

PROSTATE CANCER INFORMATION EVENING

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PROSTATE CANCER

AN IMPORTANT HEALTH PROBLEM
AND A CHALLENGE TO
UROLOGISTS, RADIOTHERAPISTS
AND ONCOLOGISTS

PROSTATE CANCER

WILL I GET PROSTATE CANCER!

OR

HAVE I GOT PROSTATE CANCER!

PROSTATE CANCER

INCREASED INCIDENCE

FAMILY HISTORY

NON VEGETARIANS

AFRICAN- AMERICANS/SCANDINAVIANS

EXPOSURE TO RADIOACTIVITY

EXPOSURE TO CADMIUM

LOW VITAMIN D LEVELS

PROSTATE CANCER

FAMILY HISTORY

1. IF FATHER HAD PROSTATE CANCER
CHANCES OF SON HAVING CANCER
ARE 2X
2. IF FATHER AND HIS BROTHER HAS HAD
PROSTATE CANCER CHANCES ARE 5X

NB: CANCER IS AGE RELATED!

PROSTATE CANCER

DIET:

1. VEGETARIANS HAVE LOW INCIDENCE
2. INCREASED INCIDENCE IN THOSE WITH HIGH FAT DIET
3. HERBAL PREPARATIONS – CHECK
4. SELENIUM DECREASES CANCER RISK
5. ZINC- CONTROVERSIAL

PROSTATE CANCER

AFRICAN-AMERICANS/SCANDINAVIANS

HIGHER INCIDENCE
STARTS AT EARLIER AGE
CAUSE IS UNKNOWN ? HORMONAL

PROSTATE CANCER

**EXPOSURE TO CADMIUM/RADIOACTIVITY
HIGHER INCIDENCE ? MUTATIONAL**

PROSTATE CANCER

HOW IS CANCER DIAGNOSED:

URINARY SYMPTOMS:

URGENCY

SLOW STREAM

FREQUENCY

NOCTURIA

**RAPIDITY WITH WHICH THE SYMPTOMS
WORSEN!**

PROSTATE CANCER

HOW IS CANCER DIAGNOSED

VAGUE SYMPTOMS:

BONE PAIN

LOSS OF WEIGHT

WEAKNESS IN LEGS

ABDOMINAL SYMPTOMS

PROSTATE CANCER

HOW IS CANCER DIAGNOSED:

THE FINGER TEST:

NODULES

FIRMNESS OF PROSTATE

GROOVE BETWEEN TWO LOBES OF
PROSTATE

PROSTATE CANCER

HOW IS CANCER DIAGNOSED:

THE PROSTATE BIOPSY

ONCE EXPERIENCED NEVER FORGOTTEN
NUMBER OF BIOPSIES? 6-12
?REPEATED

PROSTATE CANCER

HOW IS CANCER SPREAD DIAGNOSED:

PSA LEVEL

TOTAL BODY BONE SCAN

PELVIC CAT SCAN

?MRI SCANS

MICROSCOPIC SPREAD CANNOT BE DIAGNOSED

PROSTATE CANCER

HOW IS THE TREATMENT DECIDED:

PATIENT INVOLVEMENT

OPTIONS EXPLAINED

SPEAK TO FRIENDS/OTHER PATIENTS

READ ABOUT PROSTATE CANCER

INTERNET: PROSTATEHEALTH.ORG.AU

SECOND OPINION – DON'T BE AFRAID TO SEEK

PROSTATE CANCER

TREATMENT OPTIONS:

1. TYPE OF CANCER

**2. STAGING OF TUMOR: IS IT LOCALISED
HAS IT SPREAD**

3. CO - MORBIDITY

4. AGE OF PATIENT

PROSTATE CANCER

TYPES OF PROSTATE CANCERS

MAIN TYPE: ADENOCARCINOMA
MISCELLANEOUS TYPES

PROSTATE CANCER

ADENOCARCINOMA:

GLEASON GRADE:

LOW GRADE : 2-4

MODERATE : 5-7

HIGH GRADE: >7

PROSTATE CANCER

STAGING OF TUMOR:
HAS IT SPREAD LOCALLY
DISTALLY: LYMPH NODES
BONES

PROSTATE CANCER

**LOCALISED TUMOR:
RADICAL PROSTATECTOMY
RADIOTHERAPY
WATCHFUL WAITING**

PROSTATE CANCER

WATCHFUL WAITING

REGULAR CHECK UPS: SYMPTOMS

PSA

RECTAL EXAMINATION

PROSTATE CANCER

RADICAL PROSTATECTOMY

1. LOCALISED TUMOR
2. HIGH GRADE
3. NO CO MORBIDITY
4. < 70M YEARS

PROSTATE CANCER

RADICAL PROSTATECTOMY-COMPLICATIONS

BLEEDING – TRANSFUSION MAY BE NEEDED

IMPOTENCE

INCONTINENCE

NARROWING OF NEW ANASTOMOSIS

RECURRENCE OF TUMOR

PROSTATE CANCER

TUMOURS SPREAD BEYOND THE PROSTATE

**MOST TUMOURS ARE HORMONALLY DEPENDENT
REMOVAL OF MALE HORMONE SHOULD
THEREFORE CONTROL THE TUMOR**

PROSTATE CANCER

HOW ARE THE MALE HORMONES NEUTRALISED?

B/L ORCHIDECTOMY (CASTRATION)

MEDICATIONS : ANDROCUR/COSUDEX

OR

FLUTAMIDE + ZOLADEX/LUCREIN

PROSTATE CANCER

B/L ORCHIDECTOMY (CASTRATION)

**SURGICAL PROCEDURE-VERY DIFFICULT
FOR MEN TO ACCEPT PROCEDURE**

STILL THE “GOLD STANDARD”

PROSTATE CANCER

HORMONAL MANIPULATION

- 1. CONTINUOUS**
- 2. ‘HOLIDAY’ BREAKS – A NEW CONCEPT**

PROSTATE CANCER

TAKE HOME MESSAGE

**PROSTATE CANCER IS A CONTROLLABLE
CONDITION. UNLIKE OTHER TUMOURS MALES
CAN LIVE WITH THE “DISEASE”.
PATIENTS OFTEN DIE WITH PROSTATE
CANCER RATHER FROM IT!**

PROSTATE CANCER

THANK YOU:

1. TO THE CANCER COUNCIL OF SA
2. TO BARBARA FOR HELPING ME
WITH THE PRESENTATION
3. MOST IMPORTANTLY - YOU THE AUDIENCE