

When should I start screening?

If detected early, prostate cancer stands a good chance of being cured. Men above the age of 50 can elect to have regular prostate cancer screening. For those with a family history of prostate cancer, regular screening should start as early as 40.

How can I prevent prostate cancer?

Many cancers can be prevented with healthy diet and lifestyle. This applies to cancer of the prostate as well. The general rule is to eat more fresh fruit and vegetables, cut down on red meat and high-fat food, exercise regularly and refrain from smoking.

Comprehensive Oncology Centre

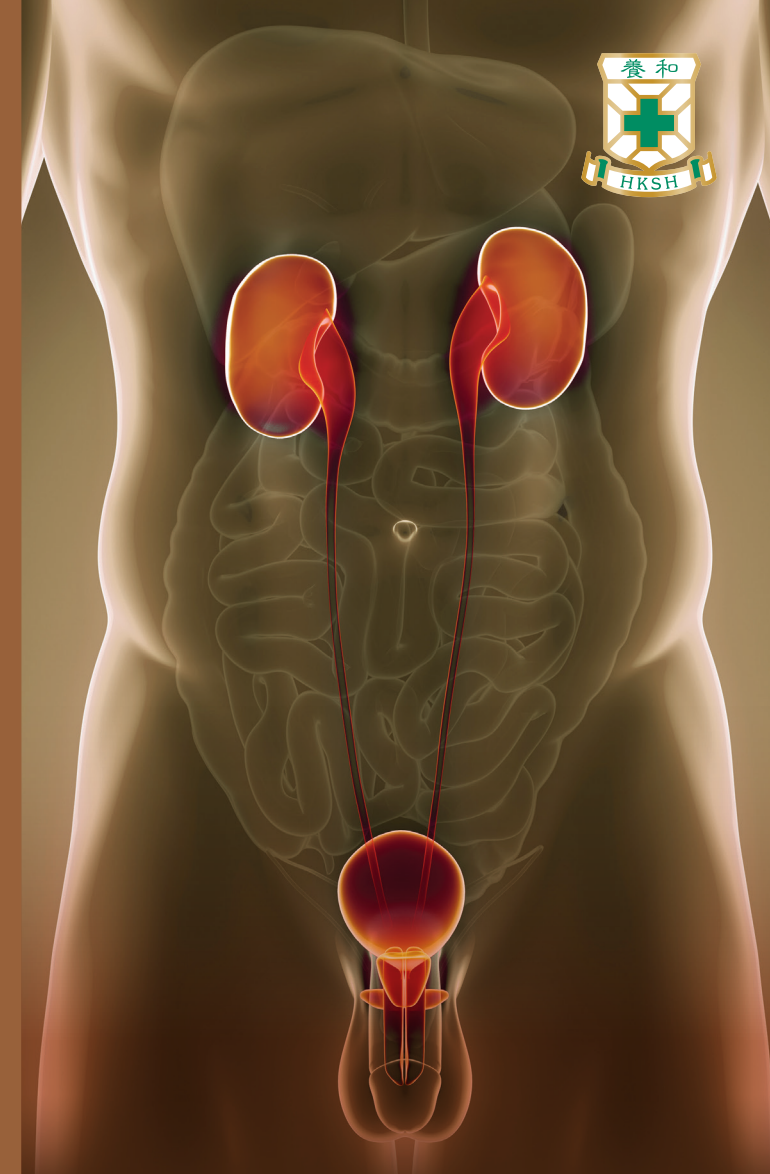
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Prostate Cancer

WINNING AGAINST CANCER

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Prostate cancer is a common male cancer in affluent communities. As advances in medical technology have brought about new treatment options, patients now find it easier to cope both physically and psychologically.

Prostate cancer is the third most common cancer among Hong Kong males. In 2017, there were 2,240 new cases and the crude incidence was 66 per 100,000 male population. The median age at diagnosis is 71.

What are the risk factors of prostate cancer?

While the causes remain uncertain, men with the following risk factors are prone to prostate cancer:

- A family history of prostate cancer
- High-fat diets

What are the common symptoms of prostate cancer?

Common symptoms of early prostate cancer include:

- Urgency before urinating
- Difficulty in starting urination
- Frequent urination, especially at night
- Dribbling after urination

While these symptoms can be caused by non-cancerous enlargement of the prostate, it is important that you have them checked by a doctor.

How does the doctor make the diagnosis?

The following procedures are indicated for patients who are suspected to have prostate cancer:

1. Digital rectal examination: the doctor will perform examination of the rectum to feel for abnormalities of the prostate.
2. Blood test: a high level of prostate specific antigen (PSA) in blood may indicate prostate cancer.
3. Trans-rectal ultrasound scan: a probe is passed into the rectum to scan and measure the size of the prostate.
4. MR prostate scan
5. Biopsy: A sample of prostate cells can be taken during trans-rectal ultrasound scan for examination under the microscope to look for abnormal changes.
6. PET scan using PSMA isotope Ga68, which is specific for prostate cancer.

How is prostate cancer treated?

The following types of treatment may be given alone or together, depending on the patient's condition:

- Surgery can be performed if cancer cells have not spread beyond the prostate. The surgeon may remove the entire prostate or only part of it, together with the nearby lymph nodes. Potential side effects of radical prostatectomy include impotence, urinary incontinence and infection. If blocked by the tumour, the urethra can be partly resected using transurethral approach to restore normal urine flow.
- Radiotherapy is less invasive than surgery. External beam radiotherapy is the main modality with Tomotherapy and MR Linac as the more advanced options. Radioisotope therapy is a systemic form of radiotherapy for disseminated disease. Ra-223 is useful mainly for bone while Lu177-PSMA is good for visceral involvement as well.
- Hormone therapy controls tumour growth, or shrinks or eliminates the tumour by reducing the level of testosterone in the body. Available as oral medications or injections, hormone therapy can be given with surgery or radiotherapy for augmented efficacy.
- Chemotherapy can control fast-growing tumour, and is beneficial especially in the early stage of wide dissemination.

As prostate cancer often grows very slowly, doctors will plan the most appropriate treatment according to the patient's condition. Treatment may not be indicated for selected patients at first. Even so, it is important to have regular check-ups to make sure that the cancer is not spreading.