

# Prostate Cancer



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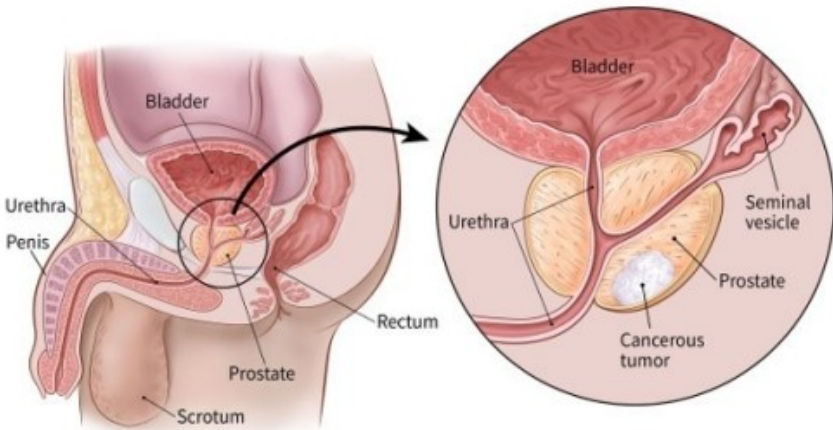
*St. Maarten Medical Center*

## What is prostate cancer?

Prostate cancer is a cancer that occurs in the prostate, a small walnut-shaped gland in men that produces the seminal fluid that nourishes and transports sperm.

Prostate cancer is one of the most common types of cancer in men. Usually prostate cancer grows slowly and is initially confined to the prostate gland, where it may not cause serious harm. However, while some types of prostate cancer grow slowly and may need minimal or even no treatment, other types are aggressive and can spread quickly.

Prostate cancer that's detected early, when it's still confined to the prostate gland, has a better chance of successful treatment.



## What are the symptoms of prostate cancer?

Prostate cancer may cause no signs or symptoms in its early stages. Prostate cancer that's more advanced may cause signs and symptoms such as:

- Trouble urinating
- Decreased force in the stream of urine
- Blood in semen
- Discomfort in the pelvic area
- Bone pain

- Erectile dysfunction

## What are the risk factors?

Factors that can increase your risk of prostate cancer include:

- **Age.** Your risk of prostate cancer increases as you age.
- **Race.** For reasons not yet determined, black men carry a greater risk of prostate cancer than do men of other races. In black men, prostate cancer is also more likely to be aggressive or advanced.
- **Family history.** If men in your family have had prostate cancer, your risk may be increased. Also, if you have a family history of genes that increase the risk of breast cancer or a very strong family history of breast cancer, your risk of prostate cancer may be higher.
- **Obesity.** Obese men diagnosed with prostate cancer may be more likely to have advanced disease that's more difficult to treat.

## What are the complications of prostate cancer?

Complications of prostate cancer and its treatments include:

**Cancer that spreads (metastasizes).** Prostate cancer can spread to nearby organs, such as your bladder, or travel through your bloodstream or lymphatic system to your bones or other organs. Prostate cancer that spreads to the bones can cause pain and broken bones. Once prostate cancer has spread to other areas of the body, it may still respond to treatment and may be controlled, but it's unlikely to be cured.

**Incontinence.** Both prostate cancer and its treatment can cause urinary incontinence. Treatment for incontinence depends on the type you have, how severe it is and the likelihood it will improve over time. Treatment options may include medications, catheters and surgery.

**Erectile dysfunction.** Erectile dysfunction can result from prostate cancer or its treatment, including surgery, radiation or hormone treatments. Medications, vacuum devices that assist in achieving erection and surgery are available to treat erectile dysfunction.

## Screening for prostate cancer?

Prostate screening tests might include:

**Digital rectal exam (DRE).** During a DRE, the Urologist inserts a gloved, lubricated finger into your rectum to examine your prostate, which is adjacent to the rectum. If the Urologist finds any abnormalities in the texture, shape or size of the gland, you may need further tests.

**Prostate-specific antigen (PSA) test.** A blood sample is drawn from a vein in your arm and analyzed for PSA, a substance that's naturally produced by your prostate gland. It's normal for a small amount of PSA to be in your bloodstream. However, if a higher than normal level is found, it may indicate prostate infection, inflammation, enlargement or cancer.

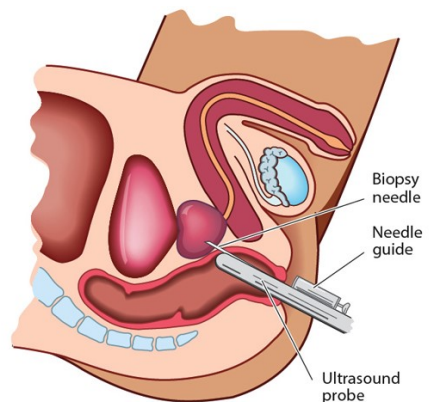
PSA testing combined with DRE helps identify prostate cancers at their earliest stages. Hence, debate continues surrounding prostate cancer screening.

## Diagnosing prostate cancer

If a DRE or PSA test detects an abnormality, the Urologist may recommend further tests to determine whether you have prostate cancer, such as:

**Ultrasound.** If other tests raise concerns, your doctor may use transrectal ultrasound to further evaluate your prostate. A small probe, about the size and shape of a cigar, is inserted into your rectum. The probe uses sound waves to create a picture of your prostate gland.

**Collecting a sample of prostate tissue.** If initial test results suggest prostate cancer, the Urologist may recommend a procedure to collect a sample of cells from your prostate (prostate biopsy). Prostate biopsy is often done using a thin needle that's inserted into the prostate to collect tissue. The tissue sample is analyzed in a lab to determine whether cancer



cells are present.

Once a prostate cancer diagnosis has been made, the Urologist works to determine the extent (stage) of the cancer. If your doctor suspects your cancer may have spread beyond your prostate, one or more of the following imaging tests may be recommended:

- Bone scan
- Ultrasound
- Computerized tomography (CT) scan
- Magnetic resonance imaging (MRI)
- Positron emission tomography (PET) scan

Not every person should have every test. The Urologist will help determine which tests are best for your individual case. The Urologist uses the information from these tests to assign your cancer a stage. Prostate cancer stages are indicated by Roman numerals ranging from I to IV. The lowest stages indicate the cancer is confined to the prostate. By stage IV, the cancer has grown beyond the prostate and may have spread to other areas of the body.

The cancer staging system continues to evolve and is becoming more complex as doctors improve cancer diagnosis and treatment. The Urologist will use your cancer stage to select the treatments that are right for you.

## What are the treatment options?

Your prostate cancer treatment options depend on several factors, such as how fast your cancer is growing, how much it has spread and your overall health, as well as the potential benefits or side effects of the treatment.

### Surgery

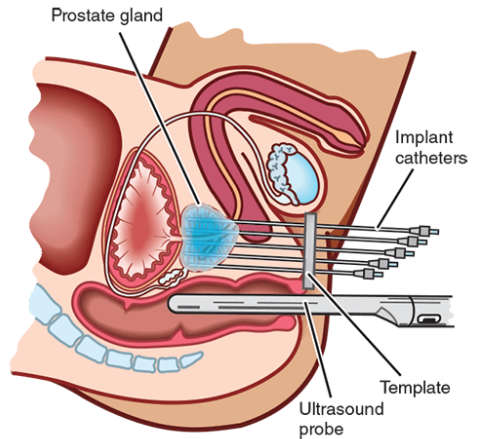
Surgery for prostate cancer involves removing the prostate gland (radical prostatectomy), some surrounding tissue and a few lymph nodes. Radical prostatectomy carries a risk of urinary incontinence and erectile dysfunction. Ask your Urologist to explain the risks you may face based on your situation, the type of procedure you select, your age, your body type and your overall

health.

### Radiation therapy

Radiation therapy uses high-powered energy to kill cancer cells. Prostate cancer radiation therapy can be delivered in two ways:

- **Radiation that comes from outside of your body (external beam radiation).** During external beam radiation therapy, you lie on a table while a machine moves around your body, directing high-powered energy beams, such as X-rays or protons, to your prostate cancer. You typically undergo external beam radiation treatments five days a week for several weeks.
- **Radiation placed inside your body (brachytherapy).** Brachytherapy involves placing many rice-sized radioactive seeds in your prostate tissue. The radioactive seeds deliver a low dose of radiation over a long period of time. The radioactive seeds are implanted in your prostate using a needle guided by ultrasound images. The implanted seeds eventually stop emitting radiation and don't need to be removed.



Side effects of radiation therapy can include painful, frequent or urgent urination, as well as rectal symptoms such as loose stools or pain when passing stools. Erectile dysfunction can also occur.

### Hormone therapy

Hormone therapy is treatment to stop your body from producing the male hormone testosterone. Prostate cancer cells rely on testosterone to help them grow. Cutting off the supply of testosterone may cause cancer cells to die or to grow more slowly. Hormone therapy options include:

- **Medications that stop your body from producing testosterone.** Medications known as luteinizing hormone-releasing hormone (LH-RH) agonists prevent the testicles from receiving messages to make testosterone.
- **Medications that block testosterone from reaching cancer cells.** Medications known as anti-androgens prevent testosterone from reaching your cancer cells.
- **Surgery to remove the testicles (orchiectomy).** Removing your testicles reduces testosterone levels in your body.

Hormone therapy is used in men with advanced prostate cancer to shrink the cancer and slow the growth of tumors. In men with early-stage prostate cancer, hormone therapy may be used to shrink tumors before radiation therapy, which can increase the likelihood that radiation therapy will be successful. Side effects of hormone therapy may include erectile dysfunction, hot flashes, loss of bone mass, reduced sex drive and weight gain.

## Chemotherapy

Chemotherapy uses drugs to kill rapidly growing cells, including cancer cells. Chemotherapy can be administered through a vein in your arm, in pill form or both. Chemotherapy may be a treatment option for men with prostate cancer that has spread to remote body locations. Chemotherapy may also be an option for cancers that don't respond to hormone therapy.

## Prevention methods

You can reduce your risk of prostate cancer if you:

- Choose a healthy diet full of fruits and vegetables,
- Choose healthy foods over supplements,
- Try to exercise most days of the week,
- Maintain a healthy weight,
- Get regular medical checkups,
- Talk to your doctor about increased risk of prostate cancer.

## Contact information

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