

Burwell Surgery PPG: Prostate Cancer Awareness – if in doubt AskMyGP!

Prostate cancer is the most commonly diagnosed cancer in UK men, with over 64,000 men diagnosed each year and a lifetime risk of 1 in 8 in white men and 1 in 4 in black men. It's an issue already faced by well-known figures like Sir Chris Hoy. Their honesty is a reminder that this is something all men should pay attention to, without fear or embarrassment. March is Prostate Cancer Awareness month, so we decided to ask Dr Manning to tell us more about what men should look out for and what to do if they have any concerns.

Do men usually get symptoms in the early stages of prostate cancer?

Prostate cancer often has no symptoms at first because it usually starts growing on the outer part of the prostate, where it doesn't press on the urethra.

Should I have PSA test if I don't have any urinary symptoms?

The National Screening Committee have just reviewed the evidence for screening for prostate cancer with PSA testing. Their conclusion is that on a population basis, unless you have the rare BRCA gene mutation, that:

- it is unclear how PSA impacts on deaths due to prostate cancer and it has not been shown to have any impact on all-cause mortality;
- a PSA-based screening programme could cause harm to men as some would be diagnosed with a cancer that would never have become clinically significant during their lives.

The committee also did not advise screening for men with additional risk factors (e.g. from a black ethnicity, or with a family history).

On a personal level the advantages of having a PSA test are that the PSA may help to:

- pick up prostate cancer before you have symptoms;
- pick up a fast-growing cancer at an early stage when treatment could stop it spreading and causing problems or shortening life.

The disadvantages are:

- many individuals have a raised PSA without having prostate cancer;
- only a small proportion of men with a low PSA will later be found to have cancer;
- if your PSA is raised, you *may* need a biopsy which can cause side-effects, including bleeding, infections and (rarely) sepsis. Not ALL men need to have a biopsy;

- you may be diagnosed with a slow-growing cancer which would never have caused you any problems or shortened your life. This could cause worry, and you may decide to have treatment you do not need;
- treatments can cause side-effects which can affect you daily for the rest of your life, e.g. urinary, bowel and erection problems;
- neither biopsy nor multiparametric MRI will detect ALL prostate cancers.

Also if you have a PSA how often do you need it repeating? The short answer is we don't know.

There are trials ongoing regarding other biomarkers and some trials using MRI as screening. So hopefully there will be a better process in the future.

Our approach at the moment is to go through this information with you and hopefully help you make the best informed decision for yourself that you can.

If symptoms do appear, what might I notice?

You may notice difficulty starting to pass urine, weak flow, stop–start urination, needing to pass urine urgently or more often, a feeling you haven't emptied your bladder, or getting up more at night. Other symptoms can include erectile dysfunction, blood in urine or semen, lower back pain, or losing weight without trying.

When should someone speak to a GP?

If you're having trouble passing urine or other symptoms of prostate cancer then don't hesitate to get in touch with us. The risk is higher if you're over 50, come from a Black ethnic background or have a history of prostate cancer in your family. If you are not symptomatic the NHS will offer you a PSA if you are over 50, after a discussion (along the lines above) about the pro's and con's of the use of the PSA test for screening if you request it. If you are under 50 we will use clinical discretion to offer you a test if you are at additional risk.

Will I be wasting the GP's time if I ask about this?

No - not at all! Please contact us – don't wait! We know it's a bit embarrassing, but we're used to discussing these symptoms. It is worth remembering that passing urine gets more difficult for most men as we get older. In the majority of cases this is caused by benign swelling of the prostate. But, like all cancers, treatment is more likely to be successful if it is caught early. So we would really encourage you to contact us early and get it properly checked out, particularly if your symptoms are intrusive or seem to have started to get worse more quickly. Our approach is to exclude cancer initially and we have a number of other treatment options for symptoms caused by benign prostate swelling if you wish to consider these.

What will happen at a GP appointment?

The GP will ask about your health and family history. We might ask some questions to try to quantify the severity of your symptoms called an International Prostate Symptom Score. If you are symptomatic then we would usually suggest doing a PSA blood test and a urine sample prior to seeing you face to face. This is because doing a rectal examination will tend to elevate the PSA for a few weeks. Also if your PSA is elevated we may suggest a direct referral to a specialist prior to seeing you. We normally need to do two separate PSA blood tests a month apart if the PSA is elevated, prior to a referral as the difference between the two results gives additional useful information to the specialist. We may offer a rectal examination as part of your assessment.

What would happen at the specialist appointment

Most people we refer initially have a multiparametric MRI scan of the prostate prior to seeing the specialist. This test, which has become available over the last few years, has really reduced the need for more invasive biopsies and allowed the specialist to target areas of concern in the prostate if they do need to proceed to a biopsy. The specialist will then use all of the available information from the clinical assessment, blood test, MRI and (if necessary) a biopsy to advise if there is a diagnosis of prostate cancer and what treatments might be most appropriate.

Next PPG Meeting – All Welcome

Our next PPG meeting will be at 6.30pm on Tuesday 28th April at Burwell Day Centre. If you would like to join for the first time, or need a Microsoft Teams link, please contact cpicb.burwellsurgery.admin@nhs.net.