

Treating Prostate Cancer

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Contributed by

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The main thing to know is that prostate cancer can be a curable disease, according to Dr Lie Kwok Ying, Senior Consultant Urologist.

Treatment of prostate cancer depends on various factors, including the type and size of cancer, its grade, general health of the patient, and whether cancer has spread to other parts beyond the prostate. Further consideration includes age, other existing medical conditions, cost, post-procedure concerns, life expectancy, and the patient's values or personal preferences.

Each treatment has its mix of benefits, risks, and impacts on the quality of life.

The positive news is that many of the treatments successfully cure or keep cancer under control for several years.

Determining whether the cancer is localized or has spread to other parts of the body

Once a prostate cancer diagnosis has been made, your doctor determines the extent (stage) of cancer.

Standard treatment therapy for localized prostate cancer includes active surveillance, surgical removal of the prostate, and radiation therapy.

However, should your doctor suspect that your cancer may have spread beyond your prostate, he may recommend one or more of the following imaging tests:

- Bone scan
- Ultrasound
- Computerized tomography (CT) scan
- Magnetic resonance imaging (MRI)
- Positron emission tomography (PET) scan

Your doctor will then discuss the treatment options based on the stage of prostate cancer. Prostate cancer stages are indicated by Roman numerals ranging from I to IV. The lowest stage shows cancer is confined to the prostate. By stage IV, the cancer cells have grown beyond the prostate and may have spread to other areas of the body.

Early or low-risk prostate cancer

Active surveillance

It is based on the fact that some prostate cancers may never become life-threatening.

Active surveillance involves having regular prostate-specific antigen (PSA) tests, MRI scans, and sometimes prostate biopsies to ensure any signs of progression are detected as early as possible. With active surveillance, many patients with low-risk prostate cancer can enjoy a normal life for many years before undergoing treatment for prostate cancer.

Surgery

Once prostate cancer reaches a stage requiring treatment, surgery is the most effective approach. A radical prostatectomy is a surgical procedure that involves the removal of the prostate gland. It is used when cancer has not yet spread beyond the prostate or has not spread very far. It removes the prostate, seminal vesicles, and the draining lymph nodes (wherever required) with re-anastomoses of the bladder to the urethra.

Radiotherapy

The clear advantage of radiation therapy is that it is less invasive than surgery. Plus, urinary incontinence and erectile dysfunction may occur less often with radiation than with radical prostatectomy. However, a disadvantage of radiation therapy is that it leaves the prostate in the body. As a result, some cancer can remain and worsen in the future. In addition, although today's new methods cause less harm to normal surrounding tissues from the radiation, a man may experience bowel, urinary tract, and genital tract complications.

Advanced prostate cancer

Prostate cancer is one of the top three most common cancer among Singaporean men. Every day from 2014–2018¹, 15% of new cancer cases for men were prostate cancer cases; more than 50% occurred among those aged 70 years and above. Most prostate cancers detected early are curable and placed on active surveillance.

However, treatment options are more varied and complex at the advanced stage where the cancer cells have spread outside the prostate to other parts of the body.

The **Lutetium-177 PSMA (prostate-specific membrane antigen) Therapy** is a specialized treatment under nuclear medicine. Small amounts of radioactive materials, known as radionuclides, are infused into the bloodstream to travel to the cancerous cells to shrink or destroy them.

It allows for specific and targeted radiation therapy, typically in cases where the tumor cells have spread to other sites outside the prostate. In addition, it has been shown to achieve good biochemical responses with generally mild and transient side effects. Ongoing trials show a trend towards improved survival outcomes.

Actinium-225 PSMA Nuclear Therapy also treats advanced prostate cancer patients who were heavily pretreated with current existing forms of cancer therapy, including Lutetium 177 PSMA.

The procedure is approximately one hour and is an outpatient procedure at FPH's Nuclear Medicine Suite. The Actinium-225 PSMA is injected slowly through an intravenous line. There are typically no expected complications or side effects during the actual infusion. The patient normally will need 2 to 4 cycles, each cycle about eight weeks apart.

Reference

[1] Singapore Cancer Registry 50th Anniversary Monograph (1968 – 2017, pp 215, 9.11 PROSTATE (ICD-10: C61)



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