

## Treatment Options

There is currently insufficient evidence to determine if the potential benefits from treating cancer outweigh the possible harms of treatment.

The main options for treating early prostate cancer and their benefits and harms are summarised below:

**Hormone therapy:** This treatment helps to reduce the size of the prostate and is often used in conjunction with radiotherapy or surgery. If the cancer has spread beyond the prostate, then hormone therapy may be also used to help control the cancer. Side-effects include erection problems, loss of sexual drive, breast swelling and hot flushes.

**Radiotherapy:** This treatment involves a course of radiation over a number of weeks as an outpatient.

It is likely that radiotherapy will prevent the spreading of cancer and death from cancer in some men; however, it is currently not known how many and which men will benefit.

There are possible side-effects, including erection problems that may be suffered by between 2 and 5 of every 10 men (20–45%). Up to 3 in every 10 men (25%) may experience bowel problems, and up to 1 in every 6 men (15%) may experience bladder problems.

**Surgery:** This involves an operation to remove the prostate gland. The aim is to cure the cancer, although it is unknown which men will benefit from surgery.

The exact chance of living longer as a result of surgery is currently unknown, but it is possibly quite low, maybe only 1 in a 100 (1%).

There are possible side-effects, including death in a small number of men. Up to 5 in every 10 men (50%) may experience some bladder problems, and between 2 and 8 out of every 10 men (20–80%) may experience erection problems after surgery.

**Monitoring:** This involves not treating the cancer, but regular checking to see if the cancer is growing or not (this usually means regular PSA and DRE tests). Many cancers do not ever cause any problems. The advantage is that for many men it avoids the side-effects of radiotherapy and surgery. If there are signs that the cancer is growing, treatment will be offered. The disadvantage is that the cancer may grow to a more advanced stage. Some men find it difficult to accept the option of monitoring instead of treatment.

### NZ National Health Committee Prostate Screening Recommendation

The National Health Committee commissioned a review of the latest international studies on the effectiveness of prostate cancer screening.

This evidence has been reviewed by a multidisciplinary group of experts, and reported to the National Health Committee and the Government. On the basis of this evidence the National Health Committee recommends:

**Screening men without symptoms for prostate cancer is not currently recommended in New Zealand because the risks associated with screening and subsequent treatments may outweigh the as yet unproven benefits. This advice applies to men of all ages.**

## Should I have a test to check for prostate cancer?

Screening men without symptoms for prostate cancer is not currently recommended in New Zealand because of the risks associated with screening and subsequent treatments.

Some doctors and community groups agree with this advice, while others disagree. Before making up your own mind it is important to be aware of the possible benefits and downsides of prostate testing.

### Benefits of prostate testing

- It may provide reassurance if the test result is normal
- It may find cancer at an early stage before symptoms develop when treatments could be beneficial
- If treatment is successful, the consequences of more advanced cancer are avoided.

### Downside of prostate testing

- It may miss cancer, and provide false reassurance
- It may lead to unnecessary anxiety and medical tests when no cancer is present
- It might detect slow-growing cancer that may never cause any symptoms or shortened life
- The main treatments of prostate cancer have significant side-effects, such as infection, bowel and bladder problems and/or erection problems. There is no certainty that the treatment will be successful
- It is not yet proven that treating prostate cancer detected by screening is better than not treating it.

### Further information

If you have any questions or wish to receive more information about prostate testing and prostate cancer you can discuss it further with your GP.

Additional copies of this leaflet can be obtained through local public health services or ordered from Wickliffe on (04) 496 2277  
Order number HP: 3795

Other useful information is available on the following websites:

[www.nhc.govt.nz](http://www.nhc.govt.nz)

[www.cancernz.org.nz](http://www.cancernz.org.nz)

[www.nzgg.org.nz](http://www.nzgg.org.nz)

[www.nelc.org.uk](http://www.nelc.org.uk)

[www.dipex.org](http://www.dipex.org)

[www.cancerscreening.nhs.uk](http://www.cancerscreening.nhs.uk)

[www.prostate.org.nz](http://www.prostate.org.nz)

Published in April 2004



Incorporating the Public Health Advisory Committee  
Te Rōpū Tohutohu i te Hauora Tūmatanui



# Checking for Prostate Cancer



## Information for Men and their Families



# Checking for Prostate Cancer

The aim of this information leaflet is to give you balanced information about checking for prostate cancer. You may wish to discuss this information further with your doctor.

Routinely checking men without symptoms for prostate cancer (screening) is not recommended in NZ because the risks associated with screening and subsequent treatments may outweigh any potential benefits. However, each man has a right to make an individual decision on whether or not to have a prostate test. Doctors and other health care practitioners are obliged to provide a man with good information to help him make his decision.

Prostate cancer is a common and serious condition and about 3.8% (about 4 in 100) of New Zealand men die from prostate cancer. At the moment the test most widely used to give an early indication that prostate cancer may be present is a blood test called the prostate specific antigen (PSA) test. Another common prostate test is the digital rectal examination (DRE).

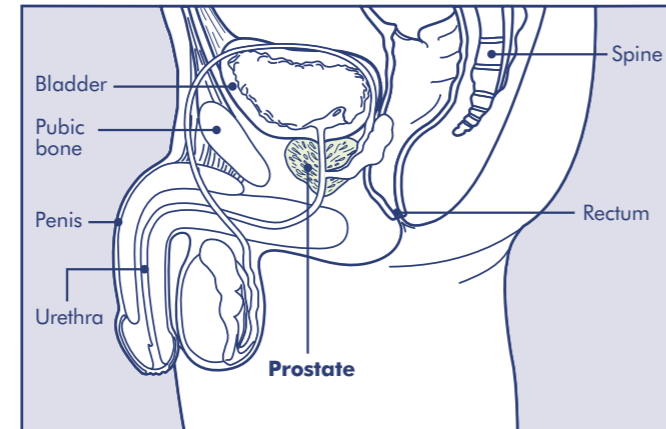
**There is still no conclusive evidence that testing men without symptoms of prostate cancer will actually reduce deaths from prostate cancer.**

While prostate tests do identify many prostate cancers, they are not completely reliable and can miss some cancers. They also detect some slow growing prostate cancers that may never have caused problems or shortened a man's life. The benefits from treating prostate cancer may be outweighed by the possible harms of treatment. For these reasons, PSA screening is not recommended in New Zealand. However, each man has a right to make his own decision.

In contrast to screening for prostate cancer, there is good evidence that breast cancer screening reduces death from breast cancer, which is why there is a national screening programme.

## The Prostate Gland

The prostate is a walnut sized gland that lies below a man's bladder and surrounds the first part of the tube (urethra) that carries urine from the bladder to the penis. It produces the majority of the fluid called semen which mixes with the sperm from the testes. It also produces PSA, a protein that liquifies semen.



From about 40 years of age a man's prostate can enlarge and cause urinary problems.

About 90% of men with a prostate problem do **not** have prostate cancer and your doctor can help you manage these urinary problems.

**Symptoms that you should talk to your doctor about urgently include:**

- a weak urinary stream
- difficulty starting or stopping urination
- frequent urination
- waking frequently at night to urinate
- pain or burning during urination
- blood in your urine.

## What do we know about Prostate Cancer?

Prostate cancers range from very fast growing tumours to slow growing tumours. Slow growing tumours are common and may not cause symptoms or shorten life. **Many more men are diagnosed with prostate cancer than die from prostate cancer.**

Prostate cancer is very rare in men below the age of 50. About 90% of all new cases of prostate cancer are in men aged 60 or older. **Two-thirds of the men who die from prostate cancer are over age 75.**

Before the age of 75, for every 100 men from New Zealand, around:

- ♂ **ONE** will die from prostate cancer
- ♂♂ **TWO** will die from bowel cancer
- ♂♂ **TWO** will die from strokes
- ♂♂♂♂ **FOUR** will die from lung cancer
- ♂♂♂♂♂♂ **TWELVE** will die from Coronary Heart Disease (CHD)

Source: New Zealand Health Information Service 2001. Mortality and Demographic Data

The risk is greater in those with a family history of prostate cancer (ie father or brother who have had prostate cancer). It is not known whether the risk for Māori men is more or less than in other New Zealanders.

Prostate cancer is not a sexually transmitted disease (STD). If you have prostate cancer you will not spread cancer to your partner by having sex.

## What is a PSA test?

- The PSA blood test measures the level of PSA in your blood
- Around 1 in 10 men having a PSA test will find out that they have an abnormal PSA level
- If the level of PSA in the blood is raised, this may indicate that prostate cancer is present  
A raised PSA level may also indicate a non-cancerous infection
- Most men with a raised PSA will not have prostate cancer: only 1 out of 4 men will turn out to have prostate cancer
- The PSA test can miss prostate cancer.

In most cases, an abnormal PSA test **does not** mean that a man has prostate cancer, but is more likely to mean that he has an infection of the prostate (prostatitis), a urine infection or a benign (non-cancerous) enlargement of the prostate that occurs with ageing.

In many cases, prostate cancer never causes problems or shortens life. About 90% of men diagnosed with early stage prostate cancer will still be alive 10 years after being diagnosed even if they don't have any treatment.

## What happens after the PSA test?

As a rough guide there are three main options after a PSA test:

- PSA level is not raised**
- Unlikely to have cancer
  - No further action

**PSA slightly raised**

- Probably not cancer, but you might need further tests

**PSA definitely raised**

- Your GP will discuss your options with you and may repeat tests and/or refer you to a specialist

## What is a Digital Rectal Exam?

Another common prostate test is the digital rectal examination (DRE). This is an examination performed by a doctor which involves putting a gloved finger into a male patient's rectum, or back passage (bottom) to see if the prostate feels abnormal. This can be uncomfortable. The DRE can miss cancer and not all abnormal feeling prostates are due to prostate cancer.

## Diagnosis of cancer

If the PSA level is definitely raised or a digital rectal examination (DRE) is abnormal, then your GP will discuss your options with you and may refer you to a specialist. A prostate ultrasound and biopsy is usually recommended to determine if cancer is present. This involves taking samples from the prostate through the rectum, or back passage (bottom). Most men find this an uncomfortable experience, and some describe it as painful. Sometimes complications such as an infection may occur.

Approximately 3 out of 4 men (75%) who have a prostate biopsy will not have prostate cancer.

Also, biopsies can miss some cancers and the possibility of prostate cancer may remain even after a clear result.

- While a raised PSA level in the blood may indicate cancer, a prostate biopsy is still required to confirm if cancer is present
- Approximately 3 out of 4 men who have a biopsy will not have prostate cancer