

lifeline

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What Every Man Should Know About Prostate Cancer

Prostate cancer is the 5th most common cancer in Singaporean men. It is usually curable when detected early, but can be fatal if diagnosed late or not treated effectively. In this issue of Lifeline, you can learn more about this disease, the symptoms, diagnosis and treatment options.

About the prostate

The prostate is a gland of the male reproductive system. Its main function is to produce nutrition and fluid for the semen, which transports sperm. It is located in front of the rectum and just below the bladder.

What is prostate cancer?

Prostate cancer is a malignant tumour within the prostate gland and can spread beyond the prostate to other parts of the body.

Low grade or slow growing disease is common in older men and does not require treatment. However, high grade disease requires early detection for successful treatment. Prognosis of advanced prostate cancer is poor even with the most aggressive treatment. A cure, thus far, is impossible.

Causes of prostate cancer

Studies have not determined the exact causes of prostate cancer. However, some risk factors have been identified and these include environment, genetics and family history.

Who is at risk?

- Most men diagnosed with prostate cancer are 50 years of age or older, and the risk increases with age.
- Men with a family history of prostate cancer are at higher risk of developing the disease.

- Prostate cancer is also more common among those on high fat diet. It is less so among those on soy diet such as tofu, soymilk and miso.

Symptoms of prostate cancer

In the early stages when prostate cancer is a small and treatable tumour, there are usually no symptoms. When the growth becomes more advanced, symptoms of prostate cancer may include:

- frequent urination (especially at night)
- weak urinary stream
- inability to urinate
- interruption of urinary stream (stopping and starting)
- pain or burning sensation during urination
- blood in the urine
- bone pain
- weight loss
- loss of appetite

Early detection is important

As none of the symptoms of prostate cancer are specific to the disease, you are advised to consult a doctor if you suspect that you are suffering from prostate cancer. This is to exclude other possible causes such as urinary tract infection, benign prostatic hyperplasia (enlargement of the prostate) and urinary stones, which has similar symptoms.

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Early screening for prostate cancer is recommended for men under the high risk group. Under the American Cancer Society's guideline, men above 50 years old are recommended to undergo a Digital Rectal Examination (DRE) and Prostate-specific Antigen (PSA) test every year.

Diagnosing prostate cancer

Determining whether you have prostate cancer generally involves a series of tests. Your doctor may proceed to do one or more of the following tests:

Digital Rectal Examination (DRE)

This is the first step in diagnosing prostate cancer. Using a gloved finger to examine the rectum, the doctor may be able to feel a hard lump or growth in the prostate. This examination should be part of a regular check-up for all men over the age of 50.

Prostate-specific Antigen (PSA)

PSA is a substance produced by both normal and malignant prostate cells. The presence of elevated levels of PSA in the blood is another test that helps to detect prostate cancer. However, some men with benign prostatic hyperplasia or prostatitis (inflamed prostate) also have increased levels of PSA.

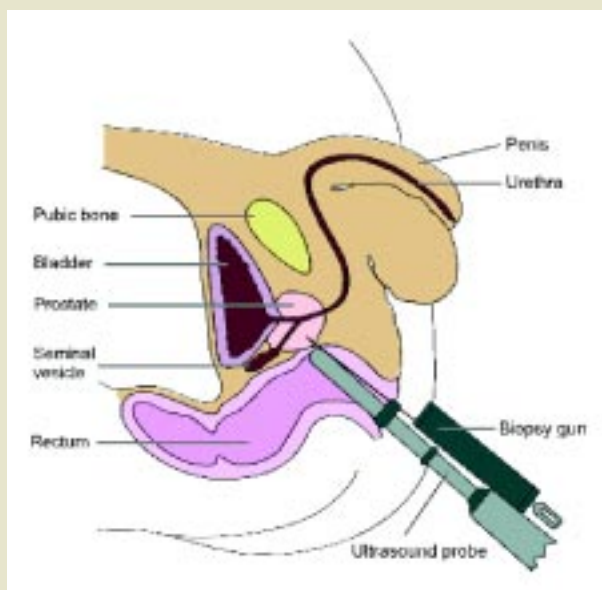
If the initial clinical evaluation suggests the presence of prostate cancer, a biopsy of the prostate is usually recommended.

Transrectal Ultrasound Guidance (TRUS)

TRUS is the use of soundwaves to create an image of the prostate. It is used to detect abnormal prostate growth and guide a biopsy to the abnormal prostate area. This procedure may cause slight discomfort.

Biopsy

A biopsy is the removal of a sample tissue, which is then examined for cancerous changes. This is the only way to provide a confirmation of prostate cancer. If the biopsy is positive, a bone scan and/or computer scanning of the pelvic may be needed to help determine the extent of the cancer.



Stages of prostate cancer

Stage 1 - Early Cancer

The tumour is undetected during routine tests and is usually discovered during surgery for another prostate disorder or via biopsy due to elevated PSA.

Stage 2

The tumour can be felt during a Digital Rectal Examination but has not spread beyond the prostate gland.

Stage 3

Cancer has spread beyond the prostate to nearby tissues, but not to other organs.

Stage 4 - Advanced Stage

Cancer has spread to the pelvic lymph nodes or to distant parts of the body, most commonly to the bones.

If the patient's prostate cancer is at its advanced stage, he may be in pain and at risk of fractures from bone metastases (cancer spread). In this case, he would require:

- Adequate pain control
- Measures to stabilise fractures, such as surgery
- Palliative care to alleviate the symptoms
- Hospice care

Treatment options

Various options are available for the treatment of prostate cancer. Approach your doctor for advice on the best treatment for your condition.

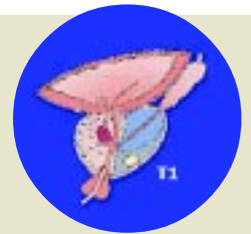
Surveillance - 'Watchful Waiting'

Not all men diagnosed with the disease require immediate treatment. Some cancer cells grow slowly and may take 10 years or more to cause problems or spread. Your doctor will monitor your progress closely and provide regular examinations to check for cancer growth.

Surgery - Radical Prostatectomy

This is done under general anaesthesia and is recommended if the tumour is localised at the prostate. It involves the complete removal of the prostate and often includes the pelvic lymph nodes. This procedure is used to treat early stages of prostate cancer. If the cancer is truly localised, the chance of recovery is high upon removal of the prostate.

Surgical treatment of prostate cancer raises concerns about a man's ability to remain sexually active. For some men, the side effects include impotence and urinary incontinence, which may be temporary for some but permanent for others.



Hormone treatment - Hormonal Therapy

This procedure is used to treat cancer that has spread beyond the prostate. As testosterone (male sex hormone) stimulates the growth of prostate cancer, treatments that interfere with the effect of the hormone can slow the cancer's growth, sometimes dramatically. The two basic techniques involved are:

- Use of drugs that prevent the release or counter the action of testosterone.
- Surgical removal of the testicles that produce testosterone. Occasionally, chemotherapy is used.

Hormone therapy may also cause side effects such as breast tenderness and enlargement, nausea, vomiting and water retention. Sexual problems commonly caused by hormone therapy include loss of sexual desire and impotence.

Radiation Therapy

This procedure uses high energy x-ray to kill cancer cells. Radiation may be administered via a machine located outside the body (external radiation therapy), or via a radioactive substance introduced directly into the tumour. Sometimes, a combination of these methods is used.

During radiation therapy, patients may experience a number of side effects such as skin reactions (redness, dryness or wetness) in the area being treated, tiredness, diarrhoea as well as frequent and uncomfortable urination. These side effects usually disappear when the treatment ends. In some cases, patients become impotent after radiation therapy.

Chemotherapy

Chemotherapy is a drug treatment used to destroy cancer cells. Though uncommon, it plays a role in improving symptoms of prostate cancer if hormone therapy is ineffective. It is generally well-tolerated and can alleviate bone pain for most patients.

The side effects of chemotherapy depend on the type of drugs administered and response of each patient. The most common side effects are tiredness, hair loss, lowered blood counts, nausea, or vomiting, which usually disappear after the treatment.

After treatment for prostate cancer, you should continue to visit your doctor for regular checkups. Your doctor will monitor your progress and advise if further treatment is necessary. The test for increased PSA level has proven to be particularly useful in monitoring a patient's response to treatment.

For more information on prostate cancer or for an appointment, please contact our Urology Centre at 6772 5087.

TO STAFF OF NUH

"I had a heart attack on 12 April and was admitted to NUH. During my four days there, I found the doctors and nurses to be excellent. It was an eye opener. The care and love they showed steeled my resolve to face my sickness with fortitude. Day and night the staff were there for me, including the medical social workers. They all deserved a pat on the back and a bouquet each."

- R Prem Kumar

(This compliment was featured in The New Paper on 29 April 2005.)

"I was in a quandary recently when my regular surgeon went on long medical leave. I was in pain for a recurring problem and needed good medical advice. Friends strongly recommended a surgeon at the National University Hospital (NUH). I was impressed.

I requested NUH to have my medical notes from the previous hospital transferred. I have been told that it usually takes a few months to get this done...

Imagine my surprise when my notes were transferred to NUH the same day, with a couriered note from NUH to my residence. I would like to thank Mr Chua Song Khim (CEO), Professor Thambiah (Senior Consultant, Orthopaedic Surgery) and Ms Deborah Ee, Manager of Quality Improvement Unit, for their efficient response."

- Ananda Perera

(This compliment was featured in The Straits Times, Forum, on 27 April 2005.)

Postcards from our patients



TO PEARL TAN LIAN KHENG, NURSE CLINICIAN, PATIENT EDUCATION SUPPORT SERVICES

"I would like to express my deepest appreciation to Sister Pearl Tan of NUH Clinic D on behalf of my uncle, Mr Lim Kian Guan. As my uncle speaks only Mandarin, he has problems communicating with his Indian doctor. Sister Tan uncomplainingly translated what the doctor said to my uncle during each visit."

- Lim Yi Hui.

(This compliment was featured in The Straits Times, Forum, on 13 April 2005.)

TO STAFF OF WARD 78

"I would like to commend the doctors and medical staff at Ward 78 for their dedication and professionalism, especially Dr Charles Tsang (Senior Consultant, Department of Surgery), Senior Staff Nurse Rosmawati and Staff Nurse Ong Boon Wann."

- Cai Qing Quan

(Translated from a compliment featured in Lianhe ZaoBao on 21 February 2005.)