

Prostate cancer

For many years now, national screening programmes have been available in the UK for breast and cervical cancer, the main types of cancer to affect women.

Yet there is no such screening programme for the commonest type of cancer to affect only men, that of the prostate. Nor is there likely to be, in the foreseeable future.

Why not? After all, it's not as if cancer of the prostate is all that rare. It affects 32,000 men in the UK every year, about the same incidence as for breast cancer in women. Once known as the old man's cancer, it is now not uncommon for men to be diagnosed in their early fifties.

The comedy writer David Nobbs, creator of the immortal Reginald Perrin, had an operation for prostate cancer at the age of 52. He survived to write many more sitcoms and is still alive at over 70, but as a rule, the younger you are, the more quickly prostate cancer is likely to carry you off.

So why no screening programme? After all, the UK has one of the lowest survival rates for this type of cancer in Europe. Austria, which has the best survival rate, has a formal screening programme and is the only European country to offer this.

Dr Chris Hiley, Head of Policy and Research for The Prostate Cancer Charity, explains all. "It's nothing to do with discrimination over men's cancers," she says. "After all, it's mainly men who run the screening programmes for women's cancers. Nor, this time, is it a matter of money or resources. "

"No, the main problem is that we have just not got a reliable enough test for prostate cancer. The only test we have, known as the PSA (Prostate Specific Antigen) is a blood test which simply picks up signs that the prostate may be enlarged. "

"But the test is not good enough to tell doctors with certainty whether anything is actually wrong, or whether treatment is indicated."

Many men believe that the PSA test has saved their lives, and who's to say they are mistaken? But at the moment, it's a sledgehammer to kill a nut. "The only real way of diagnosing prostate cancer is with a biopsy," says Dr Hiley. "My feeling is that if a national screening programme was introduced using our present diagnostic tools, it would worry a lot more men than it would help."

"The technology is simply not good enough yet. We have a long way to go before we catch up with what's now known about breast cancer."

One major problem is that the symptoms of prostate cancer could well be caused by something else. A sudden, distinct change in frequency or difficulty of urination is often the first sign, yet this could be caused by a weak bladder, simply getting older, or a

condition known as benign prostatic hyperplasia where the prostate is enlarged but non-cancerous.

"There's usually no real pain, and unlike with breasts, nothing to feel easily," says Dr Hiley. "Another difficulty with the disease is that in many men cancer of the prostate grows so slowly that something else will kill them first. Unfortunately, there's no way of knowing which cancers will grow slowly and be no real trouble, and which will grow fast and become aggressive."

Nor are the treatments for prostate problems without their downsides. First-choice treatment for both cancer and BPH is often surgery to remove the prostate, or a section of it. This is often successful in itself, but causes other problems that many men find unacceptable, such as erectile dysfunction and impotence. The best sexual performance men can hope for following prostatectomy is what's known as a 'dry orgasm' where nothing comes out.

This is because the prostate is responsible for producing seminal fluid. There can also be incontinence problems, although these often clear up in time. Radiotherapy is commonly used, and drug treatment using female hormones may also be used, but this leads to a degree of feminisation which many men find unacceptable.

Taxotere, which has been recently-licensed to treat advanced prostate cancer no longer responding to hormone treatment, is a chemotherapy drug used in conjunction with prednisone, a steroid, but at the moment, survival rates are only two months longer than without this treatment.

Other treatments include brachytherapy, a form of radiation treatment applied in the form of tiny radioactive seeds and cryosurgery, where the prostate is frozen to destroy the gland. Photodynamic therapy whereby a laser or other light source is used to destroy cancer cells, is currently being researched to see whether it has any useful application for prostate cancer treatments.

Dr Hiley advises any man who has been diagnosed with a prostate problem, or who experiences symptoms, to ask about all current treatments and their possible side-effects before making a decision.

Very many alternative and complementary treatments have been promoted for prostate problems, such as red clover and green tea, but none have yet been subjected to rigorous clinical trials.

Patients like the idea of complementary treatments as they do not deliver the unacceptable side-effects of medical treatment. But most orthodox doctors consider that, though maybe a nice idea, they don't actually work.

However, Jane Plant, professor of geochemistry at Imperial College, London, is convinced that cutting out dairy produce is the key to avoiding both breast and prostate cancers. She says: "Both breast and prostate tissue have receptors for growth factors, which cause cells to divide and reproduce. Dairy milk contains these growth factors and encourages cancers to grow."

Professor Plant also advises eating masses of vegetables, oily fish and olive oil, and drinking lots of filtered water. Cutting out tea, coffee and alcohol are also recommended. By this means, she says, she cured her own breast cancer, and believes the prostate would respond in exactly the same way.

She points out that, while prostate cancer is extremely common in the US, it is rare in China, where low-fat, non-dairy diets are the norm.

Professor Plant's regime is the same as that advocated many years ago by the Bristol Cancer Help Centre but sceptics point out that the alternative approach didn't do much for former motorcycle champion Barry Sheene, who refused orthodox treatment but died of cancer at 52.

The best approach that can be recommended at the moment is a technique known as 'watchful waiting' or 'active surveillance', whereby an expert eye is kept on the prostate.

"There needs to be a more reliable and accurate test," says Kate Easter of The Prostate Cancer Charity. "Until that happens there won't be a national screening programme.

"A lot of men are not happy if they are told they have cancer, but that they've got to live with it. Any man who feels he has initial symptoms should go to his GP and discuss the matter, but not be too perturbed."

The Prostate Cancer Charity confidential helpline: 0800 074 8383; website www.prostate-cancer.org.uk

You and Your Prostate, by Lee Rodwell, is an easy to read guide through symptoms and treatments, and costs £10.95 incl p and p from: Self-Help Direct, PO Box 9035, London N12 8ED.

The Prostate Cancer Awareness Week runs from 19-26 March, with 400 Marks and Spencer stores sponsoring the event by selling blue pins at a suggested price of £1 each. If you want to get involved by selling drinks mats, pins or other merchandise, call 0208 222 8652

What is the prostate?

The prostate gland is a small organ situated near the base of the bladder. Its function is to produce a substance necessary for sperm to become fertile. Prostate problems tends to develop in men when the standard age for reproduction is over.

The prostate makes a specific substance known as prostate specific antigen, a protein which causes semen to liquify. High amounts of PSA can indicate an enlarged prostate, although this does not necessarily mean a tumour is present.