

Prostate Cancer



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Hong Kong Cancer Fund was established in 1987 to provide support, information and care to those living with cancer and to increase awareness and knowledge of cancer in our community.

CancerLink support centres under the Cancer Fund provide professional support, and connect cancer patient support groups to form an extensive support network for cancer patients and families, offering emotional support and practical assistance to those touched by cancer.

This publication is one in a series of cancer information booklets which discuss different aspects of the disease, including possible treatment, side effects and emotional issues. You can find cancer information at our website:

www.cancer-fund.org

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Introduction

This booklet has been prepared to help you understand more about prostate cancer.

Many people feel understandably shocked and upset when told they have prostate cancer. We hope this booklet will help you to understand the diagnosis and treatment of the disease. We also include information about support services.

Before commencing any health treatment, always consult your doctor. This booklet is intended as a general introduction and should not be seen as a substitute for your own doctor's or health professional's advice. All care is taken to ensure that the information contained is accurate at the time of publication.

We hope this booklet will answer some of your questions and help you think about the questions you want to ask your doctors.

You do not need to read it from cover to cover, just read the parts which are useful to you.

You may like to pass this booklet to your family and friends for their information. They, too, may want to be informed so that they can help you cope with any problems you may have.



What is cancer?

Cancer is a disease of the cells, which are the body's basic building blocks. Cancer starts in our genes. Our bodies constantly make new cells to enable us to grow, to replace worn-out cells, or to heal damaged cells after an injury. Certain genes control this process.

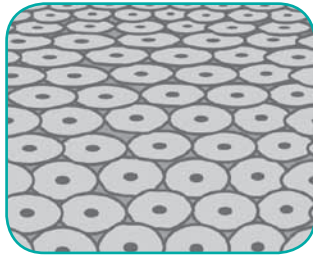
All cancers are caused by damage to these genes. This damage usually happens during our lifetime, although a small number of people inherit a damaged gene from a parent.

Normally, cells grow and multiply in an orderly way. However, damaged genes can cause them to behave abnormally. They may grow into a lump called a tumour.

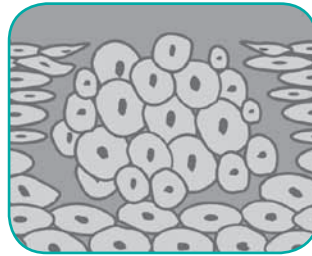
Tumours can be benign (not cancer) or malignant (cancer). Benign tumours do not spread outside their normal boundary to other parts of the body.

A malignant tumour is made up of cancer cells. When it first develops, this malignant tumour may be confined to its original site. This is known as a cancer in situ (or carcinoma in situ). If these cells are not treated, they may spread beyond their normal boundaries and into surrounding tissues, becoming invasive cancer.

Some benign tumours are precancerous and may progress to cancer if left untreated. Other benign tumours do not develop into cancer.



Normal cells



Cells forming a tumour

How cancer spreads?

For a cancer to grow bigger than the head of a pin, it must grow its own blood vessels. This is called angiogenesis. Sometimes cells move away from the original (primary) cancer, either by the local tissue fluid channels (lymphatics) or in the blood stream, and invade other organs. When these cells reach a new site, they may continue to grow and form another tumour at that site. This is called a secondary cancer or metastasis.



The prostate

The prostate is a small gland found only in men.

A normal prostate is about the size of a walnut. The prostate sits below the bladder. There is a hole in the prostate through which urine passes. A tube called the urethra carries urine from the bladder through the penis and out of the body.

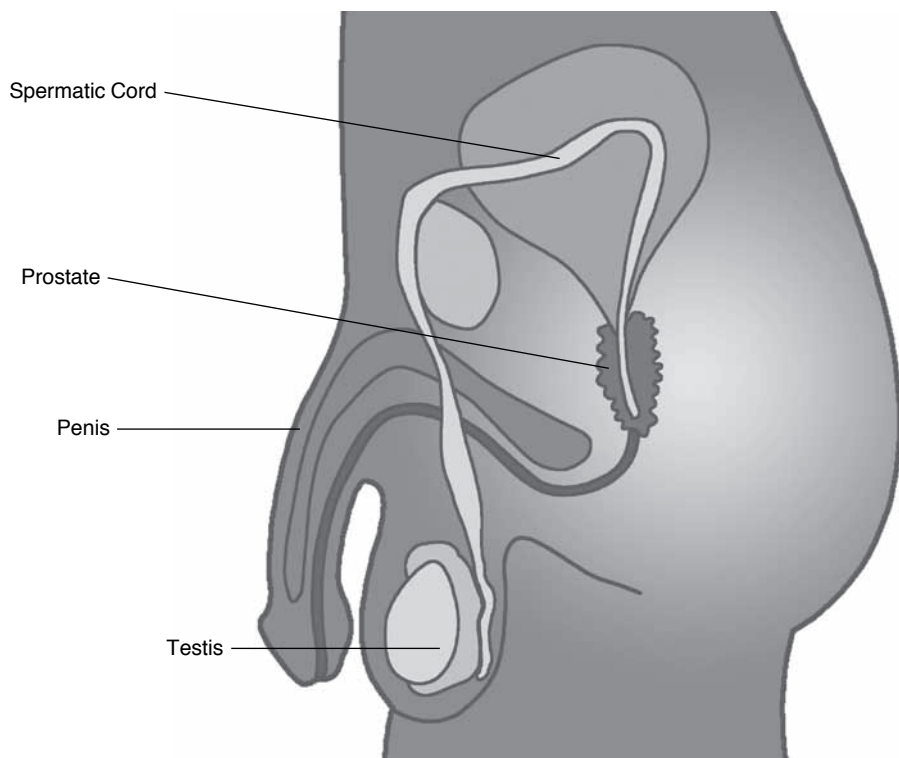
Located near the prostate are the nerves, blood vessels and muscles needed to achieve an erection and to control bladder function.

The prostate produces part of the fluid that makes up semen.

The prostate normally gets bigger as men grow older. The growth of the prostate depends on the male sex hormone, testosterone, which is made by the testes.

The growing prostate makes the urethra narrower and this can change urinary patterns. This enlargement is called benign prostate enlargement. This is not cancer. Benign prostate enlargement usually begins on the outer surface of the prostate. It may cause the following symptoms:

- Need to urinate more often, especially at night
- An urgent need to urinate
- Difficulty starting to urinate, leaking or dribbling after urinating





Prostate cancer

Prostate cancer develops when the cells in the prostate gland grow more quickly than in a normal prostate, forming a malignant lump or tumour.

Most prostate cancers grow slower than other types of cancer.

Early (or localised) prostate cancer is growth that has not spread beyond the prostate. Some prostate cancers may spread to other parts of the body, such as the bones and lymph nodes. This is called advanced prostate cancer.

Causes

While the causes of prostate cancer are unknown, fatty foods are believed to play a role. The chance of developing prostate cancer increases:

- As you get older, more than two-thirds (70%) of all new prostate cancers are found in men over the age of 65
- If your father or brother has had prostate cancer

Symptoms

Early prostate cancer rarely has symptoms. This is because the cancer is not large enough to put pressure on the urethra.

If the cancer grows and spreads beyond the prostate (advanced prostate cancer), it may cause the following problems:

- Pain or burning when urinating
- Pain during ejaculation
- Blood in the urine
- Pain in the lower back, hips or upper thighs

These symptoms are common to many conditions and may not be advanced prostate cancer. If you are concerned, see your doctor.

Screening

In recent years screening to find cancer at an early stage has become important for some types of cancer. In Hong Kong, screening for cancer of the prostate is not offered on a regular basis because there is still discussion about its effectiveness. Unfortunately there is not a single test which can diagnose this type of cancer and it would be necessary to do a number of tests to get a firm diagnosis.

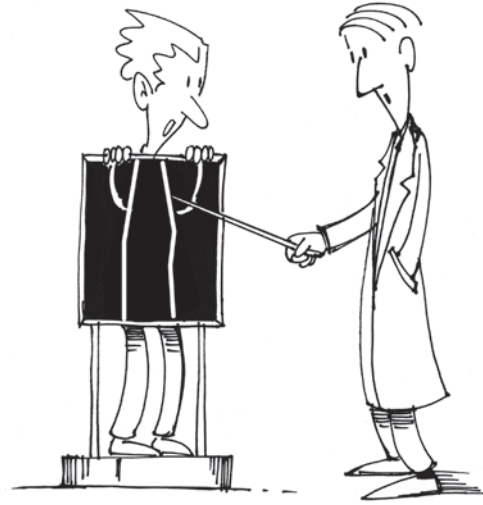
Studies are underway to see if screening is beneficial. Until this has been established, it is not likely to be offered. If you are a man over the age of 50 with a family history of prostate cancer, you should talk with your doctor about getting checked.

If you are 60 or older, you should be aware of the symptoms or unusual changes in your body and visit your doctor if you experience them.



Diagnosis

Your doctor will confirm the diagnosis with a number of tests. You may have some or all of the following tests.



Various Tests

■ Prostate specific antigen blood test

Prostate specific antigen (PSA) is a protein made by normal prostate cells and cancerous prostate cells. Your body makes more PSA as you are aged.

- The PSA is measured by using a blood test.
- The PSA test will tell you that there might be a problem with the prostate gland.
- A high PSA does not mean that you have cancer.

A number of factors can increase PSA levels in your blood, including:

- Infection in the prostate
- Benign prostate enlargement
- Prostate cancer

Only one in four men with an elevated PSA level will have cancer. Some men who have prostate cancer have normal PSA levels.

As the meaning of your PSA level is not clear cut, this blood test is normally used with other tests to diagnose prostate cancer.

After diagnosis, PSA is useful for checking the growth of the prostate cancer and how it is responding to treatment.

■ Digital rectal examination

The digital rectal examination involves a doctor inserting a gloved finger into the back passage (rectum) to feel the prostate gland. If your doctor feels a hardened area or an odd shape, further tests will be done.

A digital rectal examination may be uncomfortable but is rarely painful.

Doing this test together with a PSA test are effective in detecting early cancer.

■ Biopsy

A diagnosis is made by removing a small piece of tissue from the prostate. This is called a biopsy. It is done if the PSA test or digital rectal examination are abnormal.

How is it done?

An ultrasound probe called a trans-rectal ultrasound or TRUS is passed into the rectum. The probe is the size of the thumb. It shows the shape and texture of the prostate on a screen like a television. The ultrasound picture helps guide a small needle from the probe through the rectum into the prostate. Between 6 to 12 samples of prostate tissue are taken from different parts of the prostate and checked under a microscope for signs of cancer.

Most biopsies are done with some form of anaesthetic. It may be uncomfortable and there may be some bleeding. You will be given antibiotics to reduce the possibility of infection.

What does a biopsy tell the doctor?

A biopsy helps to tell your doctor if you have prostate cancer or not, and also how fast it might grow (the grade).

The most commonly used grading system is called the Gleason score.

The score ranges from 2 to 10.

- A low Gleason score of 2, 3 or 4 indicates a slow-growing (less aggressive) cancer.
- A score between 8 to 10 indicates a faster-growing (more aggressive) cancer.

Further tests

If the biopsy shows that you have prostate cancer you may have a blood test, bone scan, CT scan or MRI.

You may have one of these tests or a combination.

The tests will estimate the extent of the cancer in your body and the spread to other parts of the body if it has. This is called staging.

Staging helps the doctor to recommend the best treatment for you.

■ Blood tests

Blood samples may be taken regularly to check your health and to see if the prostate cancer has spread.

■ Bone scan

A bone scan may be taken to see if the prostate cancer has spread to your bones or not.

How is it done?

A small amount of radioactive material (called technetium) is injected into a vein, usually your arm. This material is attracted to areas of bone where there is cancer.

After 1-2 hours the location will be viewed with a scanning machine.

A bone scan is painless and will not leave you radioactive.

■ CT scan

A CT (computerised tomography) scan is a type of x-ray procedure.

It uses x-ray beams to take pictures of the inside of your body and can assess if the cancer has spread to the lymph nodes.

This painless test takes about 10-30 minutes.

How is it done?

A special dye is injected into a vein, probably in your arm so as to make the pictures of the scan clearer. This may make you feel hot all over for a few minutes.

You will lie flat on a table while the CT scanner, which is large and round like a doughnut, rotates around you.

Most men are able to go home as soon as their scan is done.

■ MRI scan

This test uses a combination of magnetism and radio waves to build up detailed cross-section pictures of the body.

In some cases of more advanced prostate cancer, an MRI can help to confirm if the cancer is contained within the prostate.



How is it done?

The test involves lying on a couch inside a metal cylinder - a large magnet - that is open at both ends.

Stages of prostate cancer

If the biopsy and the results of these tests detect prostate cancer, one of the following groups of letters and numbers will be used to describe the stage of your prostate cancer.

The stage tells you how far the cancer has spread. The grade tells you how fast the cancer is growing.

The staging system used for prostate cancer is the TNM system, where T=tumour, N=nodes and M=metastases.

- T1:** The tumour is found only in the prostate. It cannot be felt during a digital rectal examination.
- T2:** The tumour is located within the prostate only. It can be felt during a digital rectal examination.
- T3:** The tumour has spread from the prostate to nearby tissues such as the seminal vesicle glands, which produce semen.

T4: The tumour has spread beyond the prostate to the bones or lymph nodes.

N1-3: This means the cancer has spread to the lymph nodes (glands) near the prostate. N0 means the cancer has not spread to any lymph nodes.

M: Means the cancer has spread to the bones or other organs of the body.

Deciding on treatment

Your urologist will advise you on the best treatment after considering your age, general health, how fast the prostate cancer is growing (the grade) and whether or not it has spread (the stage). The side effects you are prepared to accept is also important.

The treatments for localised prostate cancer include surgery and radiotherapy. If the cancer has spread beyond the prostate, hormone therapy may be used. You may have one of these treatments or a combination.

■ Watchful waiting

In some cases, your doctor may recommend no treatment but keep an eye on you with regular checkups. This is called watchful waiting or active surveillance.

When is watchful waiting an option?

- If the cancer is small (early stage) and slow growing.
- For men over 70 years of age as the cancer is unlikely

to grow fast enough to cause any problems during their lifetime.

- If the possible treatment side effects have more impact on your life than the cancer.
- If you are younger than 70, you can always change your mind and have treatment later. If the cancer grows or spreads, other treatment may be recommended.

If living with an untreated cancer makes you feel anxious or concerned, discuss this with your urologist.

Types

1.Surgery

When is surgery an option?

- If you have early prostate cancer
- If you are fit for surgery
- If you expect to live longer than 10 years
- If you have not yet had radiotherapy

How is it done?

This involved the removal of the whole prostate and the nearby glands that produce semen, the seminal vesicles is called a radical prostatectomy.

A radical prostatectomy is usually done through a 10-12 cm cut in your lower abdomen. After the prostate is removed, the urethra is rejoined to the bladder.

You will need to stay in hospital for 8-12 days. A thin tube (catheter) will be used to collect urine in a bag. You may need a catheter for 1-3 weeks after you leave hospital.

You should be able to return to work and activities such as heavy lifting within six weeks.

Side effects

- Nerve damage: The nerves needed to have an erection and the muscle used to control bladder function are found near the prostate. These may be damaged during surgery, causing erection difficulties and bladder control problems.
- Impotence: Most men will experience problems getting and maintaining an erection (impotence) after surgery. Impotence sometimes improves but can cause ongoing problems in about 70% of men. The extent of the problem may depend on your

age, general health, type of surgery and quality of erections before treatment. Fortunately, impotence can be managed.

- Effect on fertility: Infertility may occur because little seminal fluid is produced without the prostate. A normal orgasm is still possible but without the ejaculation of semen.
- Bladder control: A radical prostatectomy may mean you have difficulty starting or stopping your urine flow. This usually improves within 12 months after surgery. Advances in medical techniques have made major urine control problems uncommon. You can also do bladder floor exercises to improve control. It is best to start these before treatment.



a. Nerve-sparing surgery

The risk of impotence may be reduced by preserving the nerves that control erections. These nerves can only be saved if the cancer has not spread along the nerves. Problems with erections are common for 1-3 years after nerve-sparing surgery but aids can improve the situation.

Occasionally, one or two erection nerves have to be removed and a nerve graft is used to bridge the gap. Early research suggests this technique is promising but is as yet unproven.

b. Keyhole surgery

An alternative to open surgery for some men is to remove the prostate via keyhole surgery. This is called a laparoscopic prostatectomy.

How is it done?

Several small cuts are made in the skin, and a small tube is passed into the abdomen.

A very small telescope, with a camera attached (the laparoscope) is passed through it to allow the surgeon to see inside the abdomen.

The prostate is cut away and removed through the tube.

Are there any advantages of keyhole surgery as compared to open surgery?

- Smaller scar
- Faster healing
- Less chance of infection
- Shorter hospital stay
- Return to work is quicker - within 2-3 weeks, compared to 4-6 weeks for open surgery

As with open surgery, the surgeon needs to have considerable experience doing the procedure.

There is not yet evidence to show if keyhole surgery leads to fewer side effects, such as impotence and urinary problems.

c. Transurethral resection

If the prostate can not be taken out because of more extensive cancer, symptoms such as the need to urinate more often can be relieved by removing blockages in the urinary tract. This operation is called transurethral resection of the prostate (TURP). It is also used to treat benign prostate enlargement.

How is it done?

A telescope-like instrument is passed through the opening in the penis and up the urethra to remove the blockage. The operation only takes about an hour but usually requires you to stay for a couple of days in hospital.

2. Radiotherapy

A. External beam radiotherapy

External beam radiotherapy uses x-rays to kill cancer cells or injure them so they cannot multiply.

When is it an option?

- If you have early cancer
- If you expect to live longer than 10 year

It may be used instead of surgery or in combination.

The x-rays are aimed at the cancer in your prostate from an external machine. Treatment is planned to do as little harm as possible to your normal tissue surrounding the prostate.

You will probably have treatment each weekday for several weeks. Usually you can stay at home and go to the radiotherapy centre each day during this time. Many men continue to work during the course of treatment.

Each treatment only takes a few minutes once started, but it can take 1-3 hours to set up the machine, see the radiation oncologist and have blood tests.

Side effects

Radiotherapy can cause side effects, particularly to organs the radiation passes through to reach the prostate, such as the bladder and bowel.

- **Diarrhoea / urinary problems:** You may experience diarrhoea

and burning or scalding when urinating. These side effects usually go away in time and your doctor can prescribe medications to reduce any discomfort they cause. In 3-5% of men these symptoms are permanent. Skin in the treated area may become red, dry and tender. You may also feel tired and lose your appetite.

- **Effects on erections:** Problems with erections are common after external radiotherapy because of damage to the nerves and blood vessels needed to have an erection. There are a number of ways to manage impotence.
- **Bowel problems:** Some men may have bleeding when passing a bowel motion. The bleeding is caused by damage to the fine blood vessels in the lower bowel. These usually heal quickly but treatment is available if the bleeding continues. A few men have difficulty holding on to their bowel motions. Fortunately, improved radiation techniques have made bowel problems less common.

B. Internal radiotherapy (Brachytherapy)

This is a type of internal radiotherapy where the radiation source is placed directly within a tumour. This allows high doses of radiation to be given with minimal effect on nearby tissues such as the rectum.

Internal radiotherapy (or Brachytherapy) can be given at either a low-dose rate, by inserting permanent radioactive seeds, or a high-dose rate, through temporary needle implants.

(i) Permanent radioactive seeds

Low-dose radiotherapy is implanted in the prostate in the form of tiny seeds, about the size of a rice grain.

The seeds are inserted using needles and are guided into place by ultrasound.

They release radiation that kills the cancer cells.

The seeds lose their radioactive level over time.

This procedure takes several hours and is done under local anaesthetic. It usually requires an overnight stay in hospital.

When is it used?

Used for small tumours with a low Gleason score and a low PSA level.

(ii) Temporary needle implants

Hollow needles are placed in the prostate and high-dose radioactive material is passed down through them.

After a few treatments, these temporary needles are removed.

The implant procedure, which is carried out using an anaesthetic, usually requires you to stay for a couple of nights in the hospital.

When is it used?

For men with a high PSA, high Gleason scores and more advanced cancer.

Side effects

Temporary needle implants may cause side effects similar to external radiotherapy.

- **Urinating problems:** While inserting the radioactive seeds causes minimal discomfort, side effects may include pain when urinating, poor urine flow and bladder irritation. These side effects are temporary and can be treated. They usually start a week after treatment and last up to six months.
- **Impotence:** Around 20-40% of men experience impotence problems for up to five years after internal radiotherapy. Brachytherapy has the lowest chance of causing erection problems compared with other treatments.

3. Hormone Treatment

Prostate cancer needs the male hormone, testosterone, to grow. Slowing the production of testosterone may also slow the growth of the cancer or shrink it. This is called hormone treatment.

This treatment will not cure prostate cancer but it can help with symptoms such as pain caused by the cancer spreading. It is often given for several months before radiotherapy to make the prostate smaller. This reduces the area that needs radiation and increases the effectiveness of the treatment.

a. Hormone injections

Injections of luteinising hormone-releasing hormone (LHRH) are used to control the production of testosterone. LHRH is given as a monthly or three-monthly injection. It will not cure the cancer but will often slow its growth for years.

Side effects

Men receiving hormone treatment may have side effects from the withdrawal of testosterone.

These include tiredness, erection problems, sex drive reduction, weight gain, hot flushes, breast tenderness, depression and loss of bone strength (osteoporosis).

b. Hormone treatment by surgery

Two operations can reduce testosterone levels.

- The removal of the testes is known as an orchidectomy. After surgery, a plastic prosthesis can be put into the scrotum to keep its shape and appearance.
- The removal of only the inner part of the testes is called a subcapsular orchidectomy. This operation does not require a prosthesis.

4. Palliative treatment

If the cancer spreads or returns after treatment and a cure is not possible, your doctor will discuss palliative treatment for specific problems caused by the cancer, such as pain. Treatment can include radiotherapy, chemotherapy and pain-relieving medications.

Palliative treatment relieves symptoms of illness including pain. It is available for all people who have cancer symptoms, whatever their stage of treatment. It is particularly important for people with advanced cancer, who cannot be cured but want to live the rest of their life as comfortably as possible and without undue pain.

Follow-up

After treatment, you will probably need regular checkups with your doctor. This may involve testing your PSA level. The meaning of your PSA levels will vary depending if you have had surgery or radiotherapy.

After surgery, your PSA level should drop quickly to zero, as there are no prostate cells left to make it.

After radiotherapy, your PSA level will gradually drop. It may take 1-2 years for your PSA to reach its lowest level.

Your doctor will decide how often you need checkups and a PSA test. Checkups will become less frequent if you have no further problems.

What if the prostate cancer comes back?

If your PSA levels start to rise and the cancer has spread beyond the prostate, this may mean you still have cancer cells in the prostate area. If this happens, you may be given more treatment. This is called salvage treatment. If you have had surgery, radiotherapy may be offered. Salvage treatment is usually not given after radiotherapy because of a high risk of erection problems and incontinence.

If the cancer has spread beyond the prostate, hormone treatment may be an option.



Managing side effects

Treatment for prostate cancer may damage nerves and muscles near the prostate and the bowel, and this may cause the following side effects.

The side effects of prostate cancer treatment include:

■ Impotence

The quality of erections usually changes as men get older. Erections may be difficult to achieve or short-lived. Erection problems are also common in men who have had surgery and radiotherapy for prostate cancer because these treatments can damage nearby nerves.

Fortunately, this problem can be treated using different methods, including:

- Tablets that increase the blood flow to the penis. These medications can cause headaches, nausea, blurry vision and facial flushing. Men with heart problems should check with their doctor before taking this medication.
- Injections to the penis, which you can learn to do yourself. The main form of treatment is called penile injection therapy.

A substance is injected into the penis causing the blood vessels to expand and the penis to become erect. This treatment works well in most men but a few may experience some pain and scarring.

- A pump device that uses suction to draw blood into the penis. This may be an option if injections or tablets have not worked.
- Implants surgically placed in the penis. A pump is positioned in the scrotum and is turned on when an erection is needed.

What about my sex life?

You do not need your prostate to have sex but treatment for prostate cancer can affect your sex life. After a radical prostatectomy or radiotherapy, the production of semen in the prostate and seminal vesicles will stop. This will mean that you have a dry orgasm. You will still feel the sensation that makes an orgasm but little or no semen will be ejaculated when you attain the climax.

After treatment for prostate cancer the way you have sex may need to change. Patience, practice and the following tips will help you manage impotence.

- ✓ If you have a partner, it will help to talk to her. She is affected by the problem too. Discuss what works and does not work for you. Talking will also help reassure both of your need and affection for each other.
- ✓ Take it slowly the first few times you have sex after cancer treatment. Start by touching each other. Tell your partner where you like to be touched or guide her with your hand. When you feel relaxed, include some genital touching. Ask your partner to be gentle because your penis may be sore. Practise reaching an orgasm through stroking with a hand or through oral sex.

- ✓ Try different positions with your partner to find out what feels right and is suitable for both of you.
- ✓ Touching, holding, hugging and caressing are other ways of reassuring your partner that you love her and find her physically attractive.
- ✓ Explore your own ability to enjoy sex through masturbation. Touching your genitals and bringing yourself to orgasm can help you find out if cancer treatment has changed your sexual response.

If you have difficulty continuing your usual sexual activities, talk with your doctor or a counsellor.

■ Fertility problems

After surgery, radiotherapy or hormone therapy for prostate cancer, most men become infertile. It is best for you and your partner to talk about these issues with your doctor.

Loss of fertility may not be a problem for many men diagnosed with prostate cancer as they are usually older and have finished having children. If you want to have children, you may be able to store sperm before treatment starts and use it at a later date. Ask your doctor about this.

■ Urinary incontinence

Not being able to control the flow of urine is called urinary incontinence. It is a common side effect of treatment.

The effects of incontinence vary. Some men may lose a few drops when they cough, sneeze, strain or lift. Others have more severe problems requiring the use of incontinence pads several times a day. It is usually worse right after treatment, and gets better within a year. For most men incontinence is temporary but for a few it is permanent.



Bladder control problems can be controlled and managed in the following ways:

- A wide range of aids is available to help cope with any urine loss and protect the skin including absorbent pads, pants, bed sheets and chair covers.
- Exercising the muscles in your pelvis can help stop or reduce leakage.
- Bladder training can help you to go to the toilet less often and to pass more urine when you go to the toilet.

If incontinence lasts longer than a year, it is unlikely to improve. You should then talk to your doctor about other treatments to fix the incontinence.

■ Bowel problems

Radiotherapy may damage the lower bowel (rectum), leading to bleeding, diarrhoea or loss of bowel control. A bowel specialist (colorectal surgeon) will treat these side effects with suppositories or treatments applied to the bowel. Ask your clinical oncologist or urologist for more information.

■ Loss of interest in sex

Lack of interest or loss of desire for sex is common during cancer treatment. This is known as loss of libido. Sometimes it can be brought about by anxiety and worry rather than the treatment. Sex drive usually returns after treatment.

■ Change of your image

Cancer can change how you feel about yourself. Treatment or side effects such as incontinence may make you feel embarrassed or insecure.

While the treatment of side effects such as incontinence or impotence are often temporary and can be managed, they may make you feel less masculine.

The physical changes do not change who you are. Your intelligence, sense of humour and personality remain the same.

✓ Take time to get used to body changes. Look at yourself naked in the mirror and, if you feel comfortable, touch your genitals to find out what is different and what feels sore or numb.

Show your partner any body changes so you can get used to how that makes you feel.



Making treatment decisions

Deciding which treatment to go with

Sometimes it is difficult to decide on the right treatment for you. You may feel everything is happening so fast you do not have time to think things through. There is always time for you to consider what sort of treatment you want.

Waiting for test results and for treatment to begin can be difficult. While some people feel overwhelmed with information, others feel they do not have enough. You need to make sure you understand enough about your illness, the treatment and side effects to make your own decisions.

If you are offered a choice of treatments, you will need to weigh the advantages and disadvantages of each treatment. If only one type of treatment is recommended, ask your doctor to explain why other treatment choices have not been offered.

It is important to remember that you are the most important person on your health care team. You are a consumer of services, and you have the right to ask questions about what treatment you are getting and who is providing it. If you are not

happy with the information you are given or how it is given, you should not be afraid to tell the doctor about your concerns.

You always have the right to find out what a suggested treatment means for you, and the right to accept or refuse it.

Prostate cancer is usually a slow-growing disease and there is plenty of time to decide on treatment. Do not feel rushed. Take time to talk to others and find out more information.

Decision-making steps :

1. Think through the advantages and disadvantages of each treatment.
2. Consider how important each side effect is to you, particularly those that affect your life. If you have a partner, discuss the side effects with her.
3. If only one type of treatment is recommended, ask your doctor if other treatment choices are available.
4. Find out more about the treatment choices offered to you, speak to your doctor, get a second opinion, talk to your family and to other men who have received these treatments.

Some men with more advanced cancer will choose to receive treatment, even if it only offers a low chance of cure. Others want to ensure the benefits of treatment outweigh any side effects. Still others will choose the treatment they consider offers them the best quality of life. Some may choose not to have treatment but to have symptoms managed to maintain the best possible quality of life.

■ Talking to doctors

You may want to see your doctor a few times before deciding on the treatment. When your doctor first tells you that you have cancer, it is obviously stressful and you may not remember very much. It is often difficult to take everything in, and you may need to ask the same questions more than once.

Before you see the doctor, it may help to write down your questions. A suggested list of questions to ask your doctor is at the end of this booklet. Taking notes during the session or record the discussion with doctor's permission, can also help. Many men like to have a family member or friend to go with them, to take part in the discussion, to take notes or simply to listen.

■ Talking with others

Once you have discussed treatment options with your doctor, you may want to talk them over with your family or friends, medical staff, the hospital social worker or chaplain of your own religious. You can call CancerLink service hotline: 3656 0800 to contact our registered social worker and oncology nurse to sort out the right course of action in the cancer journey.



■ Getting a second opinion

You may want to ask for a second opinion from another specialist. This is understandable and can be a valuable part of your decision-making process.

A second opinion can confirm or suggest changes to your doctor's recommended treatment plan, reassure you that you

have explored all of your options, and answer any questions you may have.

Your specialist or family doctor can refer you to another specialist and you can ask for your results to be sent to the second-opinion doctor.

You may later decide you prefer to be treated by the doctor who provided the second opinion, and this is your right.

You can ask for a second opinion even if you have already started treatment or still want to be treated by your first doctor.



What to ask your doctors?

You may find this checklist helpful when thinking about the questions you want to ask your doctor about your illness and treatment. If there are answers you do not understand, it is alright to ask your doctor to explain again.

Some suggested questions are listed below:

1. What type of prostate cancer do I have?
2. What is the stage and grade of my cancer and what does that mean?



3. What treatment do you recommend and why?
4. What happens if I do nothing?
5. Are there other treatment choices for me? If not, why not?
6. What are the chances that I will become incontinent or impotent?
7. How can the side effects be managed?
8. Is my surgeon a certified urologist experienced in this kind of operation or technique?
9. Will I have to stay in the hospital?
10. How long will the treatment take? Will it affect what I can do?
11. How much will it cost?
12. How will I know if the treatment is working or not?
13. If I need further treatment, what will it be like and when will it begin?
14. After treatment, will I need checkups? What will they involve?
15. I would like to have a second opinion. Can you refer me to someone else?
16. Is my cancer hereditary? If so, what do you recommend?



Your feelings

Most people feel overwhelmed when they are told they have cancer. Many different emotions arise which can cause confusion and frequent changes of mood. You might not experience all the feelings discussed below or experience them in the same order. This does not mean, however, that you are not coping with your illness. Reactions differ from one person to another and there is no right or wrong way to feel. These emotions are part of the process that many people go through in trying to come to terms with their illness. Partners, family members and friends often experience similar feelings and frequently need as much support and guidance in coping with their feelings as you do.

General feelings:

■ Shock and disbelief

"I can't believe it! It can't be true!"

This is often the immediate reaction when cancer is diagnosed. You may feel numb, unable to believe what is happening or to express any emotion. You may find that you can take in only a small amount of information and so you have to keep asking the same questions over and over again,

or you need to be told the same bits of information repeatedly. This need for repetition is a common reaction to shock. Some people may find their feelings of disbelief make it difficult for them to talk about their illness with their family and friends, while others feel an overwhelming urge to discuss it with those around them; this may be a way of helping them to accept the news themselves.

■ Denial

“There’s nothing really wrong with me! I haven’t got cancer!”

Many people do not want to know anything about their cancer, or wish to talk as little as possible about it, they think this is the best way of coping with the situation. If that is the way you feel, then just say quite firmly to the people around you that you prefer not to talk about your illness, at least for the time being. Sometimes, however, it is the other way round. You may find that it is your family and friends who are denying your illness. They appear to ignore the fact that you have cancer, perhaps by playing down your anxieties and symptoms or deliberately changing the subject. If this upsets or hurts you because you want them to support you by sharing what you feel, try telling them how you feel. Start perhaps by reassuring them that you do know what is happening and that it will help you if you can talk to them about your illness.

■ Anger

“Why me? Why now?”

Anger can hide other feelings such as fear or sadness and you may vent your anger on those who are closest to you and on the doctors and nurses who are caring for you. If you hold religious beliefs you may feel angry with your God.

It is understandable that you may be deeply upset by many aspects of your illness and you should not feel guilty about your angry thoughts or irritable moods. However, relatives and friends may not always realise that your anger is really directed at your illness and not against them. If you can, it may be helpful to tell them this at a time when you are not feeling quite so angry, or, if you would find that difficult, perhaps you could show them this. If you find it difficult to talk to your family it may help to discuss the situation with a trained counsellor or psychologist. You can call CancerLink service hotline: 3656 0800 for more information.

■ Fear and uncertainty

“Am I going to die? Will I be in pain?”

Cancer is a frightening word surrounded by fears and myths. One of the greatest fears expressed by almost all newly-diagnosed cancer patients is: “Am I going to die?”

In fact, nowadays many cancers are curable if caught at an early enough stage. This is especially true of prostate cancer.

Even if the cancer is not completely curable, modern treatments often mean that the disease can be controlled for years and many patients can live an almost normal life.

“Will I be in pain?” and “Will my pain be unbearable?” are other common fears. In fact, many patients with cancer of the prostate experience no pain at all. For those who do, there are many modern drugs and other techniques that are very successful at relieving pain or keeping it under control. Other ways of easing or preventing you from feeling pain are radiotherapy and nerve blocks.

Many people are anxious about their treatment: whether or not it will work and how to cope with possible side effects. It is best to discuss your individual treatment in detail with your doctor. Make a list of questions you may want to ask and do not be afraid to ask your doctor to repeat any answers or explanations you do not understand. You may like to take a close friend or relative to the appointment with you. If you are feeling upset, they may be able to remember details of the consultation which you might have forgotten or you may want them to ask some of the questions you yourself might be hesitant of raising to the doctor. Some people are afraid of the hospital itself. Hospital can be a frightening place, especially if you have never been to one before. However, you can talk about your fears to your doctor, he or she should be able to reassure you.

Often you will find that doctors are unable to answer your questions fully, or that their answers may sound vague. It

is often impossible to say for certain that the cancer has been totally eradicated. Doctors, from past experience may know approximately how many people will benefit from a certain treatment, however, it is impossible to predict the



future for individual people. Many people find the uncertainty cured and this can be disturbing for them.

Uncertainty about the future can cause a lot of tension, but fears and fantasies are often worse than the reality. Fear of the unknown can be terrifying so acquiring some knowledge about your illness can be reassuring and discussing your findings with your family and friends can help to relieve tension caused by unnecessary worry.

■ Blame and guilt

“If I hadn’t... this would never have happened”

Sometimes people blame themselves or other people for their illness, they usually try to find out reasons for why it should have happened to them. This may be because we often feel better if we know why something has happened. As doctors rarely know exactly what has caused your cancer, there is no reason for you to blame yourself.

■ Resentment

“It’s all right for you, you haven’t got to put up with this”

Understandably, you may be feeling resentful and miserable because you have cancer while other people are well. Similar feelings of resentment may crop up from time to time during the course of your illness and treatment for a variety of reasons. Relatives too can sometimes resent the changes that the patient’s illness makes to their lives.

It is usually helpful to bring these feelings out into the open so that they can be aired and discussed. Bottling up resentment can make everyone feel angry and guilty.

■ Withdrawal and isolation

“Please leave me alone”

There may be times during your illness when you want to be left alone to sort out your thoughts and emotions. This can be hard for your family and friends who want to share this difficult time with you. It will make it easier for them to cope, however, if you reassure them that although you may not feel like discussing your illness at the moment, you will talk to them about it when you are ready.

■ Depression

Sometimes an unwillingness to talk can be caused by depression. It may be an idea to discuss this with your GP who can prescribe a course of antidepressant drugs or refer you to a doctor who specialises in the emotional problems of cancer patients. It is quite common for people with cancer of the prostate to experience depression and there is no need to feel you are not coping if you need to ask for help.

Learning to cope

After any treatment for cancer it can take a long time to come to terms with your emotions. Not only do you have to cope with the knowledge that you have cancer but also the physical effects of the treatment.

The treatment for prostate cancer can cause unpleasant side effects but some people do manage to lead an almost normal life during their treatment. Obviously you will need to take time off for your treatment and some time afterwards to recover. Just do as much as you feel like and try to get plenty of rest.

Do not see it as a sign of failure if you have not been able to cope on your own. Once other people understand how you are feeling, they can be more supportive.

If you're in need of cancer care support, our professional team are ready to help. Call our service hotline on 3656 0800 or visit our website for more information www.cancer-fund.org



What can you do?

A lot of people feel helpless when they are first told they have cancer and feel there is nothing they can do other than hand themselves over to doctors and hospitals. This is not so. There are many things you and your family can do at this time.

Understanding your illness

If you and your family understand your illness and its treatment, you will be better prepared to cope with the situation. In this way you at least have some idea of what you are facing.

However, for information to be of value it must come from a reliable source to prevent it from causing unnecessary fears. Some people may offer advice and information based on their own experience but remember that your disease pertains only to you and what is true for them may not apply to you. Personal medical information should come from your own doctor who is familiar with your medical background. As mentioned earlier, it can be useful to make a list of questions before your visit or take a friend or relative with you to remind you of things you want to know but can forget so easily.



Practical and positive tasks

At times, you may not be able to do things you used to take for granted. But as you begin to feel better you can set yourself some simple goals and gradually build up your confidence. Take things slowly and one step at a time.

Many people talk about “fighting their illness”. This is a healthy response and you can do it by becoming involved in your illness. One easy way of doing this is by planning a healthy, well balanced diet. Another way is to learn relaxation techniques that you can practice at home with tapes. Contact our service hotline at 3656 0800, for more information.

Many people find it helpful to take some regular exercise. The type of exercise you take, and how strenuous, depends upon what you are used to and how well you feel. Set yourself realistic aims and build up slowly.

We have booklets on ‘Cancer and Complementary Therapies’ and ‘Cancer and Diet’. You can download at the website: www.cancer-fund.org/booklet/en

Financial help

Cancer is a serious illness. Many cancer patients will need to face not only side effects of the treatments and emotional trauma, but also financial difficulties. The disease can become a tremendous burden.

Apart from using the public health care services, the medical insurance and welfare provided by employers as well as Government hardship funds for the less well-off are all useful to cut down your medical expenses.

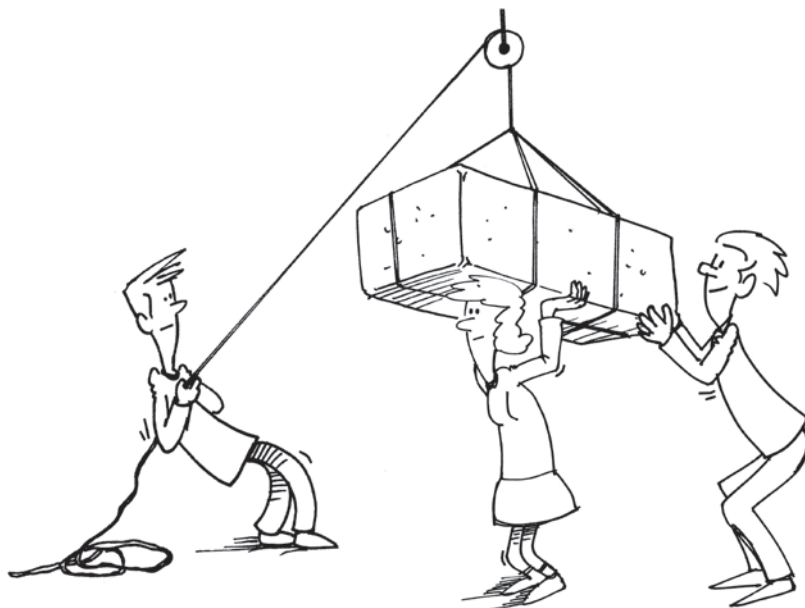
You may approach the medical social workers or Cancer Patient Resource Centres in major hospitals or institutions that might be able to provide assistances. The ‘Comprehensive Social Security Assistance’ (CSSA) offered by the Social Welfare Department (SWD) may also able to help in solving your financial difficulties. For details please Call SWD hotline at 2343 2255.

Contact the medical social worker in your hospital or call our service hotline at 3656 0800 for more information.



What to do if you are a relative or friend?

Some families find it difficult to talk about cancer or share their feelings. The first reaction of many relatives is that the person with cancer should not be told. They may be afraid that he or she will be unable to cope with the news or perhaps that they themselves will find it difficult if the person with cancer knows the truth. If a decision is made not to tell, the family then has to cover up and hide information. These secrets within a family can be very difficult to keep and they can isolate the person with cancer,



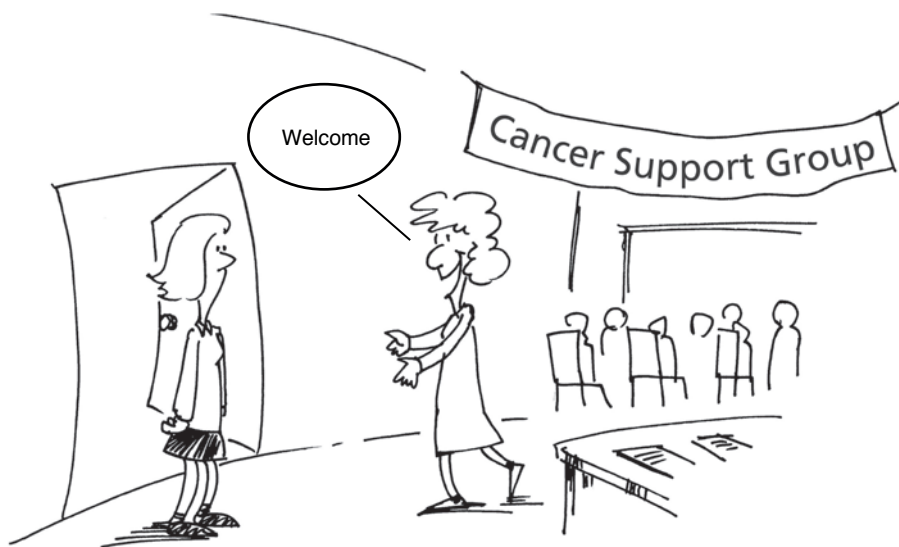
causing unnecessary fear and creating tension among family members. In any case, many people suspect their diagnosis, even if they are not actually told. It is much easier to cope with the problems you may experience if you are all open and truthful with each other.

Relatives and friends can help by listening carefully to what, and how much, the person with cancer wants to say. Do not rush into talking about the illness. Often it is enough just to listen and let the person with cancer talk when he is ready.

Our booklet 'Talking to Someone with Cancer' (Chinese version only) in the How to Cope section is written for friends and relatives of people with cancer. It looks at some of the difficulties that people may have when talking about cancer. You can download it at: www.cancer-fund.org/booklet/en

Who can help?

The most important thing to remember is that there are people available to help you and your family. Often it is easier to talk to someone who is not directly involved with your illness. You may find it helpful to talk to a counsellor who is specially trained to offer support and advice. Many people also find great comfort in their religion at this time. Hong Kong Cancer Fund is always willing to discuss any problems that you might have and we can put you in touch with a counsellor or a support group.



Hong Kong Cancer Fund service network

Our cancer patient resource centres in the public hospitals and the four CancerLink support centres in the community provide free counselling and information to those affected by cancer. Together they form a seamless service network that meet the needs of those living with cancer at different stages of their cancer journey.

■ Cancer patient resource centres

There are altogether seven cancer patient resource centres within the oncology departments of the major public hospitals. They are often the first point of contact for support and information after a diagnosis. The centres provide cancer information, emotional support, counselling and guidance to those in need.

■ CancerLink support centres

We have four CancerLink support centres in the community that support the specific needs of cancer patients and their families, throughout various stages of their cancer journey.

Care specialists including registered social workers, oncology nurses, counsellors and therapists are on board to provide support, information and specialised services.

Programmes in our CancerLink support centres are carefully designed to meet individual need. Private and group counselling are conducted by registered professionals to help patients and families deal with different emotional aspects during their course of treatment. There are also courses to develop coping skills, relaxation classes to help relieve mental and physical stress, and peer support groups for experience sharing. There is also a well-stocked library in each centre, with rehabilitation equipment ready for use or loan.

Whether you are seeking self-help information or group support, choices are always available.

■ Service hotline

Our hotline receives thousands of calls every year. It is supervised by professionals who share and give advice on both physical and emotional difficulties faced by patients and their families. Talking with someone who understands can make a huge difference.

Service hotline : 3656 0800





Appendix

Hong Kong Cancer Fund support network

CancerLink support centres

CancerLink Support Centre, HK Island

2201-3 China United Centre, 28 Marble Road, North Point, Hong Kong
Email: canlinkcentral@hkcf.org

Special thanks
SATINU
RESOURCES GROUP LIMITED

CancerLink Support Centre, Wong Tai Sin

Unit 2-8, G/F., Wing C, Lung Cheong House, Lower Wong Tai Sin Estate, Kowloon
Email: canlink@hkcf.org

CancerLink Support Centre, Tin Shui Wai

Shop No.201C, 2/F, Phase 2, Fortune Kingswood, 12-18 Tin Yan Road, Tin Shui Wai, New Territories
Email: canlink-tsw@hkcf.org

CancerLink Jockey Club Support Centre, Kwai Chung

3/F, TLP132, 132-134 Tai Lin Pai Road, Kwai Chung
Email: canlink-kcc@hkcf.org

CanSurvive (English-speaking support group)

Hotline: 3667 3030 Fax: 3667 3100

Cancer patient resource centres

Pamela Youde Nethersole Eastern Hospital

1/F, East Block, 3 Lok Man Road, Chai Wan, Hong Kong
Tel: 2595 4165 Fax: 2557 1005

Prince of Wales Hospital

3/F., Sir Yue Kong Pao Cancer Centre, 30-32 Ngan Shing Street, Shatin, NT
Tel: 2632 4030 Fax: 2632 4557

Queen Elizabeth Hospital

Room 601, Block R, 30 Gascoigne Road, Kowloon
Tel: 3506 5393 Fax: 3506 5392

Tuen Mun Hospital

Basement, Department of Clinical Oncology, Tsing Chung Koon Road, Tuen Mun, NT
Tel: 2468 5045 Fax: 2455 1698

Princess Margaret Hospital

Room 239, 2/F, Oncology Building, Block H, 2-10 Princess Margaret Hospital Road, Lai Chi Kok, Kowloon
Tel: 2990 2494 Fax: 2990 2493

United Christian Hospital

Block Q, 2/F, 130 Hip Wo Street, Kwun Tong, Kowloon
Tel: 3949 3756 Fax: 3949 5595

Cancer care and support unit

Queen Mary Hospital

2/F., Professors Block, 102 Pokfulam Road, Hong Kong
Tel: 2255 3900 Fax: 2855 3901

Hong Kong Cancer Fund

We provide free services to anyone touched by cancer

Service hotline: 3656 0800

Website: www.cancer-fund.org

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