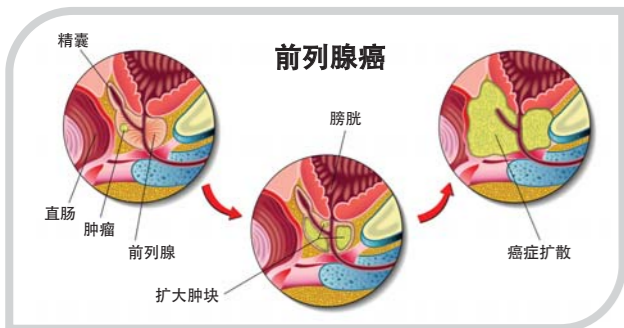


什么是前列腺癌？

前列腺是一个核桃大小的腺体，位于膀胱下方。它被一层包膜包围。它产生的前列腺液，构成精液的一部分。前列腺癌是指在前列腺组织中形成恶性细胞，即细胞不受控制地生长，并形成肿块。这种癌症源可突破前列腺包膜并侵入周围组织，如精囊、膀胱颈部。它也可以扩散至盆腔淋巴结。它还经常通过血流扩散至骨骼。研究表明，许多早期微小前列腺癌的老年男性患者没有任何的症状，也可能不需要治疗。



前列腺癌有哪些征兆与症状？

初期的前列腺癌通常无任何症状。以下为非特异性的症状，并可能由良性(非癌症)病症如良性前列腺增生和前列腺炎引起。包括：

- 尿流细弱或中断
- 尿频(尤其在夜间)
- 排尿困难
- 射精疼痛

随着肿瘤增大、尿道变窄以及扩散至其它器官，前列腺癌会在病症后期出现相应的症状。

以下是晚期前列腺癌的症状：

- 阻碍尿液的排出，造成排尿困难。
- 癌症扩散至骨骼(转移)，造成背部、髋部或骨盆持续闷痛。
- 肿瘤阻塞淋巴通道造成下肢虚弱或肿胀。
- 排尿疼痛或烧灼感。
- 尿液或精液带血。



哪些人有患癌风险？

以下是确定的危险因素：

- 有前列腺癌家族病史
- 遗传性BRCA1和BRCA2基因突变
- 年龄超过50岁(风险随着年龄增加而增加)
- 肥胖

注：性行为并非前列腺癌发生的危险因素。



预防

- 多吃水果和蔬菜。这些食物富含维生素和营养物质，对健康大有裨益。
- 多摄取含有丰富的番茄红素的食物，如番茄、西瓜和番石榴；以及富含多酚的食物，如绿茶、花椰菜、姜黄和石榴，对健康有额外的好处。
- 定期运动和参加体力活动。
- 保持健康体重，减少热量摄入。

如何诊断前列腺癌？

前列腺癌的生长速度因人而异。在一些男性患者中，前列腺癌病情发展缓慢，并且不会导致任何问题。然而，在另一些患者中则生长迅速，并且可导致严重的疼痛或其他问题，甚至死亡。筛查试验可帮助早期发现前列腺癌。

- 直肠指检：**这是诊断前列腺癌的第一步。医生将用戴手套的手指伸入直肠内检查前列腺，触摸前列腺是否有肿块或异常区域。
- 前列腺特异性抗原(PSA)检查：**前列腺特异性抗原是正常和恶性前列腺细胞均会产生的一种物质。血液中前列腺特异性抗原水平升高是帮助发现前列腺癌的另一项试验。请咨询医生有关通过PSA验血及早发现前列腺癌的其他优点和局限性。
- 经直肠超声引导下前列腺穿刺活检：**这个手术会将大约手指大小的超声波探头插入直肠内以检查前列腺。医生通过超声波探头的图像引导抽取前列腺组织样本。使用一根细针在局部麻醉状态下抽取细胞，并由病理医生在显微镜下观察。
- 骨盆MRI扫描：**骨盆的详细扫描有助于鉴别前列腺肿瘤或周围淋巴结肿大的范围。

- 骨扫描：**这有助于检测癌细胞是否已扩散至前列腺以外的骨骼。当前列腺癌细胞扩散，骨骼是最常见的扩散部位。将少量的放射性物质注射到静脉，2-3小时后扫描放射性物质所聚集的“热点”。这些热点可以显示出癌细胞是否已扩散至骨骼。

如何治疗前列腺癌？

治疗方式的选择决定于前列腺癌的风险评估。此风险评估则取决于多项因素，包括：

- 年龄和预期实际存活期
- 基本健康状况和现有疾病，例如心肌梗塞(心脏病)、中风、糖尿病等。
- PSA水平
- 格里森分数(依据前列腺活检病理评估结果，提示癌症侵袭性的指标)
- 疾病阶段(肿瘤细胞于前列腺、淋巴结、骨骼或其他远端器官的转移范围)

治疗方式

可采用的治疗方式取决于癌症的范围，患者的年龄和健康状况。

- 积极监测或观察等待**
由于一些前列腺癌生长非常缓慢并且持续数年后才会出现症状或扩散，因此有些前列腺癌确诊患者无需立即治疗。积极监测是指一种对低风险局限性前列腺癌患者密切观察的治疗策略，可选择在有必要时再进行相应的治疗。
观察等待也可作为一些前列腺癌患者(特别是针对高龄、预期生存期较短或已患有多种疾病的无症状的老年患者)一种合理的处置方式。相较于积极监测，观察等待是一项不太密集的跟进计划，只有当症状出现时才进行治疗。观察等待一般适合那些因其健康问题而不能承受外科手术或放射治疗的男性患者。
- 外科手术**
如果肿瘤局限于前列腺并被认为可治愈，可能会建议采用开放式前列腺切除术、腹腔镜前列腺根治术或机器人辅助腹腔镜前列腺根治术。手术可能切除整个前列腺并且通常包括盆腔淋巴结。根治性前列腺切除术的可能副作用包括失禁(无法控制排尿)和阳痿(阴茎无法勃起)。进行其他方式的前列腺癌治疗时也会出现这些副作用。
- 放射治疗**
放射治疗采用高能束流杀死癌细胞或阻止癌细胞继续生

长。外部照射放射治疗(EBRT)将从体外对肿瘤部位进行集中照射。近距离放射治疗是另一种形式的放射疗法，其通过外科手术放置永久性或暂时性的植入物，从而对前列腺进行放射治疗。这种治疗的优点是较少辐射到附近的器官，如膀胱和直肠。辐射可能的副作用是膀胱和直肠损伤，包括尿液带血、频繁排尿疼痛和/或血性腹泻。

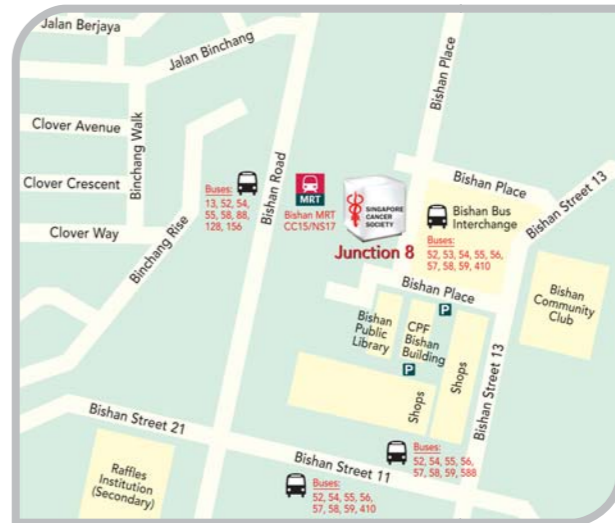
- 激素(雄激素阻断)治疗**
当肿瘤处于局部晚期或有可能扩散至前列腺之外时，或更常见的是在癌症已扩散至前列腺之外(转移性疾病)的情况下，通常可采用激素治疗联合放射治疗。通过干扰男性激素对前列腺癌的生长刺激作用，激素治疗可延缓或阻止癌细胞的生长和扩散。目前有两种形式的激素治疗：
 - 防止雄性激素释放或者抵消雄性激素作用的药物，或
 - 手术切除作为雄性激素主要来源的睾丸。
- 接受激素治疗的男性可能会出现潮热、性功能障碍和性欲丧失及骨质疏松症(骨骼脆弱)的情形。

- 化疗**
化疗是一种使用药物杀死癌细胞或通过阻止细胞分裂来抑制癌细胞生长的癌症疗法。化疗通常不用于治疗初期前列腺癌病患。化疗仅用于对激素治疗已无反应的转移性前列腺癌(癌症已扩散至前列腺之外)。它不会治愈前列腺癌，但可以缩小癌细胞，并延缓其生长。化疗会引起一定的副作用，例如恶心、脱发或局部炎症反应(面颊、牙龈、舌、嘴唇和上颌或口腔底)，同时化疗还可能影响造血机能从而增加感染的风险。

核桃战士将与您一起对抗前列腺癌

核桃战士互助小组将为被诊断患上前列腺癌的男性提供援助。每月的第二个周六，下午2点至5点，成员将在位于碧山第8站的新加坡防癌协会多元服务中心聚会。
新加坡防癌协会的培训师会进行专门为接受激素疗法的前列腺癌患者设计的1小时锻炼计划，来对抗治疗引起的副作用，如肌肉丧失、骨骼脆弱和疲劳。

- 所进行的一些活动包括：
- 分享资讯或个人经验
 - 了解别人如何应付病症
 - 教育研讨会或讲座
 - 出游、节目和以兴趣为基础的学习
- 如有查询，请联络 cancersupport@singaporecancersociety.org.sg 或 6499 9132。



Singapore Cancer Society Multi-Service Centre

9 Bishan Place, Junction 8 Office Tower #06-05, Singapore 579837
☎ 6499 9133 ☎ 6499 9140

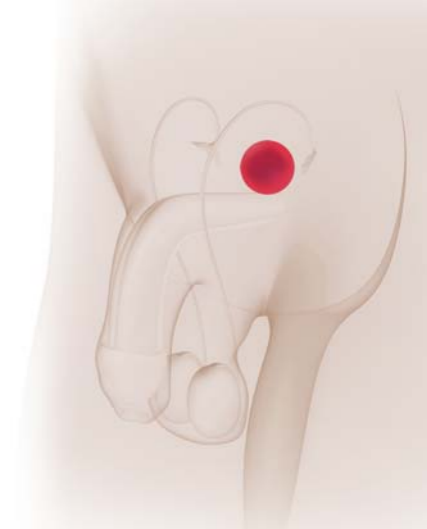
Location 地点	Bus Numbers 巴士号码
Bishan Bus Interchange	52, 53, 54, 55, 56, 57, 58, 59, 410
In front of Bishan MRT Station	13, 52, 54, 55, 58, 88, 128, 156
Along Bishan St 11	52, 54, 55, 56, 57, 58, 59, 410

- Take Exit A at Bishan MRT Station.
- Walk through Junction 8 Shopping Centre in the direction of the Bus Interchange.
- Without crossing to the bus interchange at the traffic light, turn right and walk along the walkway to locate the Junction 8 Office Tower lobby.
- 在碧山地铁站走向A出口。
- 通过碧山第八站购物中心往巴士转换站方向行走。
- 在红绿灯路口之右右转，沿着走道向前走，就能到达碧山第八站办公大楼大厅。

Singapore Cancer Society

15 Enggor Street, Realty Centre #04-01, Singapore 079716
☎ 6221 9578 ☎ 6221 9575
www.singaporecancersociety.org.sg
cancerscreening@singaporecancersociety.org.sg
Follow us on Facebook

PROSTATE CANCER | 前列腺癌



What you need to know about
**prevention, detection and
treatment Prostate Cancer**

你知道吗？
1 新加坡癌症注册局最新的中期报告(2010-2014)表明，前列腺癌是新加坡男性的第三大常见癌症。

2 前列腺癌主要发生于50岁以上的年长男性。

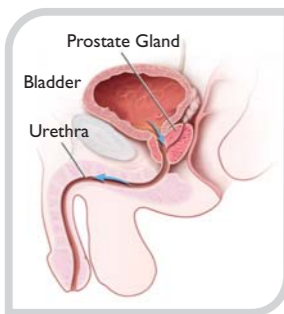
3 受过良好训练的医生进行认真的风险评估并耐心辅导患者，对早期发现前列腺癌至关重要。

The information provided is for your general knowledge only. You should seek medical advice or treatment for your specific condition.

2.5K102015

What is Prostate Cancer?

The prostate gland is a walnut-sized gland situated below the urinary bladder. It is enclosed by a capsule. It produces prostatic secretion which forms part of semen. Prostate cancer develops when cells in the prostate gland turn malignant, i.e. uncontrolled growth, and forms a lump. This cancer grows out of the prostate capsule and invades surrounding tissue e.g. seminal vesicles, bladder neck. It can also spread to lymph glands in the pelvis. It also often spreads via the blood stream to the bones. Studies showed that many elderly men harbour small prostate cancers which do not cause any symptoms and may not need to be treated.



What are the Signs and Symptoms?

Early prostate cancer is usually asymptomatic. The following are non-specific symptoms and may also be caused by benign (non-cancerous) conditions such as Benign Prostatic Hyperplasia (BPH) and prostatitis. They include:

- Weak or interrupted flow of urine
- Frequent urination (especially at night)
- Difficulty urinating
- Painful ejaculation

Symptoms of prostate cancer usually show up at later stages of the disease as the tumour grows and narrows the urethra (urine passage) and spreads to other organs.

The following are symptoms of advanced prostate cancer:

- Difficulty in passing urine due to obstruction to the passage of urine.

- Nagging pain in the back, hips or pelvis due to spread of cancer to the bone (metastases).
- Weakness or swelling of lower limbs due to cancer obstruction of the lymphatic channels
- Pain or burning during urination
- Blood in the urine or semen



Are You at Risk?

These are the identified risk factors:

- Family history of prostate cancer
- Inherited genetic BRCA I & II Mutations
- Age over 50 years (the risk increases with age)
- Obesity

Note: Sexual activity is not a risk factor

Prevention

- Adopt a diet rich in fruits and vegetables. These foods contain many vitamins and nutrients that are beneficial to health.
- Incorporating foods rich in lycopene like tomatoes, water-melons and guavas; and foods rich in polyphenols like green tea, broccoli, tumeric and pomegranates into your diet, may have additional benefit.
- Exercise regularly and be physically active.
- Maintain a healthy weight by cutting down on your calorie intake.

How is Prostate Cancer Diagnosed?

The growth rate of prostate cancer varies among men. In some men, prostate cancer develops slowly and may not cause any problem in their lifetime. Yet, in others, it grows quickly and can cause severe pain and other complications, and even death. Early detection will help to determine the best course of treatment.

Digital rectal examination: This is the first step in diagnosing prostate cancer. The doctor inserts a gloved finger into the rectum and feels the prostate for hard, lumpy, or abnormal areas.

Prostate-specific Antigen (PSA) Test: PSA is a substance produced by both normal and malignant prostate cells. The presence of elevated levels of PSA in the blood is another test that helps to detect prostate cancer. Please consult your doctors on benefits and limitations of using PSA blood test for early detection.

Transrectal or transperineal ultrasound guided biopsy: A procedure in which an ultrasound probe about the size of a finger is inserted into the rectum to check the prostate. Images from the ultrasound probe guided the doctor in taking systematic sampling of the prostate. Tissue samples of the prostate are removed by a thin needle under a local anaesthetic and viewed under a microscope by a pathologist.

MRI Scan of the pelvis: A detailed scan of the pelvis that helps to identify the extent of cancer involvement in the prostate gland or surrounding lymph nodes.



Bone Scan: It helps to detect if the cancer has spread outside the prostate to the bone. When prostate cancer spreads, bone is the most common place it goes to. A small amount of safe radioactive dye is injected into a vein and then the scan is taken after 2-3 hrs to pick up the "hot spots", where the radioactive dye has been collected. These hot spots can show if the cancer has spread to the bone.

How is Prostate Cancer treated?

The decision on the choice of treatment depends on the prostate cancer risk profile. This risk profile depends on several factors, including:

- Age and expected life expectancy
- Underlying medical health and the presence of co-existing illnesses, such as myocardial infarction (heart attack), strokes, diabetes, etc.
- PSA level
- Gleason Score (marker of how aggressive the cancer is, derived from the pathologist's assessment of the prostate biopsy)
- Stage of disease (extent of prostate gland, lymph nodes, bone or other distant organ involvement)

Treatment Options

The treatment options available depend on the extent of the cancer, and the patient's age and fitness.

Active Surveillance or Watchful Waiting

As some prostate cancers grow very slowly and may take many years to cause symptoms or spread, some men with diagnosed prostate cancer may not need immediate treatment. Active surveillance refers to a treatment strategy of closely observing patients with low risk localized prostate cancer, with the option of deferred curative treatment when deemed necessary.

Watchful waiting is advocated as a reasonable approach for some men with prostate cancer (especially elderly men without symptoms with an estimated short life expectancy from advanced age or the presence of multiple illnesses). Watchful waiting involves a less intensive followup schedule compared to active surveillance, with a view towards treatment only when symptoms occur. Watchful waiting is generally suitable for men with some other health problems as a result of which may not be able to cope with treatments like surgery or radiotherapy.

Surgery

An open, laparoscopic or robot-assisted radical prostatectomy may be recommended if the tumour is localised at the prostate and deemed to be curable. It involves the complete removal of the prostate and also often includes the pelvic lymph nodes. Some possible side effects of radical prostatectomy include incontinence (not being able to control urination) and impotence (not being able to have erections). These side effects can also happen with other forms of treatment for prostate cancer.

Radiation therapy (Radio-therapy)

Radiotherapy uses high-energy beams to kill the cancer cells or keep them from growing. External beam radiotherapy (EBRT) focuses radiation from outside the body on the cancer. Brachytherapy is another form of radiotherapy that involves the surgical placement of permanent or temporary implants to deliver radiation from within the prostate. This has the advantage of less radiation to the nearby organs such as the bladder and rectum. Possible side effects of radiation injury to the bladder and rectum, include blood in the urine, frequent painful urination, and/or bloody diarrhea.

Hormone (Androgen Deprivation) Therapy

Hormonal therapy is commonly used to treat prostate cancer in combination with radiotherapy when the cancer is locally advanced or at high risk of spreading outside the prostate, or more commonly, in cases where the cancer has already spread beyond the prostate (metastatic disease). Hormonal therapy can slow or stop the growth and spread of prostate cancer as it interferes with the growth-stimulatory effects of male hormones on prostate cancer. There are two forms of hormonal therapy:

- drugs that prevent the release or counter the action of male hormones, or
- surgical removal of the testes which are a major source of male hormones.

Hot flashes, impaired sexual function and loss of desire for sex, and osteoporosis (weaken bones) may occur in men treated with hormone therapy.

Chemotherapy

Chemotherapy is a cancer treatment that uses drugs to stop the growth of cancer cells, either by killing the cells or stopping them from dividing. Chemotherapy is not a treatment option for early prostate cancer. It is only for patients with metastatic prostate cancer (cancer which has spread outside of the prostate), that are no longer responsive to hormonal treatment. It won't cure the prostate cancer, but can shrink it and slow down its growth. Chemotherapy may cause certain side effects, such as nausea, hair loss (alopecia), inflammation of the cheeks, gums, tongue, lips, and roof or floor of the mouth (stomatitis), and an abnormal blood profile that increases the risk of infection.

The Walnut Warrior will fight Prostate Cancer with you

The walnut warrior support group reaches out to men already diagnosed with prostate cancer.

Members meet on every 2nd Saturday of the month, from 2.00pm–5.00pm at Bishan Junction 8, SCS Multi Service Centre.

Our trainer conducts one hour of Man Plan exercises specifically designed for prostate cancer patients undergoing hormone therapy, to combat the side effects of these treatments, such as muscle loss, weakened bones and fatigue.



Some of the activities carried out include:

- Sharing of information or personal experiences
- Gathering insight into how others cope with their conditions
- Educational workshop or talks
- Outings, enrichment and interest learning session

For enquiries, please contact cancer.support@singaporecancersociety.org.sg or call 6499 9132.

Do You Know?

1

The latest Singapore Cancer Registry Interim Report (2010-2014) indicates that Prostate Cancer is the third most common cancer among Singaporean men.



2

It is more commonly found in men aged 50 and above.



3

Careful risk assessment and patient counseling by a well-trained physician is important in early detection of prostate cancer.

