

Prostate Cancer:

The Silent Insider.

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Prostate Cancer is the **commonest** malignant disease to affect senior men in the community. The disease occurrence is clearly increasing with age. The disease risk is claimed to start after the age of 50 years and continued to rise thereafter up to more than 90% of men over the age of 90 years are thought to have malignant cells in their prostate. Moreover, many cases were reported below the age of 50. Many tools for diagnosis and treatment are now available and contributing to excellent disease control and cure while maintaining the quality of life.

When to suspect prostate cancer?

Many of the affected men never have symptoms, undergo no therapy, and eventually die of other causes. This is because cancer of the prostate is, ***in most cases***, slow-growing, symptom-free, and since men with the condition are older they often die of causes unrelated to the prostate cancer, such as heart/circulatory disease, pneumonia, other unrelated cancers, or old age. About 2/3 of cases are slow growing "***pussycats***", the other third more aggressive, fast developing being known informally as "***tigers***".

Early prostate cancer usually causes no symptoms. Often it is diagnosed during the workup for an elevated PSA noticed during a routine checkup. Sometimes, however, prostate cancer does cause symptoms, often similar to those of diseases such as benign prostatic hyperplasia. These include frequent urination, increased urination at night, difficulty starting and maintaining a steady stream of urine, blood in the urine, and painful urination. Prostate cancer is associated with urinary dysfunction as the prostate gland surrounds the prostatic urethra. Changes within the gland, therefore, directly affect urinary function. Because the vas deferens deposits seminal fluid into the prostatic urethra, and secretions from the prostate gland itself are included in semen content, prostate cancer may also cause problems with sexual function and performance, such as difficulty achieving erection or painful ejaculation. **Advanced prostate cancer** can spread to other parts of the body, possibly causing additional symptoms. The most common symptom is bone pain, often in the vertebrae (bones of the spine), pelvis, or ribs. Spread of cancer into other bones such as the femur is usually to the proximal part of the bone. Prostate cancer in the spine can also compress the spinal cord, causing leg weakness and urinary and fecal incontinence.

Screening & Early Detection of Prostate Cancer:

Prostate cancer screening is an attempt to find unsuspected cancers. Prostate cancer screening options include the [digital rectal exam](#) and the [prostate-specific antigen \(PSA\)](#) blood test. Prostate cancer is usually slow-growing and more common among older men. However, most cancers never grow enough to cause symptoms, and most men that have prostate cancer will never become aware of it in their lifetimes.

Controversy over usage:

Screening for prostate cancer is controversial because of cost and uncertain long-term benefits to patients. According to the [American Urological](#)

[Association](#), the controversy over prostate cancer should not surround the test, but rather how test results influence the decision to treat: "The decision to proceed to prostate biopsy should be based not only on elevated PSA and/or abnormal DRE results, but should take into account multiple factors including free and total PSA, patient age, PSA velocity, PSA density, family history, ethnicity, prior biopsy history and comorbidities". In 2002, [the U.S. Preventive Services Task Force](#) concluded that "evidence was insufficient to recommend for or against screening." Currently, the American [Centers for Disease Control and Prevention](#) (CDC), answers the question, "Should I Get Screened for Prostate Cancer?" with a statement:

"Not all medical experts agree that screening for prostate cancer will save lives. Currently, there is not enough evidence to decide if the potential benefits of prostate cancer screening outweigh the potential risks."

Till a definite agreement can be emphasized, it is recommended to have a serum PSA testing for low risk population after the age of 50 years, and to be repeated every 3 years, or upon development of new symptomatology. For those considered to be at high risk of developing disease that could be an aggressive one; annual screening will be appreciated, however, further specific investigations should be conducted under specific circumstances and in association with other parameters to guide therapeutic strategies. Physician in charge should keep in mind the terminology of "Insignificant Prostate Cancer"; a situation encountered in more than half of newly diagnosed patients where active surveillance policy should be adopted rather than un-necessary aggressive intervention.

Management:

Treatment for prostate cancer may involve [active surveillance](#) (monitoring for tumor progress or symptoms), [surgery](#) (i.e. radical prostatectomy), [radiation therapy](#) including [brachytherapy](#) (prostate radioactive implants) and external beam radiation therapy, [High-intensity focused ultrasound](#) (HIFU),

[cryosurgery](#), [hormonal therapy](#), or some combination. Which option is best depends on the stage of the disease, the Gleason score (Histopathology), and the PSA level. Other important factors are the man's age, his general health, and his feelings about potential treatments and their possible side-effects.

My Final Take Home Message Is:

Don't ever be panic. Most of cases needs no treatment. Even though; if you are in need for intervention, be sure that it will help in alleviating many of your problems. Just face the problem, discuss it in details with your physician, and remember that many therapeutic options can be substituted according to your preference with comparable results of disease control even in too advanced disease.

