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Prostate Self-care and Awareness



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Men Lag Behind

In an ideal world, there is no answer to the common question of what we would recommend men of all ages to do or change in their lifestyles to reduce the prospects of prostate cancer. Unfortunately, we don't know what causes prostate cancer, but what we do know is that a healthy lifestyle (equilibrated food and healthy exercise) is beneficial for many conditions.

If one advice should be retained it is to stop smoking because we know smoking is one of the causes of bladder cancer and could have an influence on other urogenital cancers. So, it is better to be safe than sorry.

Patient Safety Concerns

As patient safety concerns are no different in treating prostate cancer in comparison to other cancers, there are no specific safety rules. However, the positioning of the prostate requires special attention so as not to bring harm to delicate tissues around the organ. For radiation treatment for metastasis, the position (bone, lung, brain, etc.) requires adapted safeguards.

Prostate screening is only done in a few countries, as in most countries it is up to the patient to ask for a prostatespecific antigen (PSA) test, which is the most used blood test to detect "problems" in the prostate. What we do see today is that more patients with low-risk prostate cancer are taken care of with active surveillance as the initial treatment. For patients, this can then become the only treatment they will ever have for their prostate cancer.

As a patient organisation and active in advocacy, we are in constant contact with all stakeholders and we try to be present wherever this could be beneficial for our fellow patients. This can be at the level of the European Medicines Agency (EMA), the guidelines committees at European level (EAU) or in the member states. In our contacts with the industry and clinicians, we always want to know what is coming up for the patients, because their future is our first concern.

Europa Donna vs Europa Uomo

I am often asked, "can we compare Europa Donna and Europa Uomo, or is it like comparing apples and oranges?"

In fact, we can compare, but Europa Donna has a longstanding tradition of patient involvement and advocacy, whereas Europa Uomo is still learning and improving on these. So, our achievements are growing...

When it comes to self-care and awareness about prostate, men are known to be lagging behind and that is not because we only started late, but because most men are ignorant on health issues and accept that their partner, wife or mother takes care of them. We have work to do to motivate them to become aware that their health is their own responsibility and that it should not depend on someone else's pushes.

Despite growing numbers of male bladder cancer or other urogenital cancers, at present, Europa Uomo is only about prostate cancer, that is how it was founded 12 years ago. The potential of extending our interest into other male conditions (cancer) has not been expressed and needs to be seen.

Wrong to Put Age Limit for Screening

As regards the timing or age for screening, it would be wrong to choose an age to start with the screening for any illness. There could be an ideal age to start, but this should be according to the specific disease. And, screening for a disease is only one step in a diagnostic path, as there should be enough evidence for all the steps in that path. We should, in the end, diagnose men with curative diseases in such a stage that they can be offered a curative treatment.

In recent developments, the influx of migrants from refugees from lower-healthcare countries (North Africa, Middle East, central Asia) has created a strain for the medical profession, as well as the patient services and organisations. It also certainly adds new strains on our healthcare systems and new challenges as well. We have seen the appearance of new diseases, or the recurrence of old diseases that we did not see before, but only rarely, and the financial burden on health systems has increased.

On the same issue, it is difficult to identify qualified urologists from among the "wave" of migrants and refugees that could be better utilised to help overcome the language or cultural barrier. But, as we constantly have doctors from all over the world in training here, even as urologists, we may find adequate help there. It will always be a problem to allow doctors trained in a far away country, in a language not spoken in our country and under a different healthcare system, into our own healthcare system without proper (re)training.

Key links:

europa-uomo.org

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