

Prostate cancer: what are the treatment options?

Every man has a prostate, a small gland that produces some of the fluid in semen. It is found at the base of the bladder and surrounds the urethra (the tube which takes urine from the bladder to the penis). At some time in their lives, one in ten men in Australia will be diagnosed with prostate cancer. This usually affects men after the age of 50, and becomes increasingly common over the following decades. However, this cancer tends to grow slowly - most men who have it don't die from the disease.

What is prostate cancer?

It's normal for the prostate to get bigger after middle age. This can cause symptoms, such as needing to pass water more often. But an enlarged prostate isn't the same as cancer. Cancer is a malignant growth in the prostate. Sometimes when cancer is found, it hasn't spread beyond the prostate. But sometimes it spreads out of the prostate and affects other parts of the body. When prostate cancer is in its early stages there are usually no symptoms.

How is prostate cancer treated?

That depends on many things, including a man's age, how fast the cancer is growing and whether or not it's spread to other parts of the body.

Treatments include:

- **Surgery.** Removes the entire prostate gland.
- **Radiation therapy.** Uses X-ray radiation to kill cancer cells.
- **Brachytherapy.** A newer form of radiation treatment - usually most suitable for men with a small, slow growing cancer.
- **Doing nothing – but getting the prostate checked regularly by a specialist.** May be a choice for men with a slow growing cancer who don't have a long life ahead of them. (They may be over 70, for example, or have an illness that reduces life expectancy.) But some experts say that even slow growing cancers may progress quickly and affect a man's health.
- **Hormone therapy.** Although surgery and radiation therapy may cure prostate cancer, hormone therapy used alone can only control, not cure it. It can control cancer growth for several years. Usually used when cancer has spread to other parts of the body.

What are some side effects of treatment?

- **With surgery, radiation and brachytherapy.**

A risk of erection difficulties afterwards but there are possibly treatments which may help overcome erection difficulties. There's also a risk of incontinence particularly after surgery but there are treatments to improve this. After radiotherapy there may be some disturbance of bowel function and bleeding from the bowel.

- **With hormone treatment.**

Side effects may include loss of sex drive, erection difficulties, loss of energy, weakening of the bones, and hot flushes.

How do you decide which treatment is best?

Because of the side effects, there are many things to consider before deciding. A 75-year-old with a slow growing cancer might prefer no treatment rather than deal with the side effects of treatment, for instance. But a 55-year-old with a fast growing cancer, and perhaps more years of life might choose surgery. It's important to spend time finding out the good and bad points of each treatment by discussing them carefully with your doctor.

Who can give you more information to help you decide?

Good people to talk to include:

- Your GP and your specialist. Make a list of things you need to ask. You can also ask your GP for a referral to another specialist for a second opinion.
- The Cancer Helpline. Cantonese and Mandarin 1300 300 935; Greek 1300 301 449; Italian 1300 301 431; Arabic 1300 301 625. For all other languages, including English, call 13 11 20. (Interpreters are available for people who have difficulty with English.)

For more information about prostate health in other languages and English, see Prostate health: what every man needs to know on the Multicultural Communication website (details below).

If you need help making phone calls in English, ring the Translating and Interpreting Service on 131 450.

You can find more health information in your language on the Multicultural Communication website at <http://mhcs.health.nsw.gov.au>

Telephone numbers are correct at time of publication but are not continually updated. You may need to check the numbers in the telephone directory.