Treatment for prostate cancer

For many people with prostate cancer, no treatment will be required. When treatment is required it will depend on:

- The stage of the cancer (Size of the cancer and if it has Spread)
- Grade of the cancer (How normal or abnormal cancer cells look)
- General health of the patient

Treatment may include one or combination of the following:

- Surgery
- Chemotherapy
- Radiation therapy (External/Internal brachytherapy)
- Hormone therapy blocks testosterone

People with cancer have their case discussed at a multidisciplinary team (MDT). This is a team of specialists who work together to provide the best care and treatment.

How can I reduce my risk of getting prostate cancer?

You can reduce your risk by:

- Being a healthy weight
- Eating a healthy diet
- Being physically active
- Knowing your family history
- Seeing your GP to have your prostate checked before or at 45 if you have a family history or from the age of 50 with no family history

You can read stories of 15 Irish prostate cancer survivors at www.mariekeating.ie/heroes-of-hope.

For further information, visit www.mariekeating.ie/get-men-talking

About the Marie Keating Foundation

Following their mother Marie's death in 1998 from breast cancer, the Keating family committed to ensuring men and women in every community in Ireland had access to the necessary information to prevent cancer or detect it at its earliest stages. Their collective aim was "making cancer less frightening by enlightening".

Through its community information service, the Foundation's dedicated nurses have enlightened thousands of people of the causes and risk factors of all cancers. The Foundation is continuing to expand its awareness campaigns on each of the common cancers, at local level through its community outreach approach as well as through national campaigns.

Today, the Marie Keating Foundation are one of the leading voices in Ireland for cancer prevention, early detection, awareness and support.

"We are committed to being there for people diagnosed with cancer, and their families at every step of this cancer journey, and our services reflect that. Through our information and support services, we reach thousands of people a year, giving education, information and advice focused on cancer prevention and early detection, as well as providing support services and financial assistance to those living with and beyond cancer.

At the time of her death and all through her illness, we could do nothing to help our Mother who had, all our lives, done everything for us. We, the Keating family have set up this charity in her name to try to help and prevent others going through what Mam went through and what we are still going through to this day. This is also to show that such a wonderful mother and person did not die in vain."

Take care.

The duty Inde

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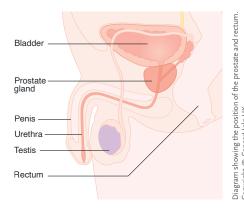
Prostate Cancer

the facts

- After non-melanoma skin cancer, Prostate cancer is the most common cancer in men
- Most people survive prostate cancer if detected early and it hasn't spread
- Men of African-Caribbean descent are at greater risk
- Early prostate cancer may have no symptoms
- Your risk is higher if your father or brother had prostate cancer
- Prostate cancer can be inherited
- More common over the age of 50 but younger men can also get prostate cancer

The prostate

The prostate is a small gland found only in people born male and is part of the male reproductive system. It is about the size of a walnut and surrounds the first part of the pipe works (urethra) which carries urine from the bladder to the penis. The prostate gland lies close to the rectum (back passage) through which it can be closely felt and examined. The prostate's primary function is to produce the fluid that nourishes and transports sperm (seminal fluid).



Risks and causes of prostate cancer

Prostate cancer is not clearly linked to any preventable causes. Your risk of developing prostate cancer depends on many things including the following:

- Increasing age Prostate cancer is more common over the age of 50
- Family history Having a close relative (father, brother son) with prostate cancer more than doubles a person's risk of developing it
- The risk is even higher if several family members are affected and especially if they were young when diagnosed
- Inherited genes Several inherited gene changes may increase the risk of prostate cancer but they account for only a small percentage. For example: BRCA1 or BRCA2 genes (especially BRCA2) and Lynch Syndrome
- Race African-American and African-Caribbean men are at greater risk
- Obesity and overweight Being overweight or obese increases your risk of metastatic or advanced prostate cancer (cancer which has spread)

Symptoms to look out for

Early prostate cancer is often present without any obvious symptoms. However, if you have any of the symptoms listed below, make an appointment to see your GP:

- Dysuria difficulty and pain passing urine (peeing)
- Urgency difficult to postpone passing urine
- Frequency going to the toilet more frequently than before
- Nocturia getting up more than twice a night to pass urine
- Hesitancy taking time to get going when passing urine
- Flow has become weak or intermittent
- Incomplete emptying feeling that the bladder has not emptied
- **Blood** present in the urine (pee)

If prostate cancer has already spread to other parts of the body (advanced, metastatic or stage IV prostate cancer), it can cause symptoms such as:

- back or bone pain that doesn't go away with rest
- tiredness
- weight loss for no reason

It is important to note that the prostate enlarges with age. This enlargement is called Benign Prostatic Hyperplasia (BPH). BPH is not cancer but it can cause similar symptoms to those outlined above. BPH is more common than prostate cancer but the conditions may exist together. Therefore, it is important to see your GP if you have any of the above symptoms.

What to do if you have any symptoms

Don't panic but make an appointment to see your GP. Most prostate cancers don't cause symptoms and it is more likely that any symptoms you have are due to other causes. But if it is cancer, the earlier it is picked up the better as this increases the chance of successful treatment. Try not to be embarrassed. What you tell your GP is confidential.

Tests your GP might do

Your GP will ask you about your symptoms, your general health and any other medical conditions you may have. Your GP will then decide on what further tests and investigations are required. Your GP may take a blood test Prostatic Specific Antigen (PSA) and examine your prostate gland, Digital Rectal Examination (DRE).

PSA blood test

PSA is a protein made by both normal and cancerous prostate cells. It's normal for all men to have some PSA in their blood. A high level of PSA can be a sign of cancer but a high PSA can also be caused by other conditions that aren't cancer, such as infection. A PSA test on its own doesn't normally diagnose prostate cancer. Your GP will discuss the possible benefits and risks of having a PSA blood test.

Digital Rectal Examination (DRE)

A Digital Rectal Examination (DRE) is a medical test that checks for abnormalities in your rectum, anus and prostate gland. To examine your prostate gland, your GP inserts a lubricated gloved finger into your back passage (rectum) to check for anything abnormal. The GP checks for any lumps on your prostate or if it feels larger than it should for your age. It's normal to feel anxious about this test and it might be uncomfortable. But it usually only lasts a few minutes.

Referral to a specialist

There are National Prostate Cancer GP Referral Guidelines to help GPs decide who needs a referral to a specialist (Urologist). Your GP can refer you to a Urologist (Specialist GP) in a Rapid Access Prostate Clinic depending on your symptoms, the results of your PSA test and your prostate examination (DRE). These are special clinics set up to reduce waiting times for prostate cancer testing. Tests you might have include:

- Mp-MRI (multi parametric magnetic resonance imaging)
- Trans-rectal ultrasound (TRUS)
- Prostate biopsy