

Localised prostate cancer

When faced with the diagnosis of apparently localised prostate cancer an assessment of the clinical significance needs to be made and the following factors need to be taken into account:

Cancer factors

PSA level and velocity

Clinical stage

Tumour grade

Tumour volume

Prostate factors

Prostate size

Voiding flow rate

Patient factors

Age

Fitness and co-morbidities

Body habitus

Prostate cancer is almost an inevitable part of aging and low grade, low volume cancers in older men often do not need treatment as they are most unlikely to cause trouble. In younger men, at least initially, careful observation, called active surveillance may be a reasonable option for very low volume low grade cancers in an attempt to avoid treatment if possible or at least delay it, thus avoiding any potential side-effects for as long as possible. This would usually involve periodic prostate biopsies to ensure that there was no progression in tumour grade and volume that would push one towards treatment.

Treatment options for localised prostate cancer include the following:

Surgery

Open radical prostatectomy

Laparoscopic radical prostatectomy

Robotic da Vinci assisted laparoscopic radical prostatectomy

Radiotherapy

LDR (LDR) prostate brachytherapy

HDR (HDR) prostate brachytherapy

Image guided external beam radiotherapy (IGEBRT)

These options all have different risks, implications, periods of convalescence and side-effect profiles. In some situations there is clearly a best option but often there are several reasonable options with no one right answer. There is always time to spend investigating the options you are suitable for to help you make up your mind which treatment seems right for you.

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