Prostate cancer facts

- Prostate cancer is unusual in the under 50s
- Prostate cancer is the most common cancer in men in the UK
- In 2015, 47,700 men were diagnosed with prostate cancer in the UK (that's around 130 every day)
- 11,300 men died from prostate cancer in 2014
- 84% of men in England and Wales survive prostate cancer for 10 years or more

1 in 8 men will be diagnosed with prostate cancer in their lifetime. Survival rates are improving and have tripled in the last 40 years in the UK.

Your risk of prostate cancer is higher if you have a brother or father, who has had prostate cancer. Prostate cancer is more common in black-African men than white men.

A lot of men live with prostate cancer and die of unrelated causes. It can be slow growing and the disease may never progress or cause any symptoms.

What and where is the prostate?

Only men have a prostate gland – it’s located underneath the bladder. It fits around the urethra (the tube that carries urine and semen out of the body.) The prostate produces a thick fluid that forms part of the semen.

In young men, the gland is usually the shape and size of a walnut but increases slowly in size with age and can cause the urethra to narrow, causing problems with passing urine. Enlargement of the prostate is also called benign prostatic hyperplasia (BPH) it can effect a man’s quality of life and general health.

How is it diagnosed?

The only way to feel the prostate gland is by a digital rectal examination. Family doctors can also do a blood test to measure the PSA (prostate specific antigen) levels. A positive result is not necessarily an indicator of prostate cancer; see PSA information.

To confirm the diagnosis of prostate cancer a transrectal ultrasound scan on its own is not enough, in addition small samples (biopsies) of tissue are removed from the prostate gland and examined.

What are the symptoms of an enlarged prostate and late stage prostate cancer?

- Needing to urinate more often, especially at night
- Needing to rush to the toilet, so that you may even leak urine sometimes
- Difficulty starting to pass urine
- A weak flow
- A feeling that your bladder has not emptied properly
- Dribbling
- Pain when passing urine

Other symptoms you may get include:

- New pain in the lower back, hips or pelvis
- Problems getting or keeping an erection
- Blood in the urine or semen

All of these symptoms are usually caused by less serious diseases and not cancer but they do need to be checked by a doctor.

PSA (Prostate Specific Antigen) test

PSA is a protein that is only produced by the prostate gland. A blood sample can test for PSA. There is no one PSA reading that is considered ‘normal’. The reading will vary from man to man and the normal level increases with age.

- 3 ng/ml or less is considered to be in the normal range for men under 60
- 5 ng/ml or less if you are over 70

The PSA test is not a test specifically for cancer, but can show that there is a problem with the prostate. It should be used together with other tests for diagnosing prostate cancer. A positive biopsy is needed to confirm cancer.

Men are advised to visit their doctor if they require more information on PSA testing or if they experience any of the symptoms listed. Your GP can talk to you about the advantages and disadvantages of having the test and answer any questions you may have before you decide whether to have the test or not.
Cobalt’s Cancer Prevention Team met David Miller during a Male Cancer Awareness presentation given to staff of EDF, Cheltenham on 13 September 2012. David had already undergone his treatment for prostate cancer and, having returned to work, was keen to pass on information to his colleagues. He joined us during the presentation and very kindly agreed that we can share the story with you.

Although fit and healthy at age 59, and with none of the standard symptoms, David was diagnosed with prostate cancer during a routine health assessment. His assessment consisted of a PSA (Prostate Specific Antigen) blood test and a digital rectum examination to feel the prostate. David’s PSA score was slightly above the level of no concern, however, a small lump was identified during the rectal examination.

A consultant urologist advised David to have a biopsy of the prostate. The biopsy was conducted under general anaesthetic, with no pain, and David was back to work the next day. The results of the biopsy revealed an intermediate level cancerous tumour. Given this assessment, the treatment options were either surgery to remove the prostate or radiotherapy to treat the cancer. Following discussions at home and with a radiotherapy and urologist surgeon consultant, David agreed to take the surgery option. The one major benefit of this option, at that time, was that Southmead Hospital in Bristol had the expertise to conduct prostate surgery using the Da Vinci Robot.

The operation took three hours and David left hospital the next day and walked to the car park. He continued to walk each day and returned to work after six weeks. The biopsy of the prostate revealed that the tumour was fully contained within the prostate, which was good news, however, the full biopsy of the tumour classified it as “vigorous” and David felt very lucky to have had the health assessment and to have the availability of robotic surgery.

References:
Cancer Research UK - Prostate Cancer Statistics as of February 2018
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