

THE PROSTATE

SMALL GLAND **BIG** PROBLEM

By John Crow

Chapter 1

*British men have a 1 in 12-lifetime risk of developing Prostate Cancer (**PC**), roughly the same as a woman developing breast cancer. The risk is expected to rise to around 1 in 4 by 2020. There is an increasing risk with age. It is rare in men under 45 years. Currently over 10,000 men die annually in the UK as a direct result of **PC**. There are also 32,000 new cases diagnosed each year.*

Unfortunately, there may be no symptoms until the disease is well advanced. It can also be confused with less dangerous conditions such as an inflammation of the prostate (Prostatitis) and a gradual increase in size of the prostate without any cancer present (benign prostatic hypertrophy - BPH).

You may experience:

- Poor flow of urine
- Frequent trips to the toilet even during the night
- A persistent feeling of 'not quite emptying the bladder'
- Blood in the urine or semen.
- A severe backache for no obvious reason

Contrary to popular belief, **PC** is not restricted to the over 70s but is now becoming more common in the 50 plus age group. There is an increased risk of developing **PC** if you have a close family member who has suffered from the condition.

There is great debate over the value of screening for **PC**. The best test for **PC** is the prostate specific antigen (PSA) test which measures the levels of a prostate protein in the blood. When this test is combined with a digital rectal examination (DRE) (a doctor checking the back passage with a gloved finger), the accuracy of the detection rate of these tests ranges from 80% - 90%.

PSA testing is even more valuable when carried out on an annual basis since a series of tests can reveal those who have a PSA that is rising rapidly and are thus most likely to have **PC**. If the level rises above 4ng/ml you should speak with a urologist. DO NOT be put off by the GP that sends you away with 3 months supply of antibiotics.

The argument against screening is that the PSA test is not 100% accurate, and the subsequent tests that have to be carried out to investigate the reason for a high PSA result are both unpleasant and invasive. It can cause a great deal of unnecessary worry to the patient whilst these tests are being carried out. Furthermore the tests may have to be repeated on an annual basis which leaves the patient living under a cloud; however the PSA test is still considered to be a good indicator and should therefore not be underestimated.

If the tests show cancer to be present then a decision has to be made regarding treatment. There are two main choices: surgery or radiotherapy. The surgery option involves a 3-hour operation and several weeks with a catheter. The radiotherapy option involves intensive sessions on a daily basis for 6 weeks. Both are unpleasant and can cause impotence and incontinence. Additionally, hormone treatment can be used to slow down the growth of the cancer. There are now new options available, namely Brachytherapy - implanting radioactive seeds which is usually only offered to patients with a PSA of less than 15ng/ml. This is even more reason for early detection as Brachytherapy is, in most cases, the least unpleasant of all the treatments currently available. HIFU and Cryosurgery are also becoming more widely available. Unfortunately, there are no easy options or 'best buys'.

I have studied the subject in quite some depth and am currently investigating alternative treatments (Nutrients and supplements) both as preventative and "After Care" options.

If readers feel that they would like more in depth details, or think they have a problem they would like to discuss, then please leave a message via the contact list under Webmaster.

The following chapters will address the subject of Prostate problems in more depth, so please do take the time to read them, as it may just save your life.

©John Crow