

PROSTATE CANCER

Patient Fact Sheet

Introduction

The prostate is a gland in men that is located at the base of the bladder. It surrounds part of the urethra, which is the tube that carries the urine from the bladder to the tip of the penis. The size and shape of the prostate is like that of a walnut. It functions in reproduction, producing the fluid that transports sperm during ejaculation.

Prostate cancer is similar to other cancers in that the cells in the prostate are growing out of control. It is the most commonly diagnosed cancer in men (excluding skin cancers) and is the second leading cause of cancer deaths in men (lung cancer is number one). The American Cancer Society estimates that in 2006 there will be 234,460 men diagnosed with prostate cancer and 27,350 prostate cancer related deaths.

Risk factors for prostate cancer

- Increasing age (rare before age 50)
- African-American males
- Family history of Prostate Cancer

What are the warning signs of Prostate Cancer?

- There are no signs and symptoms specific to prostate cancer.
- Prostate cancer often does not have warning signs. The cancer usually grows slowly and some of the symptoms related to growth of the prostate are typical of non cancerous enlargement, including voiding symptoms such as urgency, frequency, weak stream, painful urination or dribbling.
- With more advanced prostate cancer there may be weight loss and fatigue. If the disease spreads to the bones, it may cause pain in that area.

How is prostate cancer detected?

- A combination of Prostate Specific Antigen (PSA) and digital rectal examination is the best screening for prostate cancer
- Digital rectal examination (DRE) is done by the health care provider by inserting a gloved, lubricated finger into the rectum to feel the prostate for shape and size.
- PSA is a chemical that is produced by prostate cells, both normal and cancerous. The level tends to be higher with prostate cancer. PSA is measured through a blood test.

Diagnosis of Prostate Cancer

- The diagnosis of prostate cancer is made through a trans-rectal ultrasound (TRUS) guided prostate biopsy. This procedure allows the urologist to visualize the prostate by use of an ultrasound probe placed in the rectum.
- Prostate biopsy is the removal of small samples of prostate tissue for exam under a microscope. This is the only way to know if prostate cancer cells are present.

Important information related to the diagnosis of Prostate Cancer

- The Stage of the cancer tells if the cancer is likely to be localized (confined to the prostate), locally advanced (spread outside of the prostate in the area of the prostate), or metastatic (spread outside of the prostate to the lymph nodes, the bone, or other areas of the body).
- Grading of the cancer is used to classify how cells appear in cancerous tissue. The Gleason grading score reflect the two main patterns

of prostate cancer found on your biopsy. These two numbers are added together to give a "score". For example, if both the primary and secondary patterns are "3," the Gleason score would be a 6 (3+3=6). The primary and secondary patterns range from 1-5, so the Gleason scores are 2 through 10. The Gleason score tells the aggressiveness of the cancer: 2 - 5 is considered to be less aggressive, a 6 is moderately aggressive, an 8-10 is aggressive, and a 7 can be either moderately aggressive or aggressive. The amount of cancer in each core of the biopsy sample also gives the doctor important information.

Treatment of Prostate Cancer depends upon the stage and grade of the cancer, the age and general health of the patient, and the preference of the patient. Each treatment option has effects that can impact the patient's quality of life, and sometimes treatment options are used in combination.

- Surgery is currently the most commonly performed treatment with the intent to cure localized prostate cancer. The surgical procedure is called a radical prostatectomy and involves removal of the entire prostate. There are several techniques to accomplish this (retropubic, perineal, laparoscopic, robotic) and the choice of technique varies with the patient's body characteristics and the urologist's preference.
- Brachytherapy is a procedure that involves the implantation of radioactive pellets into the prostate. It is a one time, minimally invasive procedure with intent to cure localized prostate cancer.
- External beam radiation therapy (EBRT) involves the use of radioactive beams to kill the prostate cancer. EBRT may be used as a primary treatment for localized prostate cancer. It also may be used when the cancer has spread, in order to help the pain caused by bone metastases.
- Cryotherapy utilizes probes inserted into the prostate delivering liquid nitrogen to freeze and kill the cancer cells.
- Watchful waiting involves surveillance of the prostate cancer until it shows signs of causing harm. This treatment option is appropriate for selected prostate cancer patients
- Hormone therapy prevents the production of testosterone thus shrinking the prostate cancer and slowing down its growth. Hormone therapy can be given through shots, pills or bilateral orchiectomy (a surgery). This option is intended as a treatment, not as a cure for prostate cancer.
- Clinical Trials are carefully planned experiments to evaluate a treatment option (often a new drug) to find new ways to treat prostate cancer.

Prevention and Detection

Currently, there is no known way to prevent prostate cancer, but there are ongoing clinical trials investigating this important topic.

Early detection is important! The American Cancer Society and the American Urologic Association recommend that most men start prostate cancer screening at the age of 50. Men with a family history of prostate cancer and African Americans should begin screening at age 40.

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