

• ABOUT NCIS

The National University Cancer Institute, Singapore (NCIS) is the only comprehensive public cancer centre in Singapore treating both paediatric and adult cancers in one facility. Located at the National University Hospital (NUH), NCIS offers a broad spectrum of cancer care with expertise in prevention, screening, diagnosis, treatment, rehabilitation and palliative care.

• CONTACT INFORMATION

Urology Centre
Kent Ridge Wing 2, Level 9

National University Cancer Institute, Singapore (NCIS)

Radiation Therapy Centre and Breast Care Centre
NUH Medical Centre, Level 8

Chemotherapy Centre and Stem Cell Therapy Centre
NUH Medical Centre, Level 9

Cancer Centre
NUH Medical Centre, Level 10

Opening Hours: 8:30am – 5:30pm
(Mon – Fri: except on Public Holidays)

For appointments, please contact
Tel: (65) 6773 7888

Email: CancerApptLine@nuhs.edu.sg

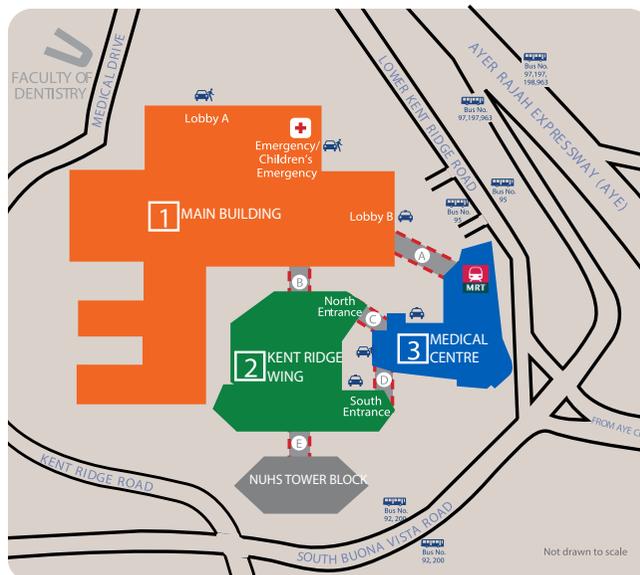
For International Patients and Visitors

The International Patient Liaison Centre (IPLC) is a one-stop centre to support all the medical needs of our foreign patients.

Tel: (65) 6779 2777 (24-hour Helpline)
Fax: (65) 6777 8065
Website: www.nuh.com.sg/iplc

For all other general enquiries, please contact

National University Cancer Institute, Singapore (NCIS)
1E Kent Ridge Road,
NUHS Tower Block, Level 7,
Singapore 119228
Email: ncis@nuhs.edu.sg
Website: www.ncis.com.sg



Nearest MRT Station : Kent Ridge Station (Circle Line)

Commuters can alight at the Kent Ridge Station, right at the doorstep of the NUH Medical Centre. Please exit the station via Exit C. NCIS is located on levels 8, 9 and 10 which are accessible via Lift Lobby B.

For more information on directions to NUH, log on to www.nuh.com.sg.

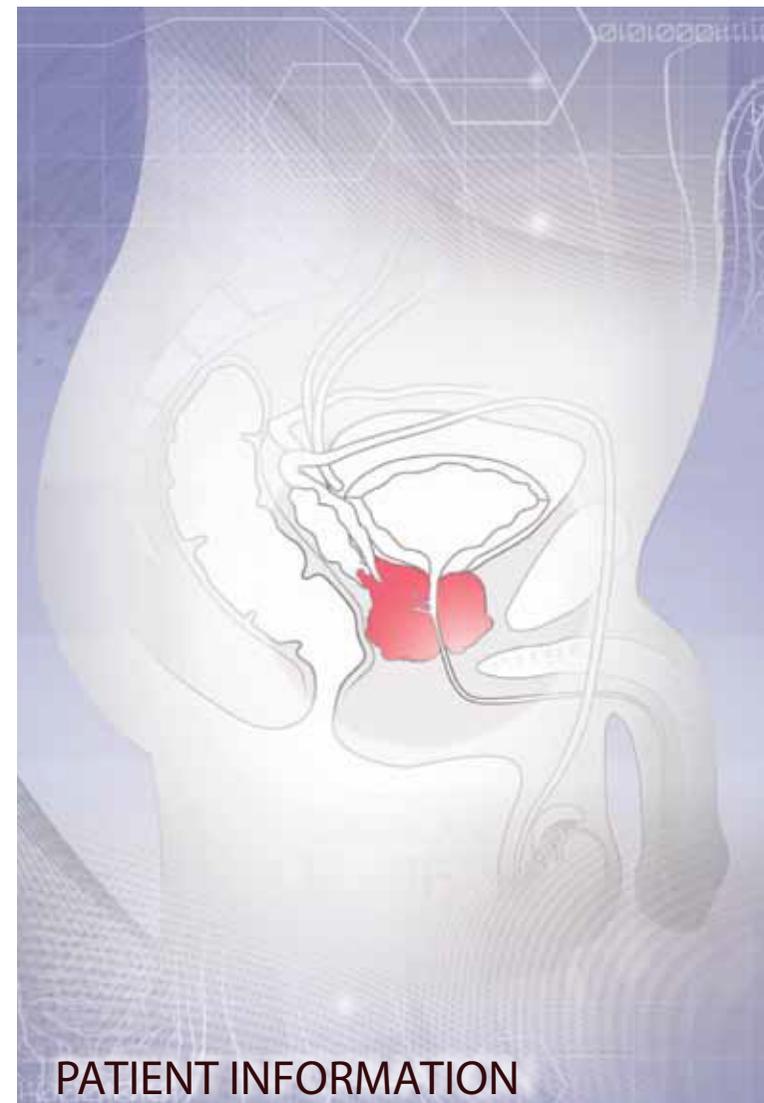
For more information on specific directions to NCIS Clinics, log on to www.ncis.com.sg.



National University Hospital
5 Lower Kent Ridge Road,
Singapore 119074
Tel: (65) 6779 5555
Fax: (65) 6779 5678
Website: www.nuh.com.sg

Information in this brochure is given as a guide only and does not replace medical advice from your doctor. Please seek advice from your doctor if you have questions related to the surgery, your health or medical condition.

Information is correct at time of printing (Oct 2012) and subject to revision without notice.



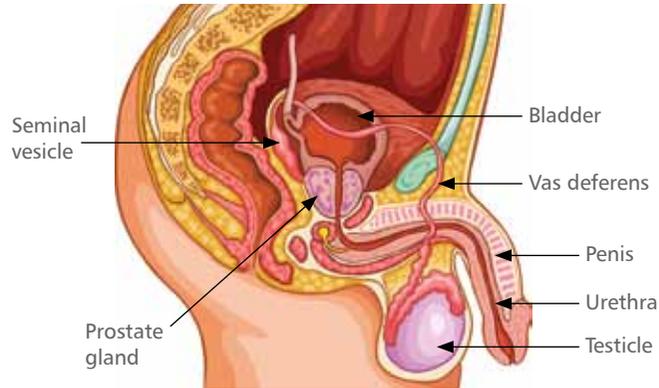
PATIENT INFORMATION

ABOUT PROSTATE CANCER

A member of the NUHS

• WHAT IS PROSTATE CANCER?

The prostate is a gland found exclusively in males. Located in front of the rectum and below the urinary bladder, the prostate is about the size of a walnut. The prostate reaches nearly full size during puberty but may continue to grow slightly more in older men and it produces some of the fluid that protects and nourishes sperm cells in semen. Glands called seminal vesicles that make most of this fluid are found behind the prostate. Prostate cancer usually occurs in the epithelial cells of the glandular tissue. This type of cancer is known as adenocarcinoma.



• WHO IS AT RISK?

- Men over the age of 50 (the risk increases with age)
- Those with family history of prostate cancer
- Obese men (or men on a high-fat diet)

People who think they may be at risk should discuss this with their doctor.

• WHAT ARE THE SIGNS AND SYMPTOMS?

There are usually no symptoms in the early stages of prostate cancer, and most men discover it during routine medical check-ups or through a blood test. However, when symptoms occur, they may include:

- Frequent urination, especially at night
- Weak urinary stream
- Inability to urinate
- Interruption of urinary stream
- Pain or burning sensation during urination
- Blood in the urine
- Bone pain
- Weight loss
- Loss of appetite

A doctor should be consulted should these symptoms occur.

• WHAT CAN YOU DO TO PREVENT PROSTATE CANCER?

- Adopt a diet that is rich in fruits and vegetables. They contain many vitamins and nutrients that are beneficial to health
- 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 does not cause any problem. Yet, it grows faster in some others and can result in severe pain or other problems, even death. Screening tests can help to detect prostate cancer early.

- Digital rectal examination: This is the first step in diagnosing prostate cancer. The doctor uses a gloved finger to examine the rectum.
- Prostate-specific Antigen (PSA): 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.
- Transrectal Ultrasound Guidance (TRUS): TRUS is the use of soundwaves to create an image of the prostate. It is used to guide a biopsy of the prostate.
- Biopsy: This procedure removes some sample tissue for analysis. If the biopsy is positive for cancer, imaging such as bone scan, Magnetic Resonance Imaging (MRI) and/or Computed Tomography (CT) scanning of the pelvis may be needed to help determine the extent of the cancer.

• WHAT ARE THE TREATMENT OPTIONS?

Treatment depends on a number of factors such as the stage of disease, overall health and preference of the patient. Discussion should be made with a doctor on the benefits and risks of the various treatment options.

Surgery

A procedure called radical prostatectomy may be recommended if the tumour is localised at the prostate. It involves the complete removal of the prostate and also often includes the pelvic lymph nodes. This procedure is commonly used to treat early stages of prostate cancer. 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.

Radiotherapy

Radiotherapy uses high-energy beams to kill the cancer cells. External beam radiotherapy (EBRT) focuses radiation from outside the body on the cancer. EBRT techniques involved may include Three-dimensional Conformal Radiation Therapy (3D-CRT) where radiation beams are shaped and aimed at the tumour from several directions. Stereotactic Body Radiation Therapy (SBRT) uses highly focused beams of high-dose radiation given on one day or over several days. Brachytherapy is another form of radiotherapy that involves the surgical placement of permanent or temporary implants to deliver radiation to the prostate.

Hormone Therapy

Hormonal therapy is commonly used to treat prostate cancer when it has spread or in combination with radiotherapy when the cancer is locally advanced or high risk. Hormonal therapy can slow the cancer growth as it interferes with the growth stimulatory effects of male hormones on prostate cancer. There are two forms of hormonal therapy: 1) drugs that prevent the release or counter the action of male hormones, or 2) surgical removal of the testes which are a major source of male hormones.

Chemotherapy

Chemotherapy plays a role in improving symptoms of prostate cancer if hormone therapy is ineffective. It is generally well-tolerated and can alleviate bone pain for most patients. Chemotherapy is usually given in cycles with each cycle lasting for a few weeks. The body is given time to recover during a rest period that follows each cycle of treatment.

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 protocol that allows patients with localized prostate cancer to be observed safely for a period of time, and then for deferred treatment when necessary. Watchful waiting is also advocated as a reasonable approach for some men with prostate cancer (especially asymptomatic men with a limited life expectancy) who are observed and treated only when symptoms or spread occurs.

Energy Ablative Therapy

Energy ablative therapies such as cryotherapy have been offered as minimally invasive therapy options for highly selected men with localized prostate cancer. Cryotherapy involves placing cryoneedles into the prostate through the perineal skin, and uses controlled freezing and thawing to destroy prostate cancer cells. This form of treatment is sometimes used in men whose prostate cancer has returned following other treatments.