Special Edition Newsletter

**Prostate Cancer Awareness Workshop**

**in conjunction with the Patient Participation Group and Prostaid**

Attendees 16/03/2023: PPG members (4), On-line (4)

Speaker, Jo Bishop is a cancer nurse specialist at Leicester Hospital. The team of cancer nurse specialist and researchers are part funded by the charity Prostaid.

52,000 people are diagnosed with prostate cancer every year in the UK. 1/8 men are diagnosed in a lifetime, ¼ men within black ethnic groups are diagnosed with prostate cancer in a lifetime, probably due to genetics. Jo advises a healthy lifestyle, which includes eating fresh fruit and vegetables, no smoking and a low alcohol intake are preventative measures in the battle against cancer.

Prostate cancer does not usually cause any symptoms until the cancer has grown large enough to put pressure on the tube that carries urine from the bladder out of the penis (urethra).

Symptoms of prostate cancer can include:

* needing to pee more frequently, often during the night
* needing to rush to the toilet
* difficulty in starting to pee (hesitancy)
* straining or taking a long time while peeing
* weak flow
* feeling that your bladder has not emptied fully
* [blood in urine](https://www.nhs.uk/conditions/blood-in-urine/) or [blood in semen](https://www.nhs.uk/conditions/blood-in-semen/)

These symptoms do not always mean you have prostate cancer. Many men's prostates get larger as they get older because of a non-cancerous condition called [benign prostate enlargement](https://www.nhs.uk/conditions/prostate-enlargement/).

Signs that the cancer may have spread include bone and back pain, a loss of appetite, pain in the testicles and [unintentional weight loss](https://www.nhs.uk/conditions/unintentional-weight-loss/).

Resource: [www.nhs.uk\prostate](http://www.nhs.uk\prostate)

Jo’s advice is, if you have a family history of prostate cancer or any of the above symptoms it is important to see the doctor and request a Digital Rectal Examination (DRE) to test for an enlarged prostate. The GP may also request a blood test called a PSA (Prostate Specific Antigen blood test). Currently there is no national testing program, therefore it is important to have symptoms checked out as soon as possible to rule out or, treat anything serious.

If a PSA blood result shows an enlarged prostate, a referral will be made to oncology and an appointment received within 2 weeks (known as a 2 week wait referral). At Hospital a further DRE will be performed to check the prostate. This is because the PSA test can be ‘falsely’ raised for a few reasons; perineal rub, caused by cycling, can temporarily enlarge the prostate, ejaculation within 48 hours of a PSA test blood test, can also give a falsely raised PSA reading.



For more details, please see attached Patient information sheet on ‘Prostate Cancer and the PSA Test’.

Jo and the team of consultants, doctors, specialist nurses and their remote monitoring services, counsel patients through every step of their treatment and post-operative reviews. Treatments include surgical removal of the prostate (this is done by a consultant using the latest laparoscopic robotic technology), brachytherapy, targeted radiotherapy, chemotherapy, hormone therapy (when proven not to be metastatic), or simply ‘active surveillance’ (monitoring) for low/ medium risk patients. Advances are being made in medical technology and research to provide patients with positive outcomes all thanks to medical experts, researchers, and charities such as Prostaid.

Jo welcomes you to attend the next workshop being held at:

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| **The King Power Stadium****on Wednesday 29/03/2023****doors open at 6.30pm, the workshop starts at 7.30pm.** |