

## **Prostate Cancer and You**

Did you know that prostate cancer is the most common cancer affecting Jamaican men? Did you know it is the most common cause of male cancer-related deaths? And did you know that prostate cancer is more common and tends to have a worse outcome among men of African descent when compared to men of other ethnicity? Before sharing answers to some of the more common questions and misconceptions about the prostate and prostate cancer, let me begin by identifying some of the important functions of the gland.

The prostate helps to prevent the retrograde flow of semen from the urethra into the bladder during ejaculation and it contributes about 20% of the volume of semen. Secretions from the prostate contain important substances to fight infection, provide nourishment and a favourable environment for the sperm during their long trek in the female genital system to meet with the egg for fertilization. It therefore is seen to play an important role in fertility.

That said there is still a lot more that men and the women who love them need to know about the prostate and prostate cancer. The following are answers to some of the more commonly asked questions and prevailing misconceptions.

*Question: What are the symptoms of prostate cancer?*

Generally, there are no symptoms in the early stage of prostate cancer. By the time symptoms appear the cancer has already spread beyond the prostate gland and no longer curable. Usually, it is non-cancerous enlargement of the prostate evident by symptoms such as difficulty in passing urine, weak urinary flow, frequent urination (night and day) and inability to hold the urine which may cause a man to seek medical attention, only to discover prostate cancer on examination. Indeed, non-cancerous enlargement of the prostate and prostate cancer can coexist as both have the same symptoms. In its advanced stage however, prostate cancer may result in other symptoms such as loss of appetite, weight loss, back pain, swelling of the legs, weakness or inability to walk, stoppage of water and blood in the urine.

*Question: How is prostate cancer diagnosed?*

Early prostate cancer is usually suspected in a man who has an abnormal prostate specific antigen (PSA) level and / or abnormal feel of his prostate detected on digital rectal examination. However, prostate cancer is not

diagnosed solely on the basis of an elevated PSA, or abnormal rectal examination. A biopsy of the prostate, in which tissue is taken from the gland along with an ultrasound image of the prostate must also be examined by a pathologist who determines whether or not cancer is present. If cancer is diagnosed it is assigned a Grade depending on its degree of aggressiveness.

*Question: Is the rectal examination really necessary or can I just have a PSA alone?*

Doing a rectal examination is recommended for a number of reasons. Firstly, there are a few instances of prostate cancers which produce a lump on the surface of the gland without causing an abnormal rise in the PSA level in the blood. These cancers would be missed completely without a rectal examination. Also, a rectal examination provides useful information on the extent of spread of the cancer which is required in determining the best treatment option. Finally, detection of another common cancer, namely rectal cancer, may be aided by doing a rectal examination.

*Question: Can I transmit prostate cancer to my partner through sexual intercourse?*

The simple answer is no. It is not possible to transmit prostate cancer through sexual intercourse.

*Question: At what age should I begin to have regular checks for prostate cancer?*

The Jamaica Urological Society and Jamaica Cancer Society recommend that all men over age 40 should begin regular prostate checks, as with all cancers, early detection can help save your life. An examination of the rectum and a blood test to determine the level of prostate specific antigen (PSA) is determined is recommended.

*Question: Am I at greater risk of prostate cancer because of a lot of sexual activity?*

There is no good evidence that sexually active men are more at risk for prostate cancer. Some early studies did suggest that having multiple sexual partners increased the risk, possibly through the transmission of viruses, but

there is yet no proven link with prostate cancer. More recent studies have also suggested that men who masturbate a lot have a lower incidence of prostate cancer, because of ‘flushing’ or ‘cleaning’ of the prostate of cancer inducing agents.

*Question: Will prostate cancer surgery inevitably result in an inability to control my urine and have an erection?*

There is absolutely no truth to this. Where surgery is chosen to treat early prostate cancer the chances of permanent incontinence is less than 3%. The chances of erectile dysfunction are higher but that will depend on several factors such as the quality of the patient’s erections before the surgery, the age of the patient and whether the erection producing nerves are spared during surgery. A poor erection before surgery will not miraculously change to powerful erections after surgery and older men are less likely to have good erections following surgery. Also, even when the nerves are spared, erectile function may take up to 18 months to recover after surgery. During this period there are a number of ways in which the urologist may help the patient to have erections.

*Question: Which is the best treatment for prostate cancer?*

Treatment of prostate cancer is determined by the stage and grade of the disease, the overall health and lifespan of the patient, the options available to that patient and what he wishes. There is no one treatment that fits everyone, but each case is taken on its individual merits, and taking account of all the variables. Only then can the best decision be arrived at in conjunction with the patient. The best course of action for one patient may not be the same for another.

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