

Prostate cancer: a hidden killer

EMHF Fact sheet

- The incidence of prostate cancer in Europe has increased over the last decade. In Austria, for example, the number of cases rose from 40 per 100,000 men in 1990 to 62 per 100,000 in 1997
- North-Western Europe has the highest rates of prostate cancer. An estimated 85,500 cases are diagnosed in the European Union (EU) every year – within the EU, prostate cancer accounts for 9% of all cancer deaths among men
- However, death rates vary across the continent. In Italy, approximately 14 men die per 100,000 of the population, while this figure is more than doubled in Norway (30/100,000). Worldwide, almost 400,000 men die from prostate cancer each year
- In the UK, 22,000 men of all ages are diagnosed with, and over 10,000 die (more than one an hour) from, prostate cancer each year. The number of new cases is expected to treble over the next 20 years
- Indeed, recent research from the UK indicates that prostate cancer will become the most common cancer in men within the next 3 years, overtaking lung cancer. Reasons for this include the reduction in smoking seen in men, the population ageing that is occurring across most of Europe, and better screening and diagnosis of prostate disease
- Prostate tumours tend to be slow-growing and in some instances may remain unnoticed throughout a man's life – studies from autopsies reveal that over 50% of men aged 75 years or over have some evidence of prostate cancer. Over 80% of all prostate cancer patients are over the age of 65 years
- However, some men have a very aggressive form of the disease; in these men, cancer grows and spreads more quickly. The cancer has a tendency to grow on the outside edge of the gland and can therefore break away easily. Once this happens, the cancer spreads almost exclusively to the bones – eg hip bones, lower spine and ribs
- Why some men develop prostate cancer and others do not is still under investigation. Heredity seems to be a factor, but a high-fat diet and a Westernised lifestyle may also play a role. Scientists are currently investigating whether minerals found in food stuffs such as tomatoes may have a protective role
- It is also postulated that testosterone, particularly in puberty, may have an adverse effect. One mode of action for this might be the interaction of testosterone with a sexually transmitted infection such as *chlamydia*. Other possible precipitating factors include pesticides, radiation and low vitamin level
- Thus it is likely that prostate cancer results from early damage to the prostate – perhaps in the teenage years – and the continuation of this damage by environmental factors through a man's lifetime. It is therefore vital that young men are educated about these possible risks at the start of puberty

- Symptoms of prostate cancer include slow urine flow or hesitancy, dribbling or a feeling of incomplete emptying after urination, and urinary frequency or urgency. Men with prostate cancer may also have blood in the urine or pain in the back or while passing urine. However, these symptoms are not unique to prostate cancer, and may be related to other, milder diseases
- Prostate cancer is treatable. In the UK, about 80% of men will live for more than 5 years after diagnosis, around 61% for more than a decade, and roughly 40% for more than 15 years
- The prognosis, and thus the treatment, for a man with prostate cancer depends on how advanced the disease is at diagnosis – the *Stage*; how differentiated the tumour cells are – *Gleason score*; and the levels of Prostate Specific Antigen in the blood – *PSA score*. Treatment decisions will also be influenced by the age of the patient and his quality of life
- Radical treatment for prostate cancer includes surgical removal of the prostate and the seminal vesicles. Such radical surgery has side effects, such as short-term incontinence. Also, around 50% of surgery patients will experience erectile dysfunction as a result of their treatment
- One alternative treatment is radical radiotherapy. Side effects of this include short-term disruption to bowel and bladder function. Again, 30–50% of men who undergo this treatment will experience erectile dysfunction
- Other options for treatment include hormonal therapy and, in older men or those who have slow-growing tumours, the adoption of a ‘watch and wait’ approach. This allows men to continue with their daily lives, although they must visit their doctors for regular check-ups and tests
- Many doctors believe that annual screening for prostate cancer should be more widespread, particularly in men aged over 50 years. Such screening would involve a yearly physical examination and PSA blood test. Evidence from studies supporting the use of such programmes is expected to begin appearing within the next few years

The EMHF: tackling inequalities in men’s health across Europe

The EMHF is an independent, non-profit-making, non-governmental organisation that aims to raise the profile of men’s health at both a pan-European level and within individual countries. It encourages Europe-wide national, local and regional organisations (both governmental and non-governmental) to include men’s issues in their health policies and practices. It also aims to improve delivery of health services to men and to influence men’s health-related behaviours.

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