



Mr PHIP

Prostate
Health
Improvement
Program

Repatriation
General Hospital,
Daw Park, SA.

*A project of the
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How to use this guide

You may have further questions about testing, treatments, side effects or anything related to prostate cancer. These sources of information can point you to resources dealing with these issues.



Phone help

Help-line: 13 11 20 run by the cancer organization affiliated with the Cancer Council of Australia in your state.



Written information, tapes, videos

Your specialist: most urologists, radiation oncologists can usually provide these. Your state cancer organization has a range of information they can send to you. Phone 13 11 20.

www.prostatehealth.org.au has a searchable listing of prostate cancer resources available in Australia, where you can obtain them and the cost (if any). PHIP materials can be requested by phoning 13 11 20, or downloading directly from www.prostatehealth.org.au/PHIP.

Other Mr PHIP information sheets cover:

1. Should I be tested?
2. Interpreting the PSA test
3. After the diagnosis
4. Monitoring after treatment
5. Hormonal treatment
6. Sexual function after treatment



Internet

Australian prostate cancer websites

Lions Australian Prostate Cancer Website: www.prostatehealth.org.au has

- Stage by stage prostate cancer information
- Listing of support groups in each state
- On-line help-line ('Ask Andy')
- Listing of prostate cancer resources
- Listing of hospitals offering treatment, with contact details

You are not alone!

www.yananow.net

This site has a strong patient input with stories from family members as well as men themselves. You can read the story of people who have had the type of treatment you may be considering.

International prostate cancer websites:

www.prostatehealth.org.au under 'links' has a listing of international websites with brief descriptions, including mailing lists.



Peer support

The Association of Prostate Cancer Support Groups can link you with a support group in your local area. Phone the Prostate Cancer Foundation of Australia on 02 9418 7942, or 1800 22 00 99. Or look up their website on www.prostate.org.au. Support groups are also listed on the Lions Australian Prostate Cancer Website: www.prostatehealth.org.au.

Your local cancer organization may run professionally led support and information groups: phone 13 11 20.



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Special services: Continence help

Continence Foundation of Australia:
National Continence Helpline: (freecall)
1800 33 00 66 (leave a message and a
continence nurse adviser will ring you).
The CFA provides fact sheets on different
types of continence problems and runs
seminars for the general public and
health professionals. It can assist you to
find services in your local area.



Special services: Erectile dysfunction

Most urologists can assist you and
suggest a range of treatment options.
There are also GPs who specialise in this
area. It is a good idea to have a medical
assessment initially.

Most internet sites on impotence will try
to sell you something, however the
following site is the patient page of a
doctor's guide to the internet and offers
information as well as a discussion group
and news group.

www.pslgroup.com/erectile.htm

also

www.prostatehealth.org.au/PHIP

Relationships Australia in your state
addresses the relationship aspects of
erectile dysfunction. Call the national
office on ph: 02 6285 4466 for local contact
details.



About these information sheets

These information sheets have been
developed by the Urology Unit at the
Repatriation General Hospital, in consult-
ation with men who live with prostate
cancer, their families and friends. In
addition other health professionals and
community agencies have contributed to
their production. We are grateful to all of
these individuals and organisations who
have been so generous with their time and
willingness to assist.

A word of wisdom from Mr PHIP

*After a diagnosis of prostate cancer -
don't panic! Unlike other cancers,
prostate cancer is usually slow growing.
You don't have to hurry into a decision
about treatment!*

We suggest 3 steps:

1. Make sure you understand the
benefits & side effects of treatments:
talk to your Urologist, your GP.
A second opinion can be helpful.
2. If needed, find further information
from books, cancer organisations &
other men with prostate cancer.
3. Talk to your family.

MR PHIP SERIES: GLOSSARY

Ablation	Removal or separation of something.	Benign	Non-cancerous (not cancer).
Adrenal glands	Small glands lying on top of the kidneys which produce a small amount of male hormone.	Benign prostate enlargement	Non-cancerous enlargement of the prostate. (See Mr PHIP No. 1 and 2)
Androgens	Male hormones. The most active male hormone, testosterone, is produced by the testicles. Other male hormones are produced by the adrenal glands. (See Mr PHIP No. 5)	BPH	Benign Prostatic Hyperplasia. A condition causing non-cancerous enlargement of the prostate.
Anti-androgens	Drugs which block the effects of male hormones. (See Mr PHIP No. 5)	Biopsy of the prostate	Removal of small pieces of tissue, in this case, from the prostate gland. Tissue samples are taken from different areas of the prostate, and then examined under the microscope to see if they are cancerous. (See Mr PHIP No. 3)
Asymptomatic	Not having symptoms, symptom-free.		

Brachytherapy	A type of prostate radiotherapy - involves the insertion of radioactive seeds or rods directly into the prostate. (See Mr PHIP No. 3)	Hyperthermia	Higher than normal temperature. In the case of prostate cancer, a way of destroying tissue by heating.
CAT (CT) scan	CAT stands for Computerised Axial Tomography. A series of x-ray pictures are taken in a circle around the body and are processed by a computer.	Impotence	Inability to achieve an erection.
Chemotherapy	Usually refers to the killing of cancer cells with cytotoxic chemicals (cytotoxic means toxic to cells.)	Indolent	Means 'lazy', usually referring to the type of cancer cells which grow only slowly.
Cystitis	Inflammation of the bladder, often caused by infection.	Incontinence	Inability to hold urine or control urine loss.
Cystoscope	A tiny tube with a lighted end which slides along the urethra and is used to examine the bladder.	Lymph nodes	Small glands which filter tissue fluid before it returns to the blood stream. This means that they often capture cancer cells which have escaped from the main tumour and have started to spread to other parts of the body.
Digital Rectal Examination (DRE)	An examination of the prostate through the rectum wall. The doctor inserts a finger in the rectum and feels the shape of the prostate. Irregularities may be caused by cancer.	LHRH	Luteinising Hormone Releasing Hormone. It is produced by the hypothalamus in the brain and stimulates the pituitary (another part of the brain) to produce LH (Luteinising Hormone). This, in turn causes cells in the testicles to produce testosterone, the male hormone.
Dry ejaculation	Also called reverse or retrograde ejaculation. After surgery on the prostate, a man may achieve orgasm, but produce no ejaculate. This is because of either the removal of a muscular valve which prevents the ejaculate from going backwards into the bladder (in the case of surgery called a TURP), or because the glands which produce much of the fluid in the ejaculate are also removed (in the case of a radical prostatectomy).	LHRH agonists	Drugs which interfere with the production of LH (see above) by the pituitary. (See Mr PHIP No. 5)
Ejaculate	Fluid produced at ejaculation which contains sperm and secretions from glands such as the prostate, seminal vesicles and testicles.	Libido	Sex drive.
Gleason score	A way of grading cancer cells. Low grade cancers (Gleason score 2,3,4) are slower growing than high grade (Gleason scores 8,9,10) cancers. (See Mr PHIP No. 3)	Margin-positive	See surgical margins. (See Mr PHIP No. 4)
Grade	A way of describing how abnormal the cancer cells look, and consequently how aggressive or fast-growing the cancer is likely to be. The most commonly used grading system is the Gleason score, which ranges from 2-10. (See Mr PHIP No. 3)	Metastasis	A piece of cancer which has broken off from the main cancer and become established in a different part of the body. Prostate cancer metastases often occur in lymph glands, bone or in the lungs.
Hot flush	A sudden rush of heat to the face, neck, sometimes chest and back. It can be associated with hormonal therapy for prostate cancer.	MRI	Magnetic Resonance Imaging. A way of imaging the inside of the body without using X-rays.
Hormone resistance	Prostate cancer cells are dependent on testosterone or male hormone for growth. Withdrawal of male hormone by surgery or by means of drugs is therefore a means of controlling its growth. However cancer cells may develop which do not need testosterone for growth. The cancer is then said to be 'hormone resistant'. (See Mr PHIP No. 5)	Nodules	Small lumps.
		Oncologist	A doctor who specialises in treating cancer.
		Orchidectomy	(Also Orchiectomy) A type of operation which removes the testicles, but usually leaves the scrotal sac or scrotum.
		Pelvis/pelvic	The area of the body below the waist and surrounded by the hip and pubic bones.
		Pituitary	Part of the brain which produces hormones which stimulate the testicles to produce testosterone (male hormone) and other hormones.
		Prostatitis	Inflammation of the prostate. It can be caused by bacteria.
		Prostatectomy	Operation to remove all or part of the prostate.
		PSA	Prostate Specific Antigen (See Mr PHIP No. 1 and 2). It can be used as a test for prostate cancer or to monitor its recurrence.

MR PHIP SERIES: GLOSSARY (continued)

Radical prostatectomy	An operation which removes the prostate and the seminal vesicles. This may be done through a cut in the abdomen or the perineum (the area of skin between the rectum & scrotum).	Surgical margins	After a radical prostatectomy, the edges of the tissue which has been removed are examined to see if cancer cells are present. If they are not (negative surgical margins) the chance is higher that all of the cancer has been removed. (See Mr PHIP No. 4)
Rectum	The last part of the bowel, leading to the anus, and through which stool passes.	Testicles	Glands which produce sperm and the male hormone, testosterone. They are found in the scrotum.
Retrograde ejaculation	Also called reverse ejaculation. This may occur after surgery for benign enlargement of the prostate. The ejaculate travels back into the bladder instead of exiting out through the penis. This means a man is infertile, but he can still achieve orgasm.	Testosterone	The major male hormone. It is produced by the testicles. (See Mr PHIP No. 5)
Scrotum	A pouch of skin which contains the testicles and some other parts of the male reproductive system. It hangs outside the body and below the penis.	TRUS	Trans-Rectal Ultra-Sound. A means of imaging the prostate in order to locate cancer. The ultrasound probe is placed in the rectum.
Seminal vesicles	Glands which lie very close to the prostate and produce secretions which form part of the ejaculate.	TURP	Trans-Urethral Resection of the Prostate. An instrument is inserted, under anaesthetic, along the urethra (urine tube) and removes prostate tissue which may be blocking the flow of urine. It is a common operation for benign enlargement of the prostate, but only occasionally used to treat prostate cancer.
Staging	A way of describing how far the cancer has spread. (See Mr PHIP No. 3)	Urethra	Tube which carries urine and ejaculate along the length of the penis and to the outside.
Stricture	Scar tissue which obstructs fluid flow; in the case of a urethral stricture, urine flow is obstructed.		



For more information contact the cancer organisation in your state by phoning 13 11 20 or visit the Lions Australian Prostate Cancer Website at: www.prostatehealth.org.au

This information sheet is not intended to take the place of medical advice. Information on prostate disease is constantly being updated. We have made every effort to ensure that information was current at the time of production, however your GP or specialist may provide you with new or different information which is more appropriate to your needs.