

Prostate cancer: risks, consequences, treatment

[Health & Medicine](#), [Disease](#)



\n[toc title="Table of Contents"]\n

\n \t

1. [What is Prostate Cancer?](#) \n \t
2. [The Risks and Statistics](#) \n \t
3. [Consequences](#) \n \t
4. [Treatment](#) \n \t
5. [Prevention](#) \n

\n[/toc]\n \n

What is Prostate Cancer?

Prostate is a small gland at the base of the bladder, which carries urine from the bladder to the urethra. Most prostate cancer starts in the outer gland cells of the prostate and are known as acinar adenocarcinomas, this type of cancer is less likely to spread, however cancer that is spread to nearby tissues such as the rectum is known as advanced prostate cancer, which has a Gleason score of 8 and above and high PSA.

The Risks and Statistics

Prostate cancer is the most common cancer in men, In the UK, 1 in 8 men will be diagnosed with prostate cancer in their lifetime. The cause of prostate cancer is unknown however there are risk factors that could increase risk of developing prostate cancer; men aged 50 and above, family history of prostate cancer, diet high in calcium, it is also found that obesity can increase the risk of developing aggressive form of prostate cancer this is due to release of sensitive cancer hormone. The risk of prostate cancer increases by two times for individuals from origin of African/Caribbean at age 45 and

above. Every year around 47, 500 men are diagnosed with prostate cancer, making it the second leading cause of death in men with 115000 death every year nationally. Since the early 1970s, prostate cancer mortality rates have increased by 19% and statistics shows that incidence rates for prostate cancer are projected to rise by 12% from 2014 and 2035.

After thoroughly researching the pharmaceutical needs assessments of several borough within South London, Lambeth was shown to have an increased number of patients with prostate cancer, with 24% of its male population being origin of African and Caribbean and 22% of the male population being aged 50 years and above.

Consequences

Localised cancer is divided into three risk groups depending on how likely the cancer is to grow and spread. This type of cancer also known as T1 or T2, is highly curable however, patients do not experience any symptoms until the cancer has grown enough to put strain on the tube that carries urine from bladder to the urethra making early diagnosis difficult but also very vital as it can progress to advanced locally cancer if left untreated. There are signs that individuals should look out for including; frequent urination, discomfort or difficulty during urination, finding blood in urine or semen, feeling that the bladder has not emptied fully and pain in lower back. Locally advanced prostate cancer is cancer that has broken through the outer covering of the prostate gland to nearby tissues such as bones and lymph nodes, symptoms of this includes; fatigue, unexplained weight loss, erectile dysfunction, pain in the bone, hip, and pelvic.

Treatment

The treatment available for prostate cancer depends on level of PSA, how far the cancer has spread, health history and Gleason score which looks at how similar the cancer looks like healthy tissue once viewed under microscope and are given a score of 3 to 5 from two different locations. Low score is given to cancer that looks like healthy tissue and score of 6 plus is given to cancer that looks less like a healthy tissue. Localised prostate cancer grows slowly therefore it needs to be monitored at early stages via active surveillance or watchful waiting to stop it from spreading, treatment available are surgery or external beam radiotherapy. Locally advanced prostate cancer treatment aims to get rid of the cancer or to keep it under control. These treatment options include; hormone therapy alone or with external beam radiotherapy, radical prostatectomy with hormone therapy or radiotherapy or both.

Prevention

Although there is no sure way to prevent prostate cancer, individual with average risk of prostate cancer are advised to have a diet low in fat, increased intake of fruits and vegetables and foods containing lycopene, selenium, vitamin E, low intake of calcium, exercise 30min most days of the week, avoiding red or processed meat.