PRIMARY CARE 10 TOP TIPS

Prostate Cancer

This edition: August 2018
Next planned review: August 2020

1 Prostate cancer is not a trivial disease. It is a leading cause of male mortality and the commonest cancer in men. About a third of men with prostate cancer die as a result of their illness.

2 Men at increased risk include:

- Older men
- Afro-Caribbean (2–3 times increased risk compared with white Europeans).
- Those with a family history of the disease in a first degree relative, especially an aggressive form or with younger onset of the disease (2–3 times increased risk).

3 Early prostate cancer is usually asymptomatic. Lower urinary tract symptoms such as change in frequency, nocturia, hesitancy are not significantly associated with prostate cancer, which usually starts in the periphery of the gland. More advanced tumours, detectable on rectal examination, may cause symptoms after some time. Haematospermia and erectile dysfunction are unusual manifestations of prostate cancer, but ED actually appears more predictive than nocturia for the presence of a prostate cancer. It may be worth considering in your patients with new onset ED.

4 Aggressive prostate cancer presents in patients of an older age. Low grade prostate cancer in men over 75 years of age is unlikely to cause death.

5 When undertaking a Digital Rectal Examination (DRE) with the patient standing, leaning forward makes an accurate assessment of the prostate much easier than in other common positions.

6 Transrectal prostate biopsy can miss more than 25% of cancers. Increasingly, units are using Parametric MRI as part of the diagnostic process, often before proceeding to a first biopsy. If this hasn't already been done, it should certainly proceed any second if suspicion remains. Stop warfarin and clopidogrel but continue aspirin prior to prostate biopsy.

7 A key decision after diagnosis is whether the aim is disease control or cure. These are distinct and separate pathways.

8 If prostate cancer escapes hormonal control, shown by rising PSA, it may be appropriate to use drugs such as Docetaxel, Abiraterone or Enzalutamide which can maintain hormonal blockade as some tumour cells will retain responsiveness. It is therefore completely appropriate to refer these patients back to secondary care.

9 Patients on hormonal blockade, e.g. luteinising hormone releasing hormone (LHRH), analogues Goserelin (Zoladex) or Leuprorelin (Prostap), are at risk of osteopenia (present in 40% of cases) and metabolic syndrome, with 20% increased cardiovascular risk. Exercise offsets both of these increased risks. Intermittent hormonal treatment protocols are being used to minimise adverse effects of treatment.

10 A patient with widespread bony metastases is at surprisingly low risk of hypercalcaemia. Spinal metastases risk spinal cord compression – a reason for emergency admission.

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