JOHN GILES: WHY I AM SUPPORTING PROSTATE CANCER AWARENESS WEEK

A DAY IN THE LIFE OF A PROSTATE CANCER INFORMATION SERVICES NURSE

MEN AGAINST CANCER

TREATMENT OPTIONS FOR PROSTATE CANCER
A very warm welcome to our first issue of MANHOOD, which is brought to you by Action Prostate Cancer, an initiative of the Irish Cancer Society.

The latest data from the National Cancer Registry of Ireland (www.ncri.ie) states that 2,406 new cases of prostate cancer were diagnosed in 2005. The Registry also estimates that we are going to witness a 275% increase in the incidence of prostate cancer by 2020, which means that there will be 3,768 new cases of prostate cancer by 2020.

In view of this, men have a 1 in 12 chance of developing prostate cancer during their lifetime.

Action Prostate Cancer (APC) launched in April 2006, aims to become the leading provider of prostate cancer information and support in Ireland.

APC incorporates the Prostate Cancer Information Service, which is staffed by specialist cancer nurses and offers free, confidential advice, support and information to anyone worried about any aspect of prostate cancer prevention, early detection, diagnosis, treatment or follow-on care.

Since the launch, the Prostate Cancer Information Service has had a very positive response from the public, with over 6000 people having been in contact either via the Freefone number: 1800 380 380, email: prostate@irishcancer.ie, or via live cancer chat, which is available at www.cancer.ie/chat. The service is available: Monday – Thursday 9am – 7pm and Friday until 5pm. It is encouraging that 82% of contact has been from men, which illustrates that men are taking a more proactive approach with regard to accessing information about their health.

Sadly, however, prostate cancer is a disease that continues to touch the lives of too many men living in Ireland, and at Action Prostate Cancer we remain deeply committed to providing the highest quality service to those affected by prostate cancer and to ensuring that men receive the best treatment, support and care.

If you would like to find out more about our services or if you have any suggestions on how you feel we can improve them, we would be delighted to hear from you.

We very much hope you enjoy and benefit from reading our first issue of MANHOOD.

Sonya Bowen,
Acting Cancer Information Services Manager,
Irish Cancer Society.
WHAT IS THE PROSTATE?
The prostate is a small gland in men. It is part of the male reproductive system. The prostate is about the size and shape of a walnut. It sits low in the pelvis, below the bladder and just in front of the rectum. The prostate helps make semen, the milky fluid that carries sperm from the testicles through the penis when a man ejaculates. The prostate surrounds part of the urethra, a tube that carries urine out of the bladder and through the penis.

WHAT SYMPTOMS SHOULD I BE LOOKING OUT FOR?
The symptoms of prostate cancer, when they appear, are very similar to the symptoms of an enlarged prostate (BPH): because if the prostate becomes enlarged it squeezes on the tube that carries urine causing you to have problems with your waterworks.

- Passing urine more often, especially at night
- Pain or difficulty when passing urine
- Trouble starting or stopping the flow of urine
- The feeling of not having emptied your bladder
- Frequent pain in your lower back, hips, or upper thighs
- Trouble having or keeping an erection
- Blood in the urine or sperm (very rare).

Men with early prostate cancer, however, may not experience any symptoms, so it is important to visit your GP if you are concerned.

WHO IS AT RISK?
At present we do not know what causes prostate cancer. But some things do seem to affect your chances of developing the disease:

AGE: the majority of men diagnosed with prostate cancer are aged over 50 years. Your risk increases as you get older.

FAMILY HISTORY: men whose brother or father developed prostate cancer at a young age have an increased risk.

RACE: African-American and African-Caribbean men. Black men seem to be more at risk than other ethnic groups.

DIET: there is some evidence that men who have a diet which is high in fat and eat a lot of red meat may be at an increased risk. However, you may be able to reduce your risk by having a healthy diet and increasing your daily intake of fresh fruit and vegetables.

WHAT IS THE PSA TEST, WHAT DOES IT INVOLVE AND WHERE CAN I GET IT DONE?
The PSA measures the level of PSA in your blood. A small sample of blood is taken from your arm using a needle and syringe. A raised PSA level can point to the presence of cancer and if it is higher than normal, your GP may refer you for further tests to check the diagnosis.

For further information, call the Prostate Cancer Information Service on Freefone 1800 380 380
The main treatment options for prostate cancer include:

**ACTIVE SURVEILLANCE / WATCHFUL WAITING**
Because some early stage prostate cancers may be very slow growing, some patients and specialists decide to wait and see if the cancer is growing before starting any treatment. It may be an option if the cancer is not causing any symptoms and is small and contained in one place in the prostate. Some men choose watchful waiting because, in their view, the side effects of strong treatments outweigh the benefits. Active surveillance involves regular check-ups with PSA tests and rectal examinations. It avoids the complications of surgery, radiotherapy, or hormonal therapy. If you start to have symptoms or if your cancer begins to grow more quickly, you can think about active treatment.

**SURGERY**
Surgery for prostate cancer is usually a total or radical prostatectomy. This is where the prostate is fully removed from the body. This operation is only done when the cancer is confined to the prostate. This is because the entire tumour can be removed and the cancer cured. The surgeon who carries out the operation is also known as a urologist. The operation can be done by open surgery (a cut in your abdomen or perineum) or laparoscopically (keyhole surgery). Your surgeon will discuss which option is best for you.

**EXTERNAL BEAM RADIOTHERAPY**
This is a treatment where high-energy X-rays are aimed at a cancer to cure or control it. The X-rays are usually delivered through a machine called a linear accelerator. This is known as external radiotherapy. Intensity modulated radiation therapy can deliver high doses of radiation which are more targeted than other radiation techniques.
In early prostate cancer, the radiotherapy is aimed at the tumour in the prostate gland. The aim is to destroy the cancer cells, while doing as little harm as possible to normal cells. This is known as radical radiotherapy.

Radiotherapy may be given if the cancer has spread to other parts of the body, such as the bones. In this situation, the treatment cannot get rid of all the cancer cells and cure the cancer. However, it can reduce symptoms such as pain and make you more comfortable. This is known as palliative radiotherapy.

BRACHYTHERAPY

Sometimes radiotherapy for cancer of the prostate is given internally. This is called brachytherapy. Brachytherapy is a form of radiation treatment for localised prostate cancer. Small radioactive seeds or beads are inserted into the tumour under general anaesthetic. This is done so that radiation can be released slowly over a period of time. The beads are not removed but the radiation gradually wears out and there is no risk of it affecting other people. Depending on the size of the tumour, brachytherapy may be given in conjunction with external radiotherapy.

HORMONE THERAPY

Hormones are substances that occur naturally in the body. They control the activity and growth of normal cells. Cancer of the prostate depends on the male hormone testosterone for its growth. In the body the testes produce testosterone. By reducing the amount of testosterone in the body it is possible to slow down or stop the growth of the cancer cells. It can shrink the tumour and symptoms will often disappear fully.

The levels of testosterone in the body can also be lowered by removing the testes that produce testosterone or by using drugs. The drugs can be given as tablets or injections.

Hormonal therapy can be used to treat cancer that has spread or in conjunction with radiation for cancers that are diagnosed at an earlier stage.

CHEMOTHERAPY

Chemotherapy is a treatment using drugs that cure or control cancer. Even though it is often used to treat some types of cancer, it has only recently been used to treat prostate cancer.

Chemotherapy may be used for men whose cancer has spread beyond the prostate, and is no longer controlled by hormone therapy. In some cases, chemotherapy will improve quality of life with better control of symptoms.

LEARNING MORE ABOUT TREATMENT OPTIONS AT PUBLIC MEETINGS

Action Prostate Cancer runs a series of free public meetings for men (and their partners) who are concerned or have been affected by prostate cancer.

Speakers at each of these free public meetings usually include a Consultant Urologist, a Consultant Oncologist, a Urology Clinical Nurse Specialist, a Prostate Cancer Information Nurse from Action Prostate Cancer and a prostate cancer survivor.

The programme for these meetings usually comprises presentations on diet, risk factors for developing prostate cancer, and screening for prostate cancer. There are also presentations on surgery, radiotherapy and hormone therapy as treatment options for men diagnosed with prostate cancer, and on the psychological effects of a prostate cancer diagnosis.

Public meetings in 2008 will take place:

- 1st April: Boyne Valley Hotel, Drogheda, Co. Louth
- 24th September: Hotel Kilkenny, Kilkenny
- 11th November: Mount Errigal Hotel, Letterkenny, Co. Donegal

For further information on the treatment options above and/or to book your place at one of the Action Prostate Cancer free public meetings, call the Prostate Cancer Information Service on Freephone 1800 380 380
Men Against Cancer (MAC)

Men Against Cancer is a support group for men with either prostate or testicular cancer. It was established in partnership with the Irish Cancer Society. MAC provides men, their relatives and friends with information and practical support from time of diagnosis and for as long as is needed.

MAC is dedicated to helping men who have had a prostate cancer diagnosis. The group also recognises the benefit that support has for patients.

All the members of MAC are volunteers who have had treatment for prostate or testicular cancer. They are carefully selected following recovery and are trained to give information and reassurance to patients when they are most in need of it. This service is on a one-to-one basis and is confidential.

MAC recognises that helping men to live with cancer is one of its most important roles. Due to the fact that the members of MAC have had a cancer diagnosis themselves, they perform a unique service to patients that is of real benefit when they need it the most.

For further information on services and support provided by MAC, call the Prostate Cancer Information Service on Freephone 1800 380 380

Text reproduced with the kind permission of the Irish Times
A DAY IN THE LIFE
Sheila Kiely, Prostate Cancer Information Services Nurse

On an average week the Prostate Cancer Information Service (freefone 1800 380 380) would receive somewhere between 60 and 100 calls. The majority of these calls are from men who are at various stages of a prostate cancer journey. This highlights that men are becoming more proactive about their health.

The question or queries asked would range from men calling about being screened for prostate cancer, to treatment options available for the diseases, to problems such as side-effects after treatment.

Many enquiries come from those who are undiagnosed and who may be worried about symptoms, or wishing to learn a little more about prostate screening and the PSA (prostate specific antigen) blood test. Part of the Prostate Cancer Information Service is to promote men’s health awareness and we regularly receive requests for the Irish Cancer Society’s award-winning publication, The MANual. The MANual encourages men to be aware of prevention and early detection strategies for all cancers that commonly affect them.

Most enquiries are from those who have been diagnosed with cancer of the prostate and wish to discuss their treatment options. Every year in Ireland over 2,400 men are diagnosed with prostate cancer. The options for treatment of localised prostate cancer include active surveillance, surgery, external beam radiotherapy, hormone therapy and brachytherapy. Of course, this can be a very anxious time for men and those close to them; the staff in the Prostate Cancer Information Service is delighted to be in the position to offer reliable, specialist support and information in confidence.

As many men can expect a long life expectancy post diagnosis, many contact the service to discuss living with prostate cancer and coping with the symptoms of treatment such as incontinence, fatigue and erectile dysfunction. Part of our service is to recommend MAC (Men Against Cancer) as well as other patient support groups and counselling services. MAC is a support group, which provides men and women with the opportunity to speak with others who have been affected by prostate cancer and share in their understanding and experience. Since the launch of APC, the Prostate Cancer Information Service has been involved in open meetings organised by the Irish Cancer Society support service team and MAC, and we look forward to continuous involvement in future meetings throughout the country.

While talking and listening may not change a diagnosis, the feedback we receive shows that listening can lessen loneliness, fear, improve patient and family well-being and make things a little easier all round.
Action Prostate Cancer, in collaboration with the Irish Society of Urology, is in the process of developing a series of factsheets on a range of issues relating to the diagnosis and treatment of prostate cancer and life after prostate cancer.

Three factsheets have been produced to date and these are on hormone therapy and prostate cancer, urinary incontinence and radical prostatectomy, and erectile dysfunction and prostate cancer.

Three further factsheets on radical prostatectomy, radiotherapy and prostate cancer, and localised prostate cancer will be produced shortly.

To obtain copies of these factsheets, call the Prostate Cancer Information Service on Freefone 1800 380 380.

In order to complement information given by the specialist prostate cancer nurse, the general public also has access to prostate specific information booklets including:

- Understanding the PSA Test
- Understanding Prostate Cancer
- Prostate Passport
  produced by the Irish Cancer Society and MAC (Men Against Cancer).

These are available online at [www.cancer.ie/prostate](http://www.cancer.ie/prostate) or by calling the Prostate Cancer Information Service on Freefone 1800 380 380.
John Giles
Soccer Analyst and Commentator

Why I’m supporting Prostate Cancer Awareness Week...

“One thing I learned early on in my football career was to keep my eye on the ball. It’s about focusing on what’s important. And if you stand back and think about it, what’s more important than your health? So I would say, let’s all be more cancer aware and most importantly get yourself checked regularly.”

SCREENING

There is currently no screening programme in Ireland for prostate cancer. The situation regarding screening may change as the results of two large international trials looking into prostate cancer screening become available over the coming years.

It is recommended that men who are over the age of 50 years, who have a positive family history of prostate cancer and are concerned, should consult with their GP about the merits of screening.

LAUNCH OF PROSTATE CANCER AWARENESS WEEK 2008

In a continued effort to highlight prostate cancer on the public agenda, Action Prostate Cancer launched its nationwide inaugural Prostate Cancer Awareness Week (PCAW) on Monday 31st March 2008.

The launch of PCAW comprised a nationwide radio advertising and public relations campaign and the publication of our first edition of MANHOOD magazine.

The campaign was kindly endorsed by John Giles, RTÉ soccer analyst and commentator.
HELP US TO ‘GROW’ MOVEMBER FOR A GOOD CAUSE AND HAVE LOTS OF FUN DOING SO!

Movember (the month formally known as November) is a moustache-growing charity event held during November each year which started in Australia. At the start of Movember men register with a clean shaven face. The Movember participants then have the remainder of the month to grow and groom their moustache and along the way raise as much money and awareness about prostate cancer as possible. This glamorous and groomed event will see Tom Selleck and Borat lookalikes battle it out for their chance to take home the prestigious Man of Movember title!

On the home front, a small team of young Irish friends decided to bring the concept back to Ireland after living in Australia. They wanted to raise money to create awareness around men’s health and took on the novel fundraising challenge in aid of Action Prostate Cancer in November 2007. Their efforts have raised an impressive €5,000!

We hope to ‘grow’ this fun initiative in Ireland and would love to hear from you!

For further information on how to get involved, CallSave 1850 60 60 60.
THE PROSTATE CANCER MULTIDISCIPLINARY TEAM (MDT)

One of the key aims of Action Prostate Cancer is to highlight the need for men to be treated in specialist centres (major cancer treatment hospitals) where they will have access to best practice treatment and care provided by multidisciplinary teams.

The Multidisciplinary Team (MDT) comprises various health professionals who work together to discuss your case and how best to manage your treatment and care.

The prostate cancer Multidisciplinary Team should comprise the following:

- A histopathologist: a doctor who looks at tissue and cell samples under the microscope
- A medical oncologist: a doctor with a specialist interest in the treatment of prostate cancer
- A urologist: a surgeon who specialises in prostate cancer surgery
- A radiation oncologist: a doctor who specialises in radiotherapy treatment
- A clinical nurse specialist: a nurse who is skilled in caring for patients with prostate cancer
- A radiologist: a doctor who works in the X-ray department
- A urology surgeon: a doctor who works in the urology department

Occasionally a Cancer Care Co-ordinator might co-ordinate the MDT meetings.

A palliative care specialist, physiotherapist, research nurse, occupational therapist, nutritionist, counsellor, psychologist and social worker may also be involved in the MDT meeting and in the overall treatment and care of the patient.

Charlie Bird
Chief News Correspondent, RTÉ and Action Prostate Cancer Champion

“I feel really strongly about lending my support to Prostate Cancer Awareness Week because I have the same weaknesses as other men. I don’t like thinking about ill health or going to the doctor, so this campaign has forced me to think about these issues, especially my risk of developing prostate cancer, and has forced me to start taking them seriously.

I would urge all men to be more proactive about their health. Don't wait until you get prostate cancer or any other cancer as it could be too late. Learn how to take steps in your lifestyle to reduce your risk and understand the importance of early detection. A health check doesn't cost a lot. Not getting it could cost you dearly.”
“Don’t hang about.”
George Hook, Broadcaster and Sports Journalist

Prostate Cancer Information Service
For expert information, support and advice about prostate cancer, talk to a specialist nurse in confidence.

- Freefone 1800 380 380 (Mon to Thurs 9am – 7pm, Fri 9am – 5pm)
- Email service: prostate@irishcancer.ie
- Website: www.cancer.ie/prostate/