PROSTATE CANCER

What’s the issue?

“Prostate cancer is the most common cancer in men in the UK, with over 40,000 new cases diagnosed every year. Prostate cancer usually develops slowly, and some men can have it for many years without knowing. Symptoms often only become apparent when the prostate is large enough to affect the urethra. The causes of prostate cancer are largely unknown. However, certain things can increase the risk of developing the condition such as age (most cases among those aged 50+ years), ethnicity (more common in men of African-Caribbean or African descent, and less common in men of Asian descent) and men who have a first degree male relative (such as a father or brother) affected by prostate cancer are also at slightly increased risk.” [246].

Many men die with prostate cancer, not because of it: “Many men with prostate cancer are older and may not die from their cancer, but from other illnesses, such as heart disease. Prostate cancer can be slow to develop. So, many men with early stage prostate cancer will eventually die of something else not related to their prostate cancer” [247]. Nevertheless, there were 9,133 deaths in England during 2012 from prostate cancer giving a crude rate of 34.7 deaths per 100,000 population.

What’s our situation?

The age-standardised incidence of prostate cancer in Hull in 2012-2014 (165 per 100,000 men) which was 9% lower than for England (182 per 100,000 men) [241]. During 2008/09-2010/11, there were 450 hospital admissions among men due to prostate cancer [248]. For 2012-14, mortality rates from prostate cancer in Hull were similar to those for England, with age-standardised rates of 44.8 per 100,000 men in Hull and 49.5 per 100,000 men in England [78]. There were 104 deaths over the three year period, 27 of which occurred under the age of 75 years [77, 83, 248]. One-year survival rates from prostate cancer are high, at 97%, similar to both England and the Humber and Yorkshire Coast Cancer Network (HYCCN). Five-year survival rates have almost doubled between 1985-1989 and 2001-2005, reaching 78% in Hull, although lower than for HYCCN (83%) statistically significantly lower than for England (84%). More recent survival data published for the Humber, Coast and Vale Cancer Alliance area (not published by local authority or CCG) showed 5-year survival at 82%, similar to England at 81% [248].

The Cancer Reform Strategy in 2007 [249] suggested considering alternatives to hospital based follow-up (including nurse-led and proactive case management e.g. in a community setting or by telephone), and this has been undertaken locally for patients with stable prostate cancer.

For more detailed information, see the JSNA Toolkit: Prostate Cancer report.

What are the strategic needs?

Men who are of African-Caribbean or African descent and men who have first degree male relatives affected by prostate cancer should be aware that they are at a slightly higher risk of developing prostate cancer. Men should also be aware of “the symptoms, such as an increased need to urinate, straining while urinating and a feeling that the bladder has not fully emptied, should be investigated, but that such symptoms could be a sign of benign prostatic hyperplasia or prostate enlargement rather than cancer” [246]. Support should be given to men living with prostate cancer as, whilst they “can live for decades without symptoms or needing treatment, it still can have an effect on their lives causing physical problems such as erectile dysfunction and urinary incontinence, as well causing anxiety and worry” [246].
References