MEDIA RELEASE

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Fact or fiction? Setting the record straight on urological cancer myths on World Cancer Day

Urological cancers of the prostate, kidney, penis, testes and bladder are some of the most common, and in some cases, most deadly cancers, but many people are still confused by conflicting reports about these conditions.

The theme for World Cancer Day 2013 today focuses on Target 5 of the World Cancer Declaration: “dispel damaging myths and misconceptions about cancer”.

Accordingly, the Urological Society of Australia and New Zealand, the peak body for urologists who treat and research urological cancers, separates the fact from some common fictions.

**Prostate Cancer:**

- **Myth:** If I am diagnosed with prostate cancer I will have to have surgery or radiation treatment.
  **Fact:** Not all men diagnosed with prostate cancer will require treatment. Older men with a life expectancy of less than ten years will usually not be treated if the cancer is slow growing as they are more likely to die from other health issues.

  About half of Australian men diagnosed with low-grade prostate cancer do not require any treatment at least in the short term if their tumour is slow growing – these tumours can be managed quite safely with Active Surveillance, which is a process whereby if the cancer is found to be progressing, treatment is initiated, but if the disease remains low risk, treatment is avoided.

- **Myth:** Treatment for prostate cancer will leave me impotent and incontinent.
  **Fact:** While it’s true that these conditions may result post treatment, improved surgical and radiation techniques mean that approximately 90-95% can expect to be continent and 40-80% potent after 24 months. The large variation in the potency rates depend on factors such as age of patient, pre-existing erectile function, and the ability of the urologist to spare the erectile nerves at the time of surgery.

- **Myth:** I don’t need to think about having a test for prostate cancer until I’m 50.
  **Fact:** Whilst it is rare for men to develop prostate cancer in their 40s, a single PSA test done at age 40 can identify men at higher risk of developing prostate cancer over the next 10-15 years. Therefore the result does provide useful information as to which men are at higher risk and need to
be watched more closely, and which men are at low risk and can be reassured that they don’t need another test for 5-10 years

**Kidney cancer:**

**Myth:** All kidney cancers require surgery for management  
**Fact:** In the past this was thought to be true, however like prostate cancer, some kidney cancers may remain small and non-aggressive and may not threaten patients’ lives. Older patients or those for whom surgery is not desirable, with these smaller kidney cancers, may require no active treatment and instead have their tumour monitored with CT scans or ultrasound, only requiring treatment if the tumour grows or begins to cause symptoms.

There are other new, non-surgical treatments available including cryotherapy, which is a localised treatment which acts by freezing the cells, and radio-frequency ablation which is another treatment which destroys the tumour by heating it to extreme temperatures. These treatments are often helpful for small kidney lesions, but for the larger, or more aggressive cancers, removal of the tumour or in some cases the entire kidney is still the “gold standard” of treatment.

**Penile Cancer:**

**Myth:** Circumcision has no impact on the risk of penile cancer  
**Fact:** Circumcision seems to protect against penile cancer when it is done during childhood. Men who were circumcised as children have a lower chance of getting penile cancer than those who were not, but studies looking at this issue have not found the same protective effect if the foreskin is removed as an adult.

**Myth:** Disfiguring penile surgery is the only treatment available for penile cancers.  
**Fact:** Penile cancer can be treated with microsurgery and topical agents (creams) on occasions which leaves the size and appearance of the penis fundamentally unchanged. Only in the more invasive cases of penile cancer is radical penile surgery required. Thankfully this remains an uncommon disease in Australia.

**Testicular Cancer:**

**Myth:** Getting testicular cancer means I won’t be able to father children  
**Fact:** The vast majority of men who were fertile before being diagnosed are able to father children after treatment for testicular cancer. The biggest risk to fertility is chemotherapy, but studies show, even then, that around 70% of patients are able to father children. Nonetheless we would always recommend to our patients that they cryo-preserve sperm prior to treatment as a safeguard to their future fertility.

**Myth:** Testis Cancer is an older person’s disease.  
**Fact:** Testicular cancer is actually more prevalent in younger, rather than older men. It is in fact the most common cancer in men aged 20 – 39 years.
Bladder Cancer:

**Myth:** Recurrent bladder infections increase your risk for bladder cancer.

**Fact:** No it doesn’t – however, many women who have blood in the urine treat the symptom as if it is a UTI (urinary tract infection) when in fact they have bladder cancer so treatment delays often occur. It remains critical that any time blood in the urine is found it should be fully investigated by your GP and urologist. Delays of more than 3 months to definitive treatment can have negative impact on patient long term survival, so prompt diagnosis and treatment is required.

**Myth:** There are no risk factors for the development of bladder cancer.

**Fact:** Studies show a very strong correlation between smoking and bladder cancer. Additionally some occupational exposure to certain chemicals (eg., certain dyes, automotive industry) has been shown to increase the incidence of bladder cancer.

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The Urological Society of Australia and New Zealand is the peak professional body for urological surgeons in Australia and New Zealand. Urologists are surgeons who treat men, women and children with problems involving the kidney, bladder, prostate and male reproductive organs. These conditions include cancer, stones, infection, incontinence, sexual dysfunction and pelvic floor problems.