

Male Cancers and Urinary Symptoms

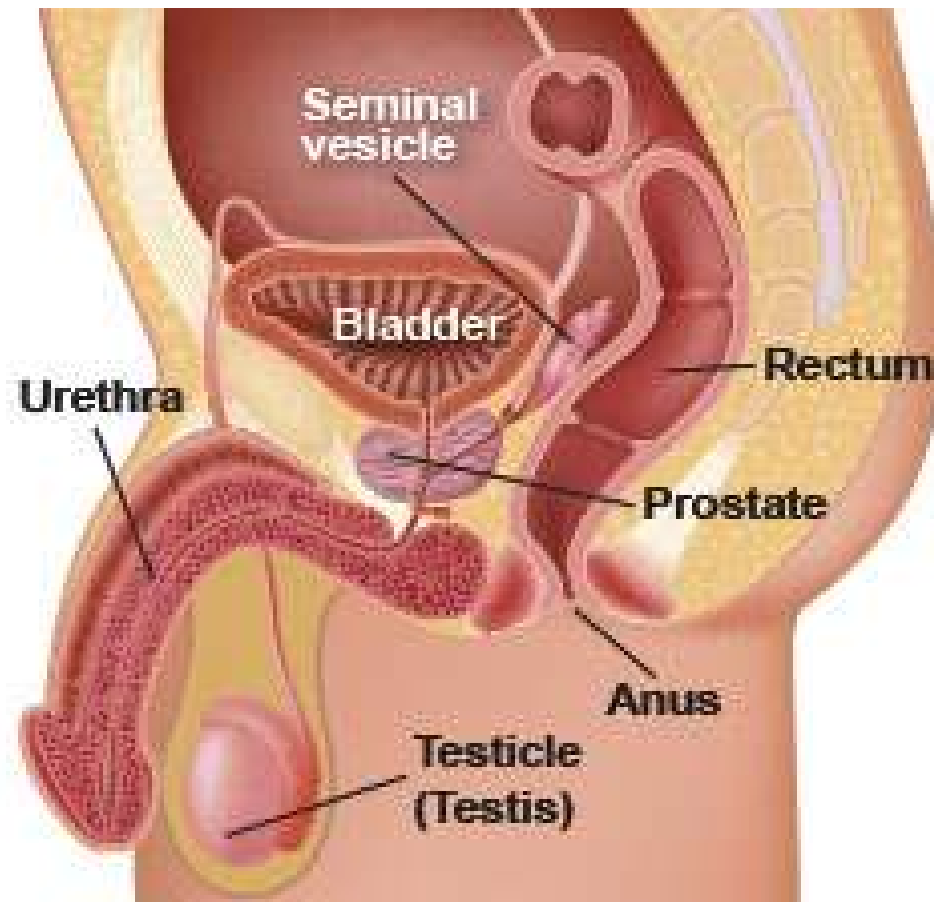
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Male Cancers

- Prostate cancer makes up 1 in 4 of all male cancers and 7% of male cancer deaths
- In the UK a man has a lifetime risk of dying of prostate cancer of 3%.
- The remaining male cancers (testicular, penile and male breast are rare).

Anatomy



Testicular Cancer

- One of the commonest cancers seen in the under 25's
- Prognosis is excellent, even when presenting with widespread disease.
- Lumps in the body of the testicle are the key
- Pain is rare
- US is very good at ruling out disease.

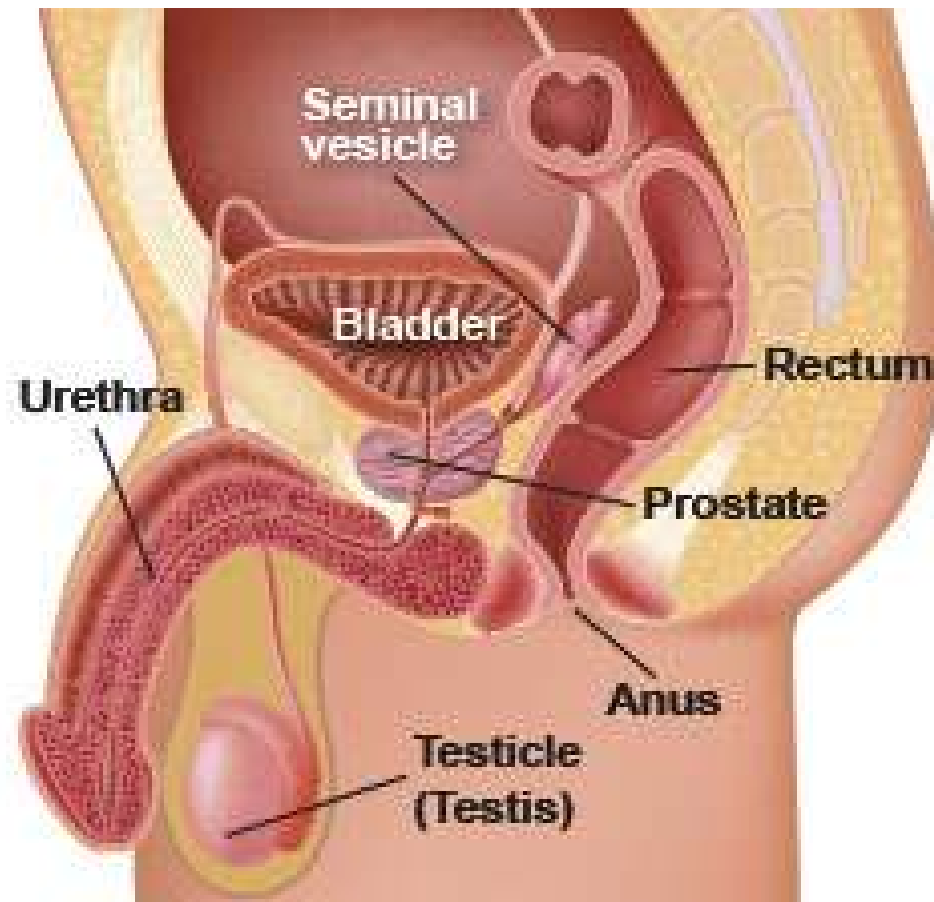
Penile Cancer

- Rare
- Most over the age of 50
- Linked with HPV virus and some skin conditions
- Always on the head or glands of the penis.
- A growth or sore is concerning (colour change is often not)

Male Breast Cancer

- Not to be confused with male breast development- gynaecomastia
- Unilateral hard lump usually beneath the nipple
- Rare below 50. Represents 1 in 1000 cases of breast cancer
- Treatment is similar to females but prognosis is not so good

Anatomy



Prostate Cancer - risk factors

- Age
- Afro-Caribbean Race
- Family History

Prostate Cancer - symptoms

- Often none
- LUTS (Lower Urinary Tract Symptoms)
- Malaise, weight loss and pain are rare unless there is widespread disease

Prostate Cancer - diagnosis

- PSA test & Digital rectal examination (DRE) cannot give a diagnosis but can indicate if further testing is needed
- Prostate biopsy
- Further imaging (MRI, Bone scan etc)

Prostate Cancer - treatment options

- Watchful waiting (done in general practice)
- Active Surveillance (via repeat biopsy, PSA and MRI testing)
- Definitive treatment of diseased prostate (prostatectomy or radiotherapy)
- Hormonal Manipulation-chemical castration
- Chemotherapy

PSA Testing - who, how often, why not

- No official screening program
- All men can request PSA testing after appropriate counselling.
- Not specific, can lead to over-investigation and over-diagnosis
- Asymptomatic low risk men- do not test (at all) below the age of 55 or over 75.
- Every 2 years is more than adequate

Lower Urinary Tract Symptoms

- Can be caused by Benign Prostatic Hyperplasia but does not have to be (ie overactive bladder syndrome)
- Age dependent. 40% of 50 year olds
- Symptoms include frequency, nocturia, urgency, incomplete bladder emptying, poor stream, incontinence
- Risk of acute or chronic retention
- Treatment is dependent on the severity of symptoms and the cause.

LUTS- assessment

- Examination, DRE, PSA, MSU (to check for infection), kidney function test.
- Sometimes a diary may be useful
- USS and flow tests?

LUTS- Management

- Lifestyle issues- caffeine, alcohol and fluid intake.
- Overactive Bladder
 - Bladder retraining
 - Medication- antimuscarinics
- BPH
 - Medication-alpha blockers and 5-alpha reductase inhibitors (decrease the risk of retention)
 - Surgery

Questions

