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Prostate cancer is the most common cancer in New Zealand men. It affects grandfathers, fathers, husbands, sons and brothers.

This booklet is about prostate cancer – what it is, checking and testing for it and how to manage it. This booklet encourages you to talk to your doctor, nurse or health professional about prostate cancer.

Prostate cancer is different from most other cancers. Unlike other cancers, some prostate cancers will never progress to cause problems.

Your risk of prostate cancer increases if your father or brother has had it and it also increases with age. Younger men are less likely to get prostate cancer, but if they do, they are more likely to need treatment. This is because younger men will live with their cancer for longer, so there is more time for it to progress and cause problems.

Māori men are more likely than non-Māori men to die from prostate cancer because the cancer is often found too late to cure.

If prostate cancer is found early, it can usually be cured.
What is the prostate?

All men have a prostate. The prostate is a small walnut-shaped gland that surrounds the bladder opening. The prostate produces some of the fluid in semen.

From age 50, the prostate gland often increases in size. A larger than normal prostate gland can affect the urinary passage (the urethra) and can cause problems when men urinate (pee).

These problems can be:

- peeing more often
- having trouble getting started or stopping
- poor flow or dribbling
- often getting up at night to pee.
What is prostate cancer?

Prostate cancer occurs when the cells in the prostate gland grow out of control and form lumps, called tumours.

While some prostate cancers grow slowly, others can grow rapidly or spread to other areas, such as the bones, liver and lungs.

Slow-growing prostate cancer is common and may not cause any problems. It can be monitored and may never need treatment. Prostate cancer that grows rapidly or has spread outside the prostate can cause serious symptoms or death if not found and treated early.

How common is prostate cancer?

It’s the most common cancer in New Zealand men. Each year, about 3000 new prostate cancer cases are found and more than 600 men die. That’s a lot of grandfathers, fathers, husbands, sons and brothers.

4 in every 100 male deaths are due to prostate cancer.
What are the symptoms of prostate cancer?

As men get older, it is common for them to have these symptoms:

• peeing more often
• having trouble getting started or stopping
• poor flow or dribbling
• often getting up at night to pee.

Usually these symptoms are **not** caused by cancer. But, sometimes these symptoms are caused by cancer. **If you have any of them, it is important to tell your doctor, nurse or health professional straight away.**

Most men with early prostate cancer won’t know they have it.

If the cancer has spread outside the prostate gland, it can cause pain in the lower back, hips or ribs.

Do you have any of these symptoms?
What is my risk of prostate cancer?

As you get older, your risk of getting prostate cancer gets higher.

You are also more at risk of getting prostate cancer if your father or brother has had it.

Age

Prostate cancer is more common as men get older. Prostate cancer is rare in men aged under 50.

The prostate cancer risk for a man ...

- in his 40s: 1 in 500
- in his 50s: 1 in 50
- in his 60s: 1 in 14
- in his 70s: 1 in 9

Men who get prostate cancer before the age of 70 are more likely to need treatment. This is because younger men will live with their cancer for longer and there is more time for it to progress and cause problems. So it’s important for younger men to talk to their doctor or health professional about their risk of prostate cancer.
Close relatives

Prostate cancer affects families. The risk of prostate cancer is higher if your close relatives have had it. Men with a father or brother with prostate cancer are more than twice as likely to develop it.

If you are 40 years or older and your father or brother has had prostate cancer, talk to your doctor or health professional about your prostate cancer risk.
How can I reduce my risk of dying from prostate cancer?

You can reduce your risk of dying from prostate cancer by finding the cancer early and by having a healthy lifestyle.

The cause of prostate cancer is not yet known. But men who eat a lot of animal fat may have a higher chance of getting prostate cancer. You may be able to reduce your overall cancer risk by:

- maintaining a healthy body weight
- eating low-fat, high-fibre foods – including plenty of fresh fruits and vegetables
- exercising regularly
- being smokefree.
Checking your risk of prostate cancer

Having a prostate check is your decision. It won’t tell you if you have prostate cancer. The check assesses your risk of having it. The check will tell you how likely you are to have it.

Checks usually involve a blood test called a prostate-specific antigen test (PSA) and a digital rectal examination (DRE).

Prostate-specific antigen (PSA) blood test

This is a blood test to measure the PSA level in your blood. The prostate gland makes PSA.

The blood test is free, but your doctor’s usual charge may apply.

Higher than normal levels of PSA can be caused by an infection of the prostate gland, by an enlarged prostate (not cancer) or by prostate cancer.

Most men with a higher than normal PSA level won’t have prostate cancer. However, your overall risk of having prostate cancer is higher if you have a higher level of PSA than normal. The higher the level of PSA, the more likely it is to be a sign of cancer. Overall, there is up to a 1 in 4 chance that you may have prostate cancer if your PSA levels are higher than normal.

Some men with prostate cancer will have normal PSA levels.
Digital rectal examination (DRE)
This is a quick way for your doctor to check whether there may be a problem with your prostate.

To feel the surface of your prostate, the doctor will place a gloved finger into your rectum (bottom). You are more likely to have prostate cancer if your prostate feels rough, hard or irregular.

A DRE may not find very small cancers.

Depending on your age and your PSA level, your doctor may recommend regular screening or further tests or may refer you to a specialist.

Should I have a blood test to check for prostate cancer?
Having a prostate check is your decision. Choosing whether to have a prostate check or not is an important decision to make.

A prostate check aims to reduce your chances of being harmed or dying from prostate cancer. While the PSA blood test and the DRE may be uncomfortable, there is no risk from having them. They do not harm you in any way.

Depending on your PSA and DRE results, you may need to make decisions about more tests and possibly treatments. The tests and treatments have benefits and risks (can cause harm). You need to understand what the benefits and risks are so you can make the right decisions for you and your family and whānau.
Things to think about when deciding about a prostate check

• A check can reduce your risk of dying from prostate cancer because the cancer can usually be cured if it is found early.

• The older you are when you have prostate cancer, the less likely you are to die from it. Many men die with prostate cancer, but not because of it.

• If you are not checked and do have prostate cancer that spreads, you may suffer pain in your bones, develop kidney failure and liver problems, and die from the disease.

• Sometimes doctors can’t tell which prostate cancers will grow quickly and spread. So some men found to have cancer may have further tests and treatment they don’t need, because their cancer was never life-threatening. Active surveillance (see page 17) will reduce this risk.
# Prostate checklist for men

If you answer ‘Yes’ to any of the following, talk to your doctor, nurse or health professional.

<table>
<thead>
<tr>
<th>Yes/No</th>
<th>Question</th>
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<tbody>
<tr>
<td></td>
<td>I am peeing more often.*</td>
</tr>
<tr>
<td></td>
<td>When I pee, I have trouble getting started or stopping.*</td>
</tr>
<tr>
<td></td>
<td>I have poor urine flow or dribbling.*</td>
</tr>
<tr>
<td></td>
<td>I often get up at night to pee.*</td>
</tr>
<tr>
<td></td>
<td>I have blood in my urine.*</td>
</tr>
<tr>
<td></td>
<td>I have pain in my lower back, hips or ribs.*</td>
</tr>
<tr>
<td></td>
<td>I have a family history of prostate cancer and I’m 40 years old or more.</td>
</tr>
<tr>
<td></td>
<td>I am 50 to 70 years old.</td>
</tr>
<tr>
<td></td>
<td>I am concerned or want to know more.</td>
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</tbody>
</table>

*Answering yes to any of these points may not mean you have cancer, but you should get them checked by your doctor or health professional straight away.

When deciding about a prostate check, you may want to talk to your family and whānau and a trusted health professional.
Tests to confirm prostate cancer

Your doctor will discuss your prostate check results with you.

If you have an abnormal PSA blood test or abnormal DRE, your doctor will refer you to a urologist. A urologist is a doctor who specialises in urinary tract problems and reproductive (sex) organ problems for men.

The urologist will discuss having a prostate biopsy to see if you have cancer. A biopsy is a test that looks at samples of your prostate cells. A biopsy is needed to confirm if you have cancer.

Prostate biopsy

A prostate biopsy takes a sample of your prostate cells. It is usually done in hospital or a specialist medical clinic.

Prostate biopsies are free through the public health system. If you have health insurance, you may also choose to have the prostate biopsy done privately through your insurance.

You may be given medicine to make you feel sleepy and more comfortable during the prostate biopsy. A small needle is inserted into your prostate gland. The needle takes several small samples of your prostate. The samples are then sent to a laboratory for testing by a pathologist.
What will a biopsy tell me about my prostate?

The urologist will explain what happens when you have a biopsy and what the risks and side effects are. If the biopsy does not detect prostate cancer you may be advised to have ongoing follow-up. If you do have cancer, the biopsy will tell the urologist about the type of cancer and how likely it is to spread. This information will help you, your doctor and your family and whānau to make decisions about treatment.

The Gleason score

The biopsy results are scored to show how quickly the cancer might grow and spread. This is known as the ‘Gleason score’. Your doctor will discuss your score with you. A low score means the cancer is more slow growing and is less likely to spread. A high score means the cancer is more likely to grow quickly and spread to other parts of your body. The Gleason score helps your doctor to plan the best course of treatment for you.

Other tests to tell if the cancer has spread

Prostate cancer, like other types of cancer, can spread to other parts of the body. Because of this, other tests may need to be done to check if the cancer has spread. These tests can include a bone scan, a computerised tomography (CT) scan or a magnetic resonance image (MRI) scan.

Do you have any questions about tests for prostate cancer?
Managing prostate cancer

Management of prostate cancer includes active surveillance, surgery, radiation therapy, hormone treatment and palliative care. These are described in this booklet. What treatment is best for you depends on your age, your general health, the type of prostate cancer you have, your symptoms and your lifestyle.

The treatments for prostate cancer often have side effects. It’s important that you and your family and whānau know about these before you make any decisions about treatment.

You will be offered appointments with prostate cancer specialists to discuss the types of treatment available and how each treatment is likely to affect you. The appointments and treatment are free through the public health system. If you have health insurance, you may also choose to be treated privately through your insurance.

Some treatments can be given at home and other treatments are given in hospital.
# Active surveillance

<table>
<thead>
<tr>
<th><strong>Who</strong></th>
<th>For men considered at low risk of life-threatening prostate cancer.</th>
</tr>
</thead>
</table>
| **What** | Regular monitoring (follow-up) with PSA testing and repeat biopsies when necessary.  
Identifies the need for treatment when cancer progresses. About 1 out of 3 men who begin active surveillance will eventually need further treatment. |
| **Why** | To avoid or delay unnecessary treatment and the risk of treatment side effects (urinary, bowel and erection problems).  
For some men, their prostate cancer will never cause them problems so they don’t need treatment. Regular monitoring may avoid the need for treatment and the risk of treatment side effects.  
Regular monitoring for changes in their cancer delays treatment until it is needed. It also delays the risk of treatment side effects. |
| **Risks** | Ongoing checks and tests can be stressful for men and their families and whānau.  
There is a risk that the cancer may spread and become more difficult to treat. |
## Surgery

<table>
<thead>
<tr>
<th><strong>Who</strong></th>
<th>For men who have prostate cancer that is still in the prostate gland.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What</strong></td>
<td>Involves a prostatectomy, which is surgery to remove the prostate. This is done under general anaesthetic (so you are asleep) at a hospital.</td>
</tr>
<tr>
<td><strong>Why</strong></td>
<td>Removing the prostate can cure the cancer if it is still in the prostate or very close to the prostate.</td>
</tr>
</tbody>
</table>
| **Risks or side effects** | Prostatectomy will not cure the cancer if it has spread outside the prostate. Side effects of surgery may include:  
  - urinary incontinence (problems with leaking urine)  
  - erection problems  
  - infertility (not being able to conceive children naturally). |
## Radiation therapy

<table>
<thead>
<tr>
<th><strong>Who</strong></th>
<th>For men who have prostate cancer that is still in the prostate or, if it has spread, cancer that is very close to the prostate.</th>
</tr>
</thead>
</table>
| **What** | There are three types of radiation therapy:  
  - External beam radiation therapy (EBRT) – X-ray beams are directed at the prostate gland. Treatment is usually given 5 days a week, for about 7 to 8 weeks.  
  - High-dose-rate brachytherapy (HDR) – radioactive needles are put into the prostate and then removed about an hour later. HDR is usually given following EBRT.  
  - Low-dose-rate brachytherapy (LDR) – tiny radioactive seeds are put into the prostate and are left there. (This treatment is not available through the free public health system.) |
| **Why** | Radiation therapy can cure cancer if it is still in the prostate or is very close to the prostate. |
| **Risks or side effects** | Possible side effects are:  
  - erection problems  
  - bowel problems, including diarrhoea  
  - bladder problems, including passing urine more often and pain with passing urine  
  - tiredness  
  - infertility.  
  The chance of having any of these side effects depends on the type of radiation treatment being given. |
# Hormone treatment

<table>
<thead>
<tr>
<th>Who</th>
<th>For men who have prostate cancer that has spread outside the prostate gland or has spread to other parts of the body.</th>
</tr>
</thead>
<tbody>
<tr>
<td>What</td>
<td>Medicine given to reduce the amount of testosterone that the body makes or to block its effects. Testosterone is a male sex hormone and it causes prostate cancer to grow.</td>
</tr>
<tr>
<td>Why</td>
<td>Hormone treatment medicine can slow the growth and spread of prostate cancer for several years.</td>
</tr>
</tbody>
</table>
| Risks or side effects | Men need to take the medicine for a long period of time. Some men choose to have surgical castration (removing the testicles) to avoid long-term medicine use. Side effects of hormone treatment can include:  
  - hot flushes  
  - loss of interest in sex  
  - erection problems  
  - reduced size of penis and testicles  
  - tiredness and weight gain  
  - breast enlargement or tenderness. |
Palliative (end of life) care

<table>
<thead>
<tr>
<th><strong>Who</strong></th>
<th>For men who have advanced prostate cancer and who will not recover from it.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What</strong></td>
<td>Care and treatment to relieve the symptoms of cancer. This includes pain relief.</td>
</tr>
<tr>
<td><strong>Why</strong></td>
<td>Men with advanced prostate cancer have a better quality of life if they receive care and advice from people who are trained in palliative care. Palliative care can improve emotional, spiritual and social wellbeing. Men receiving palliative care may spend less time in hospital.</td>
</tr>
<tr>
<td><strong>Risks</strong></td>
<td>Palliative care does not cure prostate cancer.</td>
</tr>
</tbody>
</table>
Summary

- Prostate cancer is the most common cancer found in men. If caught early, prostate cancer can be managed well and can usually be cured.
- Some prostate cancers are slow growing and will never cause problems. Others grow quickly and cause serious symptoms or death.
- As men get older it is common to have prostate symptoms (difficulty in peeing, etc).
- Usually these symptoms are not caused by cancer. But if you have them, tell your doctor straight away.
- You can reduce the risk of dying from prostate cancer by finding the cancer early and by having a healthy lifestyle.
- Having a PSA blood test and a DRE is the first step in finding out whether you are more or less likely to have prostate cancer.
- Prostate checks (PSA blood test and DRE) cannot tell you if you have prostate cancer. A prostate check can only tell you whether you are more or less likely to have it.
- Choosing whether to have a prostate check is an important decision. If the check indicates you are more likely to have cancer, you will need to make more decisions about tests and possibly treatment.
- Tests and treatment for prostate cancer often have side effects.
• A biopsy is needed to confirm if you have cancer.
• If cancer is found, your doctor will discuss management options with you. This discussion will include:
  – which treatments are most suitable
  – the risks and benefits of each treatment
  – other treatment or care that is available.
• If you notice anything unusual or if you are concerned, talk to your doctor, nurse or health professional.

What do I need to do next?
To help make decisions that are right for you:
• talk to your family and whānau
• find out if any of your close relatives have had prostate cancer
• talk to your doctor, nurse or another trusted health professional. You can bring support people with you to any appointment.
More information

More information on prostate checks, tests and management is available from:

• your doctor or local health service
• the Cancer Society of New Zealand Information Service (Freephone 0800 226 237)
• the Prostate Cancer Foundation of New Zealand (Freephone 0800 477 678).

Useful websites include:

• The Cancer Society of New Zealand: www.cancernz.org.nz
• Get the Tools – the Nuts and Bolts of Men’s Health: www.getthetools.org.nz
• The Prostate Cancer Foundation: www.prostate.org.nz
• The Ministry of Health: www.health.govt.nz

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