

Having your prostate checked: what you should know

A Guide For Men



Acknowledgements

We would like to thank the following for their advice and suggestions in the compilation of this booklet:

- Bray Cancer Support Centre
- Cancer Care West
- Gary Kelly Centre
- Irish Practice Nurses Association
- Marie Keating Foundation
- Men Against Cancer (MAC) support group
- National Multi-disciplinary Urology Teams
- Representatives of the Irish Association of Urology Nurses
- Solace Men's Cancer Support Group

Version 1.0 July 2010

This booklet will be reviewed as new evidence emerges. While every effort has been made to ensure that it is accurate, we do not accept responsibility for errors or omissions.

Introduction

This booklet will tell you about having your prostate checked. You can go to your GP to have this carried out. A prostate assessment with your GP would include the following:

- Asking questions about your health
- Examination of your prostate through your back passage
- It may also involve carrying out a blood test

You may have concerns about having a Prostate Specific Antigen (PSA) test, such as waiting for your results, or the impact of abnormal test results. You should discuss this with your medical team before you decide to have the PSA test.

If more tests are needed, your GP may send you to a doctor who is an expert in treatment of prostate problems. This expert is known as a urologist. You may be referred to one of the National Cancer Control Programme (NCCP) Rapid Access Prostate Clinics or a urology clinic.

The urologist and his/her team will advise you about whether or not you need to have a prostate biopsy.

How should I decide if I should have a Prostate Assessment?

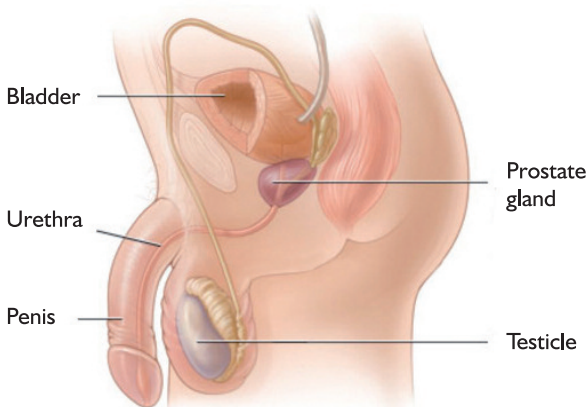
Your GP will discuss with you if you should have a prostate assessment. You may decide to go ahead and have it carried out if you:

- Have a family history of prostate cancer
- Have been thinking about the test because you have developed urinary symptoms
- Have no symptoms but just want to have your prostate checked, and you are aged between 50 to 70 years, or you have a first degree relative (father, brother, son) with prostate cancer or you are of African ethnicity

Prostate assessment includes a PSA test and Digital Rectal Examination (DRE) and possibly a prostate biopsy.

What is the prostate gland?

- The prostate gland is only found in men
- It lies just under the bladder (see diagram below)
- It is normally about the size of a chestnut
- The urethra, which is the tube through which urine passes from the bladder, runs through the middle of the prostate
- The prostate helps to make semen, but most semen is made by the seminal vesicle (another gland nearby)



Prostate Assessment

The decision about having a prostate assessment should be taken by you in conjunction with your GP who can advise you further and who knows your particular circumstances.

Possible Prostate Problems

Most urinary symptoms in men over 50 years of age are due to ageing, bladder changes and kidney function, e.g. getting up to go to the toilet at night.

1. Benign Prostatic Hyperplasia

The most common problem of the prostate is prostate enlargement called Benign Prostatic Hyperplasia (BPH). This is a benign (non-cancerous) condition where the prostate gets bigger gradually after the age of about 50. By the age of 70, about 8 in 10 men have an enlarged prostate. Passing urine frequently or difficulty in passing urine can be symptoms of BPH.

2. Prostate cancer

Prostate cancer is the second most common cancer in men after skin cancer. Over 2,700 men are diagnosed with prostate cancer each year in the Republic of Ireland. Most cases occur in men over 50 years of age.

Unlike many other cancers, prostate cancer is often present for years without you knowing it. This is because in most cases the cancer is slow growing and can take many years to cause any symptoms. However, some prostate cancers are fast growing and can spread to other parts of the body.

Digital Rectal Examination (DRE)

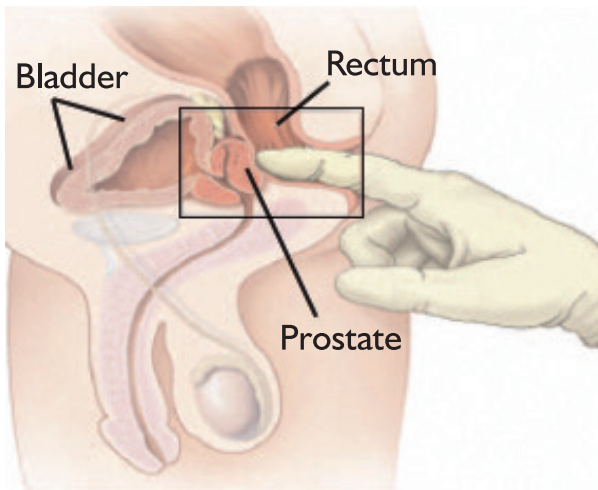
A common way of diagnosing a prostate problem is for the doctor to feel the prostate gland through the wall of the back passage (rectum). This is called a DRE (Digital Rectal Examination)

The DRE may be carried out by your GP and will be repeated by the hospital specialist, if your GP thinks you should see one. You will be asked to lie on your left side, on an examination table with your knees brought up towards your chest. If you find it easier, you can stand and lean over the back of a chair or across the examination table instead.

The doctor will put on a thin vinyl or rubber glove, lubricate their gloved forefinger with gel and slide it gently into your back passage. You may find this uncomfortable or embarrassing, but it should not be painful.

The doctor feels the back surface of the prostate gland for any hard or irregular areas and to estimate its size. If the prostate gland is

larger than expected this could be a sign of Benign Prostatic Hyperplasia (BPH). A prostate gland with hard bumpy areas may suggest prostate cancer. If the DRE result gives cause for concern, you will be referred to a hospital specialist. This will usually be a urologist.



PSA test

This is a blood test that measures the level of PSA in your blood. PSA stands for Prostate Specific Antigen. PSA is a protein made by the prostate which can be measured in the bloodstream.

What does the PSA test tell me about my prostate?

A raised PSA level may be due to other prostate conditions such as benign enlargement of the prostate and inflammation of the prostate (prostatitis), however a raised PSA level can be a sign that you have prostate cancer. The test can help to find early prostate cancers, which may have a better chance of being successfully treated than more advanced prostate cancers. The PSA level is often raised well before any symptoms of prostate cancer develop.

However:

- About two in three men with a raised PSA level do not have prostate cancer
- In some cases, the PSA level may be normal even when prostate cancer is present
- Up to one in five men with prostate cancer have a normal PSA level

If I have a PSA test, what happens next?

What happens next depends on whether or not you have any symptoms, your personal risk of prostate cancer, how high the PSA level is, your age, and your DRE examination.

If you have had a PSA test in the past, you should discuss with your GP when it needs to be repeated.

THE PSA TEST

Advantages

- It usually provides reassurance if the test result is normal.
- It can help to detect prostate cancer before any symptoms develop.
- Treatment in the early stages of prostate cancer could help men live longer and avoid further complications of cancer, and improve quality of life.
- The test is a quick, simple and painless procedure involving taking a sample of blood for testing in a lab.

THE PSA TEST

Disadvantages

- It could miss cancer in the prostate, and falsely reassure that all is well.
- It might detect a slow-growing cancer that may never cause any symptoms or may never shorten your life span. But the diagnosis of 'cancer' may cause significant anxiety and affect quality of life, and lead to unnecessary treatment.
- Some prostate cancer treatment may lead to complications for example incontinence or erectile dysfunction.

Biopsy of the prostate

If your PSA level is raised, or your prostate feels abnormal when examined, you may be sent to a specialist for a prostate biopsy. This is because a definite diagnosis of prostate cancer can only be made by taking cells from the prostate and then looking at them under a microscope.

A biopsy involves using an ultrasound scanner to guide a probe into the prostate through the rectum. This test can be uncomfortable, but is performed under local anaesthetic.

Are there any risks associated with having a biopsy?

The biopsy is not without risks. For example, there is a small risk of introducing infection into the prostate during the procedure. However, patients are given antibiotics on the day of their biopsy, to reduce their risk of infection.

If you are on anti-coagulants, also known as blood-thinners, these may need to be stopped

before you have your prostate biopsy. Most men can notice blood in their urine, semen and from the back passage for up to six weeks after the test.

What if I have prostate cancer?

The decision about treatment will be taken by you and your urologist, who knows your particular medical situation and can advise you. The likelihood is that your prostate cancer is a slow growing cancer. Therefore you have time to consider your options.

The decision to treat depends on a number of things including if the cancer is fast or slow growing and whether it has spread to other parts of the body or not. Your overall health, age, medical history and your views will be considered.

General Health Recommendations

Remember, it is important to look after your health, and you can do this by:

- Not smoking, and if you do, seeking advice from your GP about quitting
- Drinking sensibly (<21 units of alcohol a week)
- Eating a healthy diet, making sure to eat five pieces of fruit/vegetables a day
- Exercising and taking at least 30 mins of exercise on a daily basis
- Avoiding excessive sun exposure
- Reducing stress

Most important of all is to do something you enjoy every day!

Further copies of this leaflet are available by contacting the National Cancer Control Programme on (01) 828 7100 or by logging onto www.cancercontrol.hse.ie

Abbreviations

BPH	Benign Prostatic Hyperplasia
DRE	Digital Rectal Examination
GP	General Practitioner
NCCP	National Cancer Control Programme
PSA	Prostate Specific Antigen

Questions to ask your GP

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