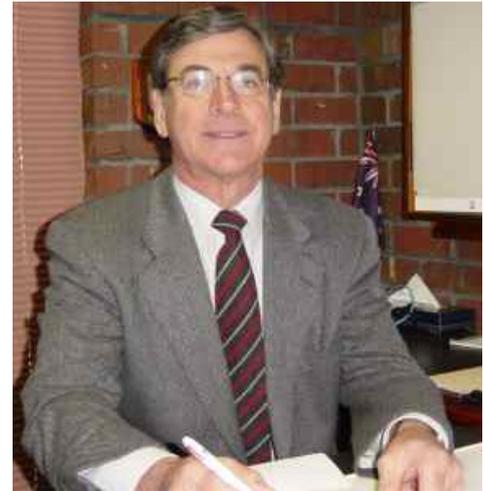


**Lecture by Urologist Mr. Graham Sinclair, M.B.,  
B.S., F.R.A.C.S. 10.3.03 [Website](#)**

(Reg made these brief notes about Graham's Lecture)

**Age and location factors that increase the chances of having prostate cancer.**

Age is really the main factor in getting prostate cancer. The older you are the greater the risk. Australians are amongst the longest lived in the world, and this increases their chances of getting prostate cancer. If you are living in Asia you have less chance of having the disease. This could most likely have something to do with their diet because once they shift to a Western country and adopt their foods, the risk of having the disease in later life increases. There is no such thing (as far as we know) as a prostate cancer gene, but family members who have prostate cancer increase the risk that their descendants might also get the disease. e.g. if a father has prostate cancer, then his son/sons should have an early PSA test just to check themselves out.



**Diets, Vitamins, Minerals and Herbs etc:**

At the moment we have no accurate knowledge that there is anything in various foods, diets, vitamins or herbal medicines that could decrease the risk of you getting prostate cancer. You can eat as much Vitamin C supplements as you like, but any excess not required by the body will be just pissed out with your urine. Regarding various herbal medicines on the market, you should not take large doses because of two reasons. One is that they have not proved to be beneficial, and two, large doses could very well harm your liver or other organs. Deaths have been reported in the U.S.A. through people (men and women) taking excessive doses of certain herbs. Make sure you know what you are taking and check it out with your G.P

Regarding Selenium - at this stage there is no proof that this mineral supplement works. No scientific "double blind" clinical trials have been completed anywhere in the world.

**Cigarettes:**

I hate cigarettes and passive smoking but at present there is no evidence that cigarette smoking causes prostate cancer.

**Testosterone:**

Everything is now aimed at reducing the level of testosterone in males with prostate cancer. To do this these days, we use a number of different hormones that are usually injected into the body. I will talk about this later. Eunuchs (with no testicles at all) do not get prostate cancer – so what does this say?

**Early Symptoms of Prostate Cancer:**

There are really no early symptoms for prostate cancer. If you have a pain in your body or bones or are having difficulty in urinating, you should go and see your local G.P. for a complete medical check up. You could even ask you G.P. for a longer appointment than usual for this particular check up. They are the best people to go to for these initial checks. As well as the usual heart and blood pressure checks, they can give you a DRE check (digital rectal examination) and arrange for a PSA test and, if necessary, other blood tests.

High levels of PSA (even 100) do not always indicate prostate cancer. I have had a chap with a PSA of 100 and it turned out that he had a severe prostate infection (prostatitis). After PSA results are returned to your GP it is quite possible that he will refer you to an Urologist who will give you a biopsy examination. This involves an ultrasonic probe being inserted up into your anus to assist the Urologist to obtain 6 or 8 or even more needle biopsies from the prostate. These needles obtain thin slivers of tissue that are sent to a Pathologist who inspects them under a microscope for any sign of prostate cancer. I know men don't like anything placed up their anus (fingers or probes) but let's face it, it is essential in these instances in order to make an accurate diagnosis. Women face much more invasive tests than men and they don't complain.

One in 100 men may end up in hospital for a short stay due to having a biopsy because of excessive bleeding or getting an infection.

### **The Gleason Score;**

This is usually obtained from a biopsy or TURP (Trans Urethral Resection Procedure) operation to determine whether a cancer is aggressive or is a slow growing type. Scores 1 to 3 are OK, 4 to 7 are the middle of the range figures and 8 to 10 indicate that you have an aggressive type of prostate cancer. These scores are determined by the Pathologist viewing the prostate tissues through a microscope. The cancer volume in a prostate usually doubles in size every 4 years.

### **Stage:**

The “T” stage is the tumour stage, or in other words, how much tumour have we got? For example, T.1 and T.2 indicate a small cancer that is confined to the actual prostate itself T.3 is outside the Prostate gland. T.4 has moved to other organs. It has spread to the lymph glands and bones. This is known as having been metastasised. A whole body scan is then required. Lymph glands or lymph nodes are the body’s defence mechanism, but these can become cancerous. A CT cat scan is the latest scanning device used today to check out metastasis within the body.

With a Gleason score of less than 7, I would recommend a “Watch and Wait” program which requires the patient to come back about every 3 months for further PSA testing and a DRE test. If over 75, further “Watching and Waiting” could be the best option. However, if the patient is only about 40 years of age, then a radical prostatectomy or radiotherapy would be strongly recommended.

### **Treatment Options:**

**Radical Prostatectomy** - 75% to 85% have a chance of no cancer re-occurring.

**Radiotherapy** – 65% to 75% have a chance of no cancer re-occurring.

In young men “**Watching and Waiting**” is not appropriate if they have a PSA of say 10. Over 70 – The risks are too high for an operation, but radiotherapy would be OK. In radiotherapy there are side effects such as incontinence and/or impotence. Sex life is important. In a radical prostatectomy there is a 5% chance of incontinence. 30% of men may have to wear a pad. There is a 50/50 chance of impotence. Caverject injections are the ideal treatment for impotence. Viagra or Cialis can also help a bit.

**Brachytherapy** - This is a very expensive and can cost up to \$20,000. If you have a PSA of less than 10, and a Gleason score of less than 7, then some medical benefits are available that could bring the cost down to around \$6,000. You must be able to pee well before this treatment is undertaken as the incontinence rate is very high. If you can’t pee well before Brachytherapy, then you won’t pee well afterwards.

One can see that all treatment options have medical side effects that are not good, but in most cases these side effects can be treated with medications or injections.

**Hormone Injections** Cosudex, Flutamide, Androcur Lucrin or Zoladex hormone 3 monthly injections are used in cases where the cancer has escaped from the prostate gland. These drugs can be used in conjunction with radiotherapy. They are given about every three months and stopped for a while when necessary, and all reduce testosterone production. The stop-start hormone treatment is called “**Intermittent Hormone Therapy**”. 85% of men respond reasonably well to this type of treatment, and the PSA levels drop to less than .1%, but will gradually rise again. The main side effects with hormone treatment are hot flushes and impotence. These days, hot flushes can be reduced by medication. Men also complain that good red wine has a strong metallic taste about it when they are on hormone injections.

At the end of Graham’s lecture, Gerry thanked him on behalf of everyone present and presented him with a bottle of good red wine. We certainly hope it hasn’t got a metallic taste.