



## Stricking terror into the hearts of men

By Terry Owen



A prostate cancer diagnosis need not be the beginning of the end. Sure, some lifestyle modifications will have to be made, but certainly this trial needn't be the apocalyptic terror-ride that sometimes it is made out to be.

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The words "prostate cancer" strike terror into the hearts of men when they hear that diagnosis.

Andrew Oberholzer, CEO of the Prostate Foundation of South Africa, says that the reason is simple. Firstly, it could be fatal. And secondly, and bizarrely more important really than the first for many men, is the loss of erections and urinary incontinence, which are common side-effects of prostate cancer treatments.

"This is totally understandable," says Andrew. "A man's ego is often centred around sexual function and if this becomes dysfunctional it can have a devastating effect. Naturally, this is very dependent on age but part of the challenge is that we are seeing a very aggressive fast growing form of prostate cancer in younger black men, so we need to ensure that men are aware of the importance of age appropriate screening."

This is not to say, Andrew emphasises, that prostate cancer among the elderly is not as important or the prognosis less devastating.

"Only the naïve believe that sexual activity is not present at retirement centres. It's like saying that no-one at these centres knows how to operate a computer. They do, and sex happens. But it is not only the sexual function that is an important criterion here. Men with metastatic prostate cancer will have their testosterone (male hormone), removed in order to slow the progression of the growth of cancer cells. Unfortunately, this can result in some challenging side-effects such as a loss of energy and drive, difficulties concentrating, hot flushes, a loss of muscle mass and strength and with resulting weight gain and even severe depression. I believe that it must be a terrible indictment to head off into old age feeling that you've failed as a man, which is totally a myth, but it is very real to those who find themselves in this maelstrom of negativity and uncertainty," says Andrew.

## **Call the helpline**

There is a helpline that patients can call with whatever query might be at hand and this can be found at the prostate cancer foundation and many experts, including prostate survivors, are on hand to help guide you and comfort you.

“The thing which could lead you astray is that there are no warning symptoms for prostate cancer. There may be an enlarged prostate and you may have urinary problems, but this could more than likely be BPH – benign prostate hyperplasia, which is also very common.

“The big must-do, and this is something that the Foundation stresses and promotes vigorously, is regular age appropriate screening to ensure early detection. Most men are notorious at missing their annual medical check-ups, but if prostate cancer is to be successfully cured, it must be caught early. There is no cure for prostate cancer that has spread extensively”

To determine your cancer, the PSA test is normally the first point of call. The PSA test is a blood test used to determine primarily which may indicate the presence of prostate cancer.

The test measures the amount of prostate-specific antigen (PSA) in your blood. PSA is a protein produced in the prostate, a small gland that sits below the bladder in men and which produces part of the fluid that protects and nourishes the sperm.

## **PSA scorings complicated**

The PSA test can detect high levels of PSA in the blood that may indicate the presence of prostate cancer. However, many other conditions, such as an enlarged or inflamed prostate, can also increase PSA levels. Therefore, determining what a high PSA score means requires further investigation.

There is a lot of conflicting advice about PSA testing. To decide whether to have a PSA test, discuss the issue with your doctor, considering your risk factors and weighing your personal preference status. It is good to remember that PSA is not cancer specific. There may be other factors causing a rise in PSA levels.

“If you decide to have the test, this should be done in conjunction with a digital rectal examination. If there is a suspicion that there is prostate cancer and depending on affordability and availability, you may be sent for an MRI scan which will detect if and where the cancer is present,” says Andrew.

“If it is, you will need a biopsy, which involves inserting a number of thin hollow needles into different parts of the prostate in order to obtain cells from the prostate. This will show beyond any doubt where the cancer is. You will also get what is known as a Gleason score. This is the grading system used to determine the aggressiveness of prostate cancer.” If there is a suspicion that the cancer has spread to other parts of the body, additional imaging tests will be required.

## **Decide on the treatment**

He goes on to explain that depending on the PSA and the Gleason score, the urologist will help you decide on what treatment options are available. There are basically two options for prostate cancer that has not spread out of the prostate: radiation treatments or surgery. Radiation treatments include brachytherapy in which radioactive seeds are inserted into the prostate or external beam radiation when high energy X-Rays are aimed at the prostate over a number of weeks.

The other option is surgery to remove the prostate (a prostatectomy), and an important advance in this approach is the Da Vinci robotic procedure. It's a relatively painless procedure requiring a 4-day stay in hospital, but the big plus is that there is little post-operative pain and reduced bleeding thanks to the robotic method.

There are pros and cons of both procedures, and you should go to the prostate cancer foundation website, where there is a host of material on prostate cancer treatments and outcomes.

"The main consequences of the treatment are urinary urgency and incontinence. This should clear up within a year or so after treatment. Meanwhile, you will have to wear pads. There are other ways of treating the incontinence problem, some recent innovations, and these will be discussed with you by your urologist. "Also, the nerves surrounding the prostate (which are essential for the erection of the penis) might have been invaded by cancer and therefore must be removed during the operation, leaving the patient with no normal erection possibilities. In other cases, erection problems are temporary and there are excellent treatments available. These should be started as soon as possible after surgery.

Andrew says: "When the prostate is removed, there will not be an ejaculation but rather you will experience the sensations.

"If the cancer spreads, and this is where constant PSA tests and patient examinations are so vital, the patients must deal with metastatic cancer. Treatments for metastatic prostate cancer involve removing male hormones from the body through chemical or surgical castration. The side-effects of this treatment are not pleasant, but at this point the emphasis is on prolonging life by slowing the progression of the cancer.

## **Salvage therapy**

In some men treated for localised prostate cancer, the PSA may continue to rise, indicating that the cancer has spread. In these cases, so-called salvage therapy may be required. This can involve radiation treatment with external beam radiation and/or hormonal treatments to temporarily stop testosterone production. You are urged to visit the Foundation website to find out the full, expert details on metastatic prostate cancer.

## **Dealing with the side-effects of prostate cancer treatments**

"Dealing with the side-effects of prostate treatments can be very frustrating for men and unfortunately these are not always properly explained to patients. I know of someone who after the op was told by his urologist when they take the catheter out to have a pad or tissue handy in case of coughing or sneezing!

More than a year later, this person is still wearing pads. After a heavy period of incontinence where a bottle next to the bed was needed and spare pads carried along to meetings, the urinary issue seems to have settled down and he wears them now almost as a matter of habit and are not really needed, but he says for the first six months or so after the op he was terrified of going out in case of a "oops". None of this was explained to him by his doctor"

"This is why when we have prostate cancer e-mail support groups. It is very useful for prostate cancer patients to share their frustrations, challenges and success stories. We also do a lot education and awareness, so that men can make informed decisions"

"Our structure at the Foundation ensures that all the parties involved in prostate cancer are represented. We have divisions compiled of patient survivors, a medical and scientific advisory board for healthcare professionals involved in diagnosing and treating prostate cancer, a marketing and strategic planning board for corporate members and medical and pharmaceutical companies that provide diagnostic and treatment options. We are pretty jacked up to help on many levels. With our helpline, we provide a much-needed service. People can call or e-mail, and this is working exceptionally well," says Andrew. "Men are generally embarrassed speaking face-to-face about these issues, so this is a perfect way of overcoming that."

The Foundation provides diagnostic and treatment guidelines for healthcare professionals working with prostate cancer and is in the process of developing a website for training of healthcare professionals.

"You are urged to connect to the Foundation website where you will find details of who we are and how we can help you."

### **The Prostate Cancer Foundation links:**

<http://prostate-ca.co.za/>

<https://www.facebook.com/prostatecancersa/>

[www.twitter.com/saprostate](http://www.twitter.com/saprostate)

[www.instagram.com/prostatecancersa](http://www.instagram.com/prostatecancersa)

<https://www.linkedin.com/company/prostate-cancer-foundation-of-south-africa>