

# Lecture to U3A

**Prostate Cancer .**

**One man's account of diagnosis and treatment with**

**Low dose rate brachytherapy, and survival**

**By Tom McGrath.**

# Introduction

- Tom McGrath – prostate cancer survivor
- Author – “Blasted By Seeds” published by Writes Hill Press, Wellington, 2015.
- Member – Wellington branch Cancer Society

# Further observations

- Prostate cancer - often asymptomatic at early stage
  - recent survey by Prostate Cancer Foundation found 300/500 patients had no symptoms when diagnosed.

Medical treatments – Many effective for early stage disease.

5 year survival rate – 90—100% for patients diagnosed early

- 10-20% for patients diagnosed with disease no longer confined to prostate.

Causes of disease - to date unknown.

# Prostate Cancer –some brief observations

- Prostate gland – possible site for cancer
  - - located near bladder and urethra in males
  - - controls sex drive
- Prostate cancer – growth of malignant tumours inside prostate
  - - aggressive disease if ignored or undetected
  - - capable of spreading elsewhere
  - - requires more than one test to diagnose
  - - PSA blood test not 100% certain.

# From journal to book: Writing Blasted By Seeds

- Challenges: Author lack of recent, detailed knowledge of science and medicine, academic writing skills developed in working life – but in unrelated subjects.
- Advantages: Keeping a journal over several years and recording entries of experience as a patient and survivor, identifying patient specific issues and noting these, having a narrative that included critical writing elements - a crisis, impact, consequence etc.
- Critical issues (examples): decision making with limited information and time, how do patients perceive a cancer diagnosis, the role of luck and money in a seemingly modern health system focussed on universal care and treatment.

# Prostate cancer statistics

- Prostate cancer death rate – about 600 men per year in NZ
- Prostate cancer diagnosis rate – about 3000 men per year in NZ.

( Source: Prostate Cancer Taskforce 2012. *Diagnosis and Management of Prostate Cancer in New Zealand Men: Recommendations from the Prostate Cancer Taskforce*. Wellington. Ministry of Health 2013).

Estimated rate of occurrence – one in eight.

Age range for diagnosis – mostly males 50 – 85+

- a few diagnoses males 30-50.

Comparable to other leading causes of death in NZ.

# Classifying and treating prostate cancer: real progress underway.

- Disease classification – now extensive; involves staging (according to whether disease is confined to prostate or spread beyond), and categorisation (slow growth, moderate, aggressive) according to types and patterns of cancer cells discovered by pathology after biopsy.
- Treatment options - “Cancer is like gorse, it grows of its own accord and strangles other stuff around it if unchecked. Like gorse it can be controlled by slashing, burning or poisoning.” For prostate cancer:
  - Slashing = surgical removal of prostate. Very common operation.
  - Burning = use of radiation therapy beamed at prostate cancer sites.
  - Poisoning = use of cocktail of drugs (chemotherapy) to destroy cancer.

# Experiencing diagnosis by chance

- Diagnosis occurred according to a common pattern.
- July 2007 – visit to doctor about an unrelated problem and getting a PSA blood test by chance;
- More than one PSA test result – with variances between “higher than normal” and “top of normal”.
- Diagnosis only made after biopsy and pathologist report (Oct. 2007).
- Pathology report shows mixture of cancerous and non-cancerous sites.
- Post diagnosis problems: information overload about treatment options, and combination of good & bad news.

# Making plans for treatment/ survival: starting a journal

- Facing the problem of choice (November-December 2007). Spending time thinking about treatment options and critically comparing side effects.
- Considering how side-effects might affect lifestyle and particularly, work (matters medical specialists can't always answer).
- Seeing specialists & getting contrasting perspectives from urologists and oncologists about the range of medical treatments. Asking questions and taking notes.
- Avoiding Dr Google and relying on real doctors' advice.

# Brachytherapy: chosen treatment option

- Two types – low dose rate (LDR) and high dose rate(HDR);
- LDR brachytherapy – radioactive metallic seeds implanted through needles into prostate, patient anaesthetised.
- Advantages – only takes one hour to complete, one overnight stay in hospital, no “slashing” (surgical removal of prostate), minimal time off work.
- Disadvantages – cost (\$25,000), only available privately, pre-testing required, many post-procedure symptoms, long wait with PSA monitoring until “cure” suggested.