

Prostate Cancer Talk

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NHS England and NHS Improvement



Introduction

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Hoping to cover:

- Myths
- The Prostate
- Prostate Cancer pathology
- Symptoms/Diagnosis
- FH/Black men
- Protection/prevention factors
- Treatments

Myth Busters

- Myth 1: Prostate cancer is an “old man's disease”
- Myth 2: Prostate cancer is contagious
- Myth 3: “I don’t have any symptoms so I can’t have prostate cancer”
- Myth 4: “I must have prostate cancer because I can’t pee against a wall from three metres away”
- Myth 5: “Just because my dad had prostate cancer doesn’t mean I’m more likely to get it”

Prostate Cancer

- The most common cancer in UK men - **50000 in 2018**
- Strongly linked to age - **Three quarters of cases are in men over the age of 65, but is found in some as young as 40**
- Prostate cancer is on the increase in the UK - **1 in 8 men**
- One reason for this is that men are living longer - **They are more likely to reach old age and develop prostate cancer**
- Another reason is that more men are being tested and found to have the cancer

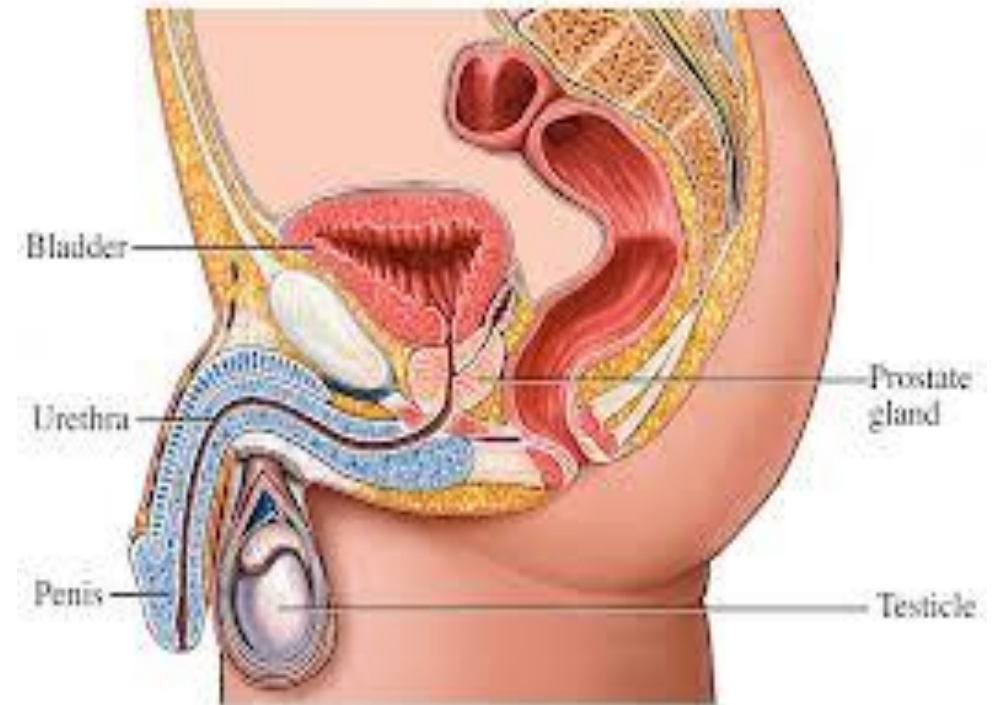
Good news!

The good news is that over the past 20 years, overall...

- **Survival rates** for all stages of prostate cancer combined have **gone up from 67% to 97%**
- **Early detection is the key**

What is the prostate gland?

- An essential part of the male reproductive system
- Produces semen
- Sits at the base of the bladder, before the penis

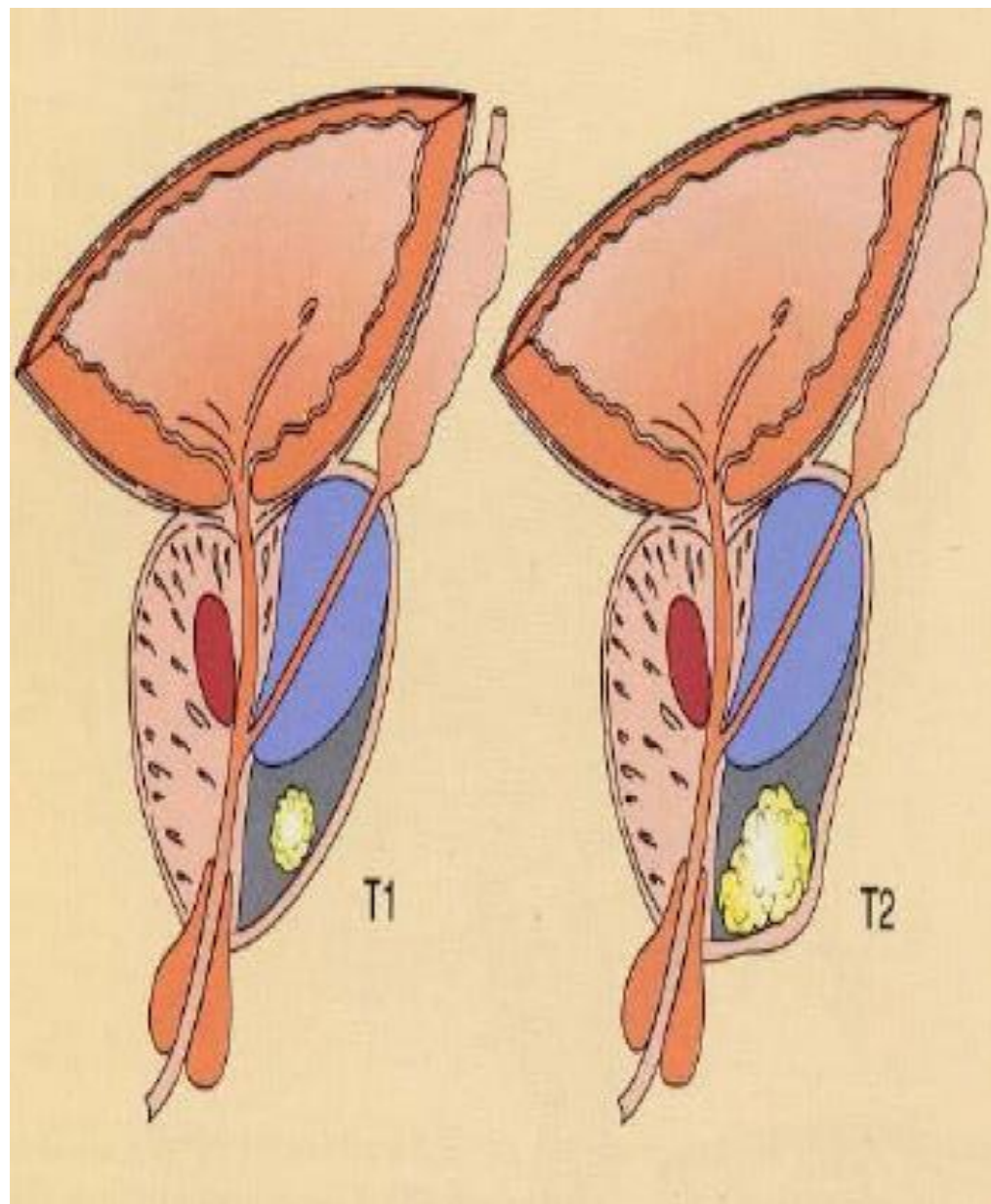


What is the prostate gland continued...

- As a man gets older, his prostate may get bigger and restrict the flow of urine
- This is a very common condition called benign prostatic hyperplasia (BPH)
- It is not cancer, but causes some of the same symptoms as prostate cancer

What is prostate cancer?

- Prostate cancer develops when a single cell in the prostate begins to multiply out of control and forms a tumour
- Some cells may break away starting tumours in other parts of the body
- In many men, prostate cancer grows slowly and may not cause any problems
- Can take 5 to 15 years to progress
- Usually unlike faster growing cancers (pancreatic, lung), takes months to progress



Symptoms

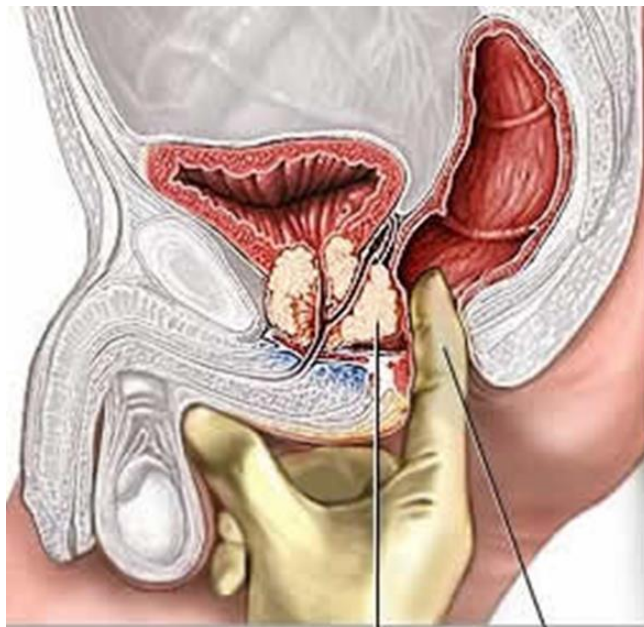
- Needing to pee often, small amounts, especially at night
- Difficulty in starting to pee, and poor flow
- Straining to pee or taking a long time to finish
- Pain when peeing or during sex when you have an orgasm

And less commonly:

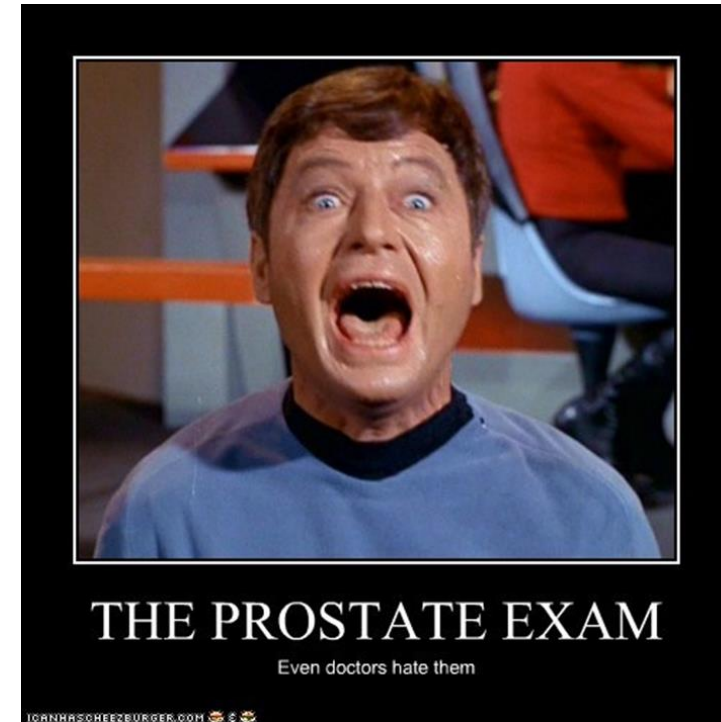
- Blood in the urine or semen
- Sudden impotence
- Pain in back, hips or pelvis

See Doctor!

- Early Detection: Combination
 - Prostate Exam
 - PSA Blood Test



Digital Rectal Examination
of Prostate Gland



PSA

- Prostate Specific Antigen: protein made by both normal and cancer
- Can detect early cancer
- Not a perfect test

Elevated PSA

Can be caused by:

- Cancer
- Normal enlargement of the prostate with age (BPH)
- Prostate/Urine infection
- Exercise
- Ejaculation

There always best to have 2 PSA tests spread out at least 2 weeks apart and urine infection excluded

Prostate Cancer

Men with a Family History of Prostate Cancer:

- 2 x the risk of developing Prostate Cancer in their lifetime
- Baseline PSA test at age 40
- Yearly PSA test at age 45

Black men:

- 50% higher risk than white men
- with a father or brother who had prostate cancer when they were younger than age 65 should start screenings at age 45
- with more than one close relative who had prostate cancer when they were younger than age 65 should start screenings at age 40

Protection factors

- **Usual Cancer factors: Stop smoking, exercise, obesity, reduce inflammatory foods but increase leafy brightly-coloured vegetables, reduce alcohol**

- **Selenium Higher body levels: risk by 26-71%**



- Brazil Nuts
- Sunflower seeds
- Fish
- Shellfish
- Meat
- Poultry
- Eggs
- Mushrooms
- Pomegranate juice

Protection factors

- **Lycopenes**

Higher blood levels:

risk by 20%



- Guava
- Watermelon
- Tomatoes
- Papaya
- Pink grapefruit

Steps to diagnosis

- See GP
- Has examination and tests
- Referral made to hospital
 - as “Urgent Suspected Cancer”
- Assessed within 2 weeks:
 - remote consultation a possibility
- Tests planned
 - Almost certainly include MRI, Biopsy

Generally for men with prostate cancer in England:

- more than 95 out of 100 (more than 95%) will survive their cancer for 1 year or more
- more than 85 out of 100 (more than 85%) will survive their cancer for 5 years or more
- almost 80 out of 100 (almost 80%) will survive their cancer for 10 years or more

What affects survival:

- stage of the cancer when it was diagnosed. This means how big it is and whether it has spread.
- The type of prostate cancer and grade of the cancer also affects your survival:
 - the Gleason score. Men with a higher Gleason score have a poorer outlook.
- PSA level. A high PSA level may mean your cancer grows more quickly.
- Your general health and fitness also affect survival. The fitter you are, the better you are able to cope with your cancer and treatment.

Treatment Options

- Observation/Do nothing
- Surgery
- Chemotherapy
- Radiation
- Hormone therapy

Deciding what treatment you need

- MDT : multidisciplinary team - A team of doctors and other professionals review findings and recommend the best treatment and care for you.
 - surgeon who specialises in treating problems of the prostate. This is a urologist
 - medical cancer specialist or oncologist
 - specialist nurse or clinical nurse specialist (CNS)
 - doctor who specialises in understanding scans such as MRI scans. This is a radiologist
 - doctor who specialises in looking at cells under the microscope (pathologist)
- The team reviews the scans and tests and recommends the best treatment for you. And will explain its benefits and possible side effects.

Things to consider

If you are asked to choose your treatment you might want to consider the following factors:

- How likely is it that the cancer will cause problems in your lifetime
- How do you feel about living with the cancer in your body and not having treatment
- What are your options and what do they involve
- What are the side effects
- How do you feel about the different treatments
- Are there some side effects that would bother you more than others
- How the treatment side effects might affect your sex life
- How you feel about what is involved practically – for example, spending time in hospital or recovery time
- How quickly do you want to know how well the treatment is working
- What are your treatment options if the cancer comes back in the future

Tools to help you decide

The Predict Prostate tool can help you decide between monitoring and more radical treatment. It is for men whose prostate cancer hasn't spread.

- It can't tell you exactly what is going to happen in the future, but it gives you an idea about the differences in survival between the different treatment options. The tool works less well for men with a very high PSA or those with a fast growing or large tumour.

To be able to use the tool you need to know the following about your cancer:

- PSA level
- stage of cancer (T stage)
- grade of cancer
- the Gleason score

Active surveillance

Some prostate cancers are slow growing and might never cause you problems.

You might have active surveillance if:

- your cancer is contained in the prostate gland. This is localised prostate cancer
- you have a Cambridge Prognostic Group of 1, 2 or 3. This is similar to a low or medium risk localised prostate cancer
- you can have treatment that aims to cure if the cancer starts to grow
- Your doctor will discuss the possible benefits and risks of active surveillance.
- They make sure that you're happy with whichever decision is made.

In Active Surveillance, you may have a:

- blood test to monitor your PSA level every 3, 4 or 6 months
- prostate examination at 12 months. You may not need this if you are having an MRI scan
- type of MRI scan called multiparametric MRI (mpMRI) at 12 months

Watchful waiting

You might have watchful waiting if you have localised prostate cancer and you:

- **have other health problems so you can't have treatment to try to cure your cancer**
- **don't want to have treatment to try to cure your cancer**

What happens during watchful waiting?

You have blood tests to measure your PSA levels. You usually have this at least once a year. Your GP can arrange for you to see a prostate cancer specialist if you have:

- **a sudden rise in your PSA level**
- **develop any new symptoms, such as bone pain**
- **Your prostate cancer specialist might recommend hormone treatment. The treatment aims to shrink and control your cancer rather than cure it.**

Surgery for prostate cancer

Surgery is one of the main treatments for prostate cancer. You usually have surgery to remove your prostate gland. This is a radical prostatectomy.

- A radical prostatectomy is a major operation with some possible side effects. You may not need this type of surgery if you're an older man with a slow growing prostate cancer. This is because your cancer might grow so slowly that you're more likely to die of old age or other causes than from prostate cancer.

Your doctor might recommend a radical prostatectomy if:

- your cancer hasn't spread outside the prostate gland. This is localised prostate cancer
- your cancer has broken through the covering of the prostate and spread to the area just outside the prostate gland. This is locally advanced prostate cancer
- you are well enough to have this operation

The aim of a radical prostatectomy operation is to cure prostate cancer.

- There are different ways of having a radical prostatectomy:
 - keyhole or laparoscopic surgery
 - robotic surgery which is a type of keyhole surgery
 - open surgery
 - Most people in the UK have a keyhole or robotic surgery.

Radiotherapy for prostate cancer

You might have external beam radiotherapy or internal radiotherapy (brachytherapy).

- External beam radiotherapy directs radiotherapy beams at the cancer from a machine.
- This is different to internal radiotherapy which means giving radiotherapy to the cancer from inside the body. For prostate cancer, you might have a type of internal radiotherapy called brachytherapy.

Hormone therapy for prostate cancer

- Prostate cancer usually depends on the hormone testosterone to grow.
- Hormone therapy blocks or lowers the amount of testosterone in the body and can lower the risk of prostate cancer coming back when you have it with other treatments.
- Hormone therapy on its own doesn't cure prostate cancer, but can lower the risk of an early prostate cancer coming back when you have it with other treatments.
- There are different ways of having hormone therapy. This includes injections, tablets or surgery to remove your testicles (orchidectomy).

Your doctor might recommend hormone treatment alone if:

- the cancer is too advanced to have treatment with the aim to cure it
- you can't have surgery or radiotherapy because of other health problems
- you don't want to have radiotherapy or surgery
- You usually have hormone therapy for as long as it is working or your doctor might suggest you have intermittent hormone therapy. This is when you have breaks from treatment and have blood tests every 3 months to check your PSA. You restart treatment again if your PSA rises above a certain level.

Metastatic prostate cancer

Hormone therapy is also a treatment for metastatic prostate cancer. You might have it with chemotherapy such as docetaxel. You may also have some hormone therapies such as abiraterone with:

- steroids called prednisolone
- other types of hormone therapies such as enzalutamide and apalutamide

High intensity focused ultrasound (HIFU)

HIFU is a treatment that uses high frequency sound waves.

You have HIFU from a machine which gives off sound waves which deliver a strong beam to the cancer. This heats up and destroys the prostate cancer cells.

HIFU is recommended if your cancer:

- is contained inside the prostate gland: localised prostate cancer
- is just breaking through the covering of the prostate: locally advanced prostate cancer
- has come back after earlier treatment: salvage treatment

You can't have HIFU if your cancer has spread to other parts of your body: metastatic or advanced prostate cancer.

You might have HIFU treatment to either:

- the whole prostate gland: whole prostate HIFU
- specific areas of the prostate gland: focal HIFU

Side effects of treatment

Depends on Age, general health, treatments

- Death!
- Bladder problems:
 - Incontinence, frequency
- Erectile dysfunction:
 - Prostatectomy, RXT, HIFU
- Hormone:
 - Hot flushes, insomnia, tiredness, Breast swelling, weight and muscle changes, memory and thinking, diabetes, osteoporosis, libido

Finally:

.... what is life????

Life, in my opinion...

*"Life should not be a journey to the grave with the intention of arriving safely in an attractive and well-preserved body,
...but rather skid in sideways, chocolate in one hand, drink in the other, body thoroughly used up, totally worn out and screaming ...*

.....Woo hoo ...what a ride!"

Thank you - Any Questions?



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Further information: <https://prostatecanceruk.org/> , CRUK
<https://www.macmillan.org.uk/cancer-information-and-support/prostate-cancer>