessed it – unfortunately it involves taking those samples as a biopsy via the back passage.

However, it is a relatively quick



procedure, often done as an outpatient, with local anaesthetic application to the prostate making it numb before the biopsies are taken.

This is only required in men who have an elevated blood test, or an irregularity felt when the prostate is examined.

Q What is a PSA test?

A The PSA test is a blood test that measures the level of PSA (prostate specific antigen) in your blood. PSA is made by the prostate gland and some of it will leak into your bloodstream (depending on your age and the health of your prostate).

A raised PSA level may mean you have prostate cancer. However, other conditions which are not cancer (for example, enlargement of the prostate, prostatitis, urinary infection) can also cause higher PSA levels in the blood.

Q What short term treatment options are there for managing and treating prostate cancer?

A Most prostate cancers will grow so slowly that a man may well die of something else first and so if we find a low risk cancer we will often just watch it and only treat if it changes to the faster growing type. This is called 'Active Surveillance'.

The problem is that unless you get tested you will not know which type you may have. Knowledge is everything and if you have faster growing prostate cancer there are many treatments to suit different men.

The main choice is between surgery to remove the prostate and radiotherapy – either as implants in to the prostate, or traditional beam type treatment.

My own expertise is in Robotic keyhole removal of the gland and I believe this allows me to see the important structures in much more accurate and 3D detail.

This technology has allowed me to reduce surgical blood transfusions to zero so far and often to preserve the important nerves that control sexual and urinary continence functions.

Many men get home the day after such surgery and are back to work in a few weeks.

The future is exciting and there are many new drugs on the horizon which may slow prostate cancer long enough that it won't kill anyone, anymore – but at the moment too many men are dying who could have been diagnosed earlier and probably cured.

Q I believe I once heard someone on a medical TV programme saying if men live long enough they will all eventually develop some sort of prostate pathology, even if it's not life-limiting. Is this true?

A Yes, a rough estimate made from studies when people donated their bodies for research after death showed that prostate cancer cells are present in almost all men by the time they reach 90 and as we live longer detection may well become even more important.

The greatest need is to find a test or genetic code to tell us which prostate cancers will kill in an individual man's lifetime.

For the moment we have to 'over-treat' men (by treating most cancers in the same way) but, in my opinion, if it prevents death from prostate cancer it's the best option we have with the current science.

Idai Makaya: Mr James Adshead will deliver a free prostate cancer information presentation at Spire Harpenden Hospital on March 28, 2011 at 7.30pm.

There will also be the opportunity for a free PSA test at this event to men who would like to be screened, so if this issue is of concern to you (and you are a man aged 50-70) please contact Spire Harpenden Hospital for more information about the prostate cancer information event – or to book a free place – on 01582 714 420.

Alternatively, visit www.spireharpenden.com and click on "Events."

Prostate Health What you need to know



Spire Harpenden Hospital is hosting a public information evening on Monday 28 March at 7.30pm.

This event offers an opportunity for men between the ages of 45-70 to learn more about prostate health screening.

Those attending will be offered a free PSA blood test on the evening and results will be sent to them.



This evening is only appropriate for men who are not currently undergoing prostate treatment.

For further information, or to reserve your free place(s), please call

01582 714 420

or email info@spireharpenden.com
www.spireharpenden.com

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