



IAN CLARKE

# MEN, GO FOR PROSTATE CANCER SCREENING

**T**his week, Dr Emmanuel Iyamulemye Niyibigira, the former head of the Uganda Coffee Development Authority (UCDA), died. He was in his early fifties, so I inquired about the cause of his death and was told that he had prostate cancer.

I have an American friend, a doctor who survived the Ebola outbreak, but early this year he went for a routine check-up and was told that his PSA (prostate specific antigen) level was extremely high. He telephoned me because the result was so unexpected, but further tests confirmed that he also had advanced prostate cancer. He is in his early sixties.

Dr Iyamulemye was a good man who did his best

for the coffee sector and was the last executive director before the dissolution of the UCDA.

When he was diagnosed with prostate cancer, he was able to travel abroad for treatment, but despite this, the cancer spread rapidly and he died this week. His illness reminded me of the death of the former Speaker of Parliament Jacob Oulanya. At the time he was campaigning for the speakership, most people were not aware that he was also battling cancer. He had travelled to Germany for treatment but delayed follow-up because of the political campaign, and by the time it became public knowledge that he had cancer, it was too late. Despite being evacuated to the US, he died.

None of us is immune to the threat of cancer. In women, breast cancer



**NONE OF US IS IMMUNE TO THE THREAT OF CANCER. IN WOMEN, BREAST CANCER IS THE COMMONEST FORM, AND IN MEN IT IS PROSTATE CANCER, WHICH AFFECTS ONE IN EIGHT MEN.**

is the commonest form, and in men it is prostate cancer, which affects one in eight men. Sometimes it is indolent and slow-growing, but we are now seeing more aggressive forms. When I was a medical student, prostate cancer was regarded as a disease of old men, but it is increasingly being diagnosed in middle age. My son-in-law was diagnosed in his fifties, but because it was detected early, he was treated successfully. All men

in their fifties and beyond should go for regular check-ups because, if prostate cancer is detected early, it is far more treatable.

The main test is a blood test for PSA, although PSA may also be somewhat raised if the prostate is enlarged, a condition known as benign prostatic hypertrophy (BPH). This is not dangerous, but it causes frequent urination and urgency, whereby one feels the need to urinate

immediately.

If one goes for a check-up and the prostate is enlarged and PSA is raised, then it is important to differentiate between cancer and an enlarged prostate. An enlarged prostate (BPH) can be treated with oral medication that reduces the symptoms of frequency and urgency. If the medication does not work, an operation known as a TUR (transurethral resection) can be performed, in which the prostate is cored out (much like coring an apple) using an instrument that passes through the urethra.

Another way to diagnose prostate cancer is through a simple clinical examination: a rectal examination. The doctor asks the patient to lie on the couch on his side and draw his knees

up to his chest. The doctor then inserts a gloved finger into the rectum and swivels it to feel the prostate. If the prostate is firm and smooth, it is likely to be a simple enlarged prostate, but if it is hard and craggy, it is likely to be cancer. Although the examination is somewhat uncomfortable, it is inexpensive and extremely useful.

If there is suspicion of prostate cancer, an MRI (magnetic resonance imaging) scan may be carried out, although this is relatively expensive. However, if there is a high degree of suspicion, one can proceed directly to a biopsy. If the biopsy is positive, the stage of the cancer is determined in order to establish whether it has remained within the prostate, invaded the regional lymph nodes, or spread to more distant parts of the body. The degree of spread determines both the outlook and the type of treatment. If the cancer is at an early stage, the outlook is good, which is why it is essential that men undergo regular check-ups. A diagnosis of early prostate cancer is likely to be treatable, whereas late-stage cancer is far more difficult to control.