

Prostate cancer: Do not ignore symptoms

This month marks Movember, an annual campaign aimed at raising awareness about prostate cancer. MAZEN EL BASSIOUNI, Consultant Radiation Oncologist at the Mater Private, tells us about diagnosis and advancements in treatment



Prostate cancer has a major impact on our lives. One in seven Irish men will develop it in their lifetime, and in men with a first-degree relative diagnosed with prostate cancer, the risk can be as high as one in four.

'Movember' aims to raise health awareness and proactivity among men in relation to prostate cancer. Lack of health proactivity, and/or ignoring new symptoms, is almost always due to anxiety about having to face prostate cancer diagnosis and the sexual implications associated with treatment, which is perfectly understandable.

There is also a misconception that prostate cancer is a cancer "you die with rather than from". Therefore, it is imperative that we realise it is not one disease but rather a spectrum.

On one end, there is the low-risk cancer that can be monitored using an active surveillance protocol, and on the other

end there is the high-risk cancer that needs early and aggressive intervention. This naturally underscores the importance of early detection.

So, if you are over 50, have a recent change in your waterworks (frequency, waking up at night to urinate, or difficulty starting or stopping micturition), or have a family history of prostate cancer, it is worth discussing with your GP about doing a simple blood test, the PSA (Prostate-Specific-Antigen) which can help detect this cancer earlier. If there are abnormal blood test findings, your GP will often refer you to a urologist (surgeon) who will arrange scans and biopsies as required.

If you are diagnosed with low-risk prostate cancer, surveillance is often recommended with no invasive treatment required. Active surveillance allows men to avoid the side effects associated with active treatment while still monitoring the disease closely.

If you are diagnosed with an aggressive but localised prostate cancer both surgery (to remove the whole prostate) or radiation are excellent and equivalent treatment options with curative intent. So, in this situation your urologist would discuss the surgical option and refer you to a radiation oncologist to discuss the radiotherapy option.

The difficult choice that men usually have is deciding which treatment to choose. It is therefore important they understand that the outcomes are generally excellent, that patients undergoing surgery or radiation have the same chance of cure and will live just as long.

So, I always finish my consultation with a reassuring statement and a comparison: "Since the chances of cure are the same, you will make the right decision whether you choose surgery or radiotherapy, so choose the treatment that puts your mind more at ease, and the set of side effects that you are happier dealing with. Surgery is invasive but it is done in one go, radiotherapy is non-invasive, but it is protracted over a few weeks. The main side effect with surgery is incontinence (urine leakage), while the main side effect with radiotherapy is bleeding from the backside, and in

most cases both side effects are short to medium-term in duration and very manageable."

So, what is radiotherapy? It is a non-invasive, non-surgical way of successfully curing prostate cancer.

There are different ways of delivering radiotherapy. External beam radiation treatment (EBRT), stereotactic body radiation (SBRT) and Brachytherapy. Brachytherapy can be done in a single minimally invasive theatre procedure with excellent preservation of sexual function compared to other modalities (treatment types). SBRT can be delivered over

five days, and EBRT can be delivered over 4 to 8 weeks (Monday to Friday).

Delivering the radiation requires the patient to lie flat on a bed and remain still - it is similar to getting a CT scan. You cannot feel or see the radiation, and there is no radiation in your body afterwards. Fiducial markers (tiny gold seeds) can be placed in the prostate to further improve precision of the radiation treatment, and rectal spacers (biodegradable gel) can further reduce the chances of rectal bleeding when treating prostate cancer.

There has been a steady growth in the radiation services in Ireland across the country which has significantly improved access to radiation treatment. In addition, the Irish cancer society provides invaluable information and support to prostate cancer patients and their partners during diagnosis, treatment and post treatment as well.



Dr Mazen El Bassiouni, Consultant Radiation Oncologist at Mater Private Network, with the Mater Private new Linear Accelerator machine at the Mid-Western Radiation Oncology Centre, University Hospital Limerick. Picture: Sean Curtin