Cleveland Clinic London | thrive 4life

MEN'S HEALTH MATTERS CAMPAIGN

KEY TAKEAWAYS

What Men Should Know:

Prostate and Testicular Cancer



Professor Senthil Nathan, Consultant Urological Surgeon

Cleveland Clinic London

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About the Session

As part of the Thrive4Life Men's Health Matters campaign, this webinar explored two important areas of men's health: prostate cancer and testicular cancer. While these can be difficult topics to think about or talk about, greater awareness of the signs, risks and value of early action can make a real difference.

Professor Senthil Nathan guided attendees through what men should be aware of, including key symptoms, changes that should not be ignored, and when to seek medical advice. He also highlighted the importance of early detection, helping attendees better understand how earlier conversations, checks and action can support better outcomes.



About the Speaker

Professor Senthil Nathan is a Consultant Urological Surgeon at Cleveland Clinic London, Honorary Associate Professor at University College London, and Chair of Urology and Director of Robotic Surgery & Innovations at Cleveland Clinic London.

Email: snathanmedsec@ccf.org

Telephone: 020 3423 7081

Cleveland Clinic London

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Common Curable Cancers

TESTICULAR CANCER

- Most common cancer in men aged 20 – 39 years
- 8 – 12per 100,000 men / year highest in the world
- Germ cell in younger men
- 1% of all cancers in Men
- Most curable cancer
  - Overall 95%
  - 99% if found early

PROSTATE CANCER

- 2nd most common cancer in men worldwide aged 60 – 70 years
- 70-90 per 100,000 men / year
- 180 new cases per day 57,000 per year in UK
- 1 in 8 UK men *will be* diagnosed
- Frequently curable
  - Overall 67%
  - 99% if found early

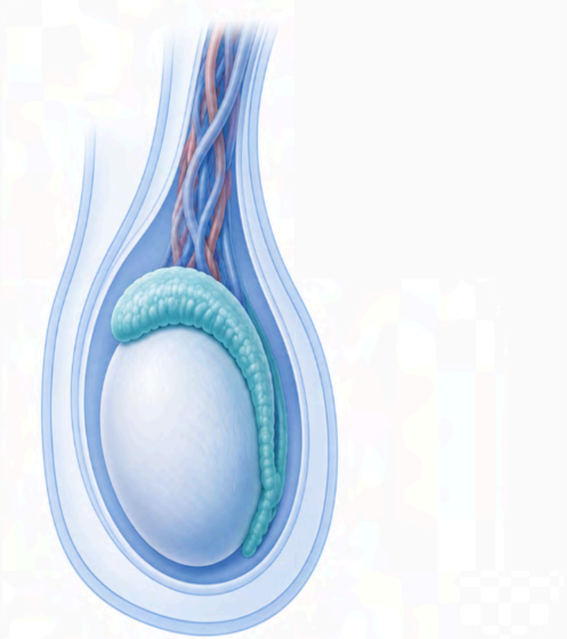
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Testis & Testicular Cancer

Signs that need checking

- A lump or swelling in one testicle
- A testicle that feels bigger, firmer, or different
- A heavy feeling in the scrotum
- A dull ache in the lower back, groin, or testicle
- Acute pain in scrotum
- Loss of sensation
- Fluid around a testicle - sudden

The Anatomy



Two organs in the scrotum. They make sperm and testosterone.

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Testicular Cancer: Risks & Myths

Most testicular lumps are not cancer, but a new lump should be assessed.

The Risks



The Myths

- Trauma
- Cycling / Horse Riding
- Tight Underwear
- Vasectomy
- Increased Sexual Activity
- Mobile Phone

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Testicular Cancer: Treatment

Surgery - Radical Orchidectomy

- Day case
- General Anaesthesia
- Incision through Groin
- Testis and spermatic chord removed
- + / - Prosthesis

Chemotherapy?

Radiotherapy?

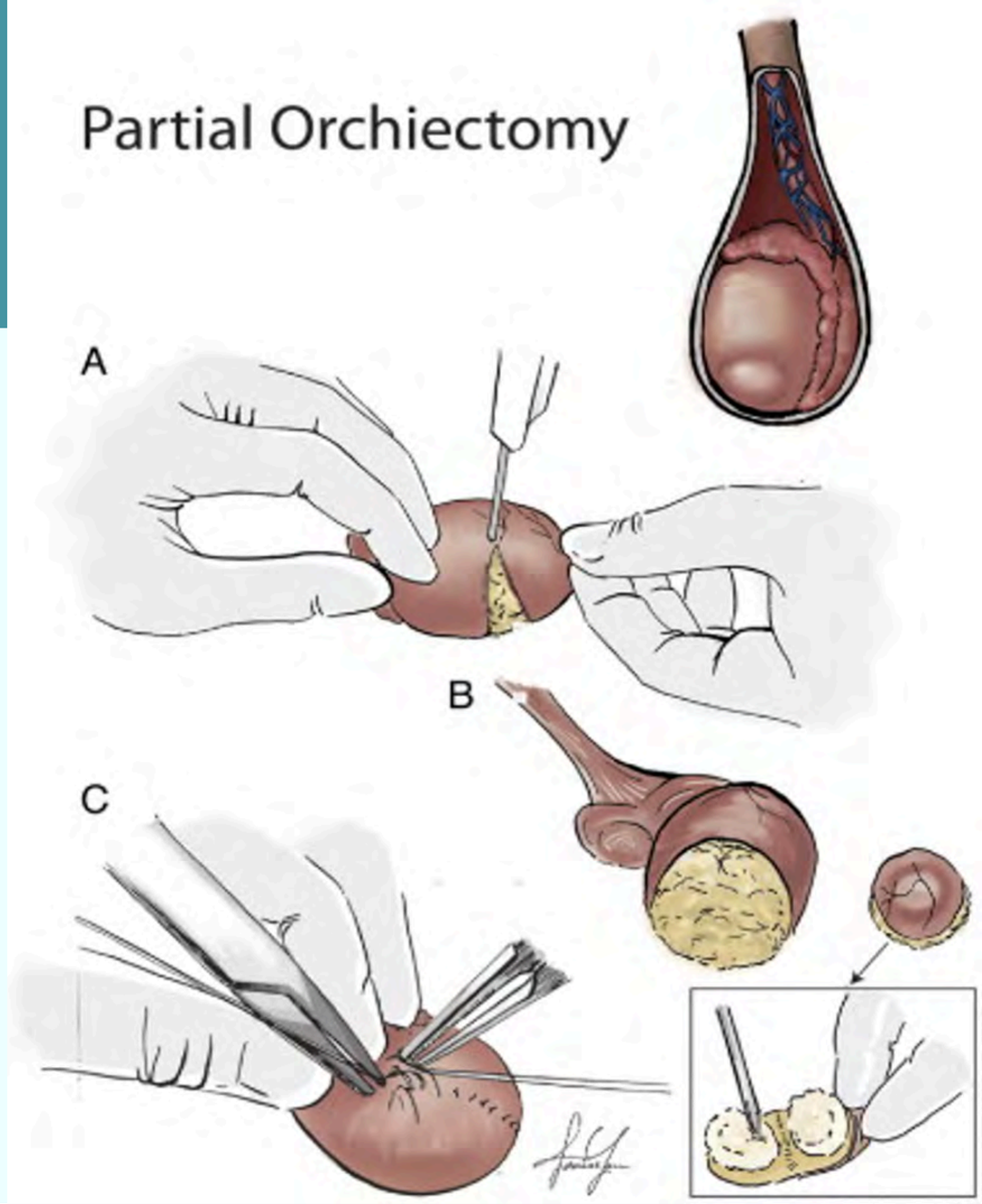
- Most Curable Cancer
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Testicular Sparing Surgery

Solitary Testis

- Tumour less than 2 cms
- Ultrasound Guided / Frozen section
- Maintains Fertility
- Avoids testosterone replacement
- Small risk of residual cancer
- Can go for complete orchiectomy
- CSS is 95 – 99%
- Needs Careful follow up



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A Simple Monthly Testicle Self-Check

Learn what is normal for you, then notice change.

1

Warm shower

Warmth relaxes the scrotum and makes checking easier

2

Check one at a time

Gently roll each testicle between fingers and thumb

3

Know the normal bits

A soft tube at the back/top is usually the epididymis

4

Look for change

New lump, swelling, hardness, or difference from usual

5

Book a GP visit

Especially for changes that persist or worry you

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Testicular Cancer: Tests and Treatment

It is often very treatable, even if it has spread.



GP Exam

A clinician checks the testicle and groin.



Ultrasound

A painless scan helps tell if a lump is inside the testicle.



Blood tests & CT CAP

Markers such as AFP, hCG and LDH may be checked. CT Scan



Rapid Surgery

Usually removal of the affected testicle; Replacement Prosthesis Fertility can be discussed beforehand.



Follow-up

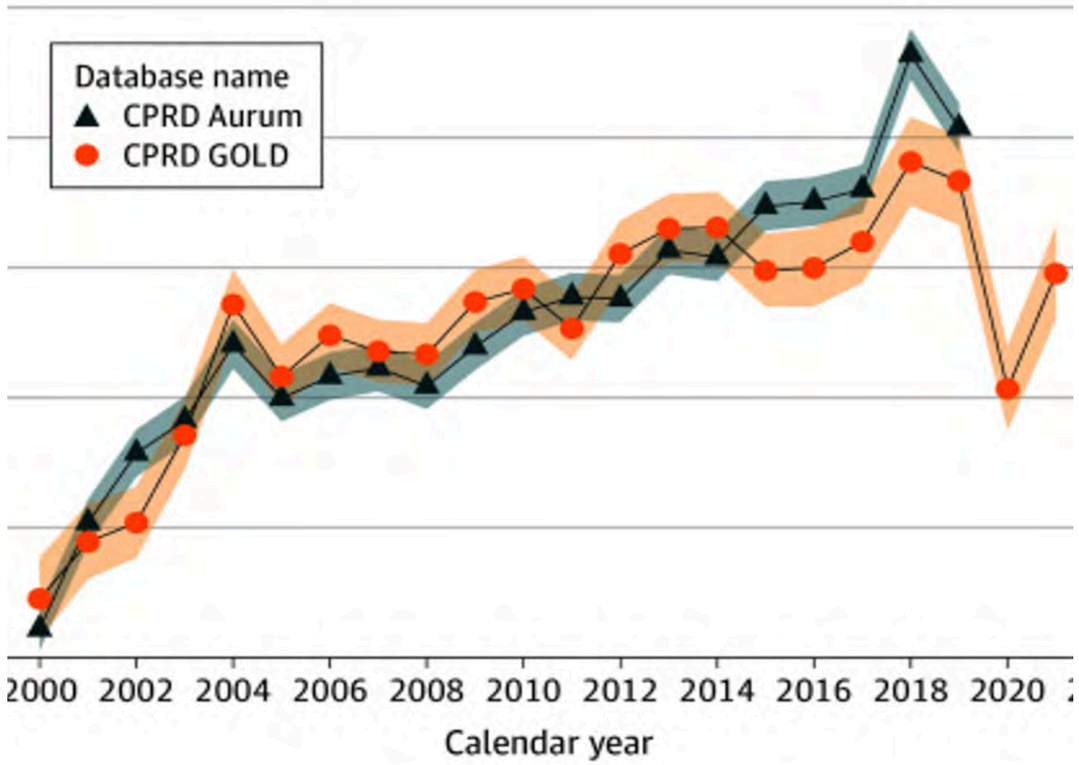
Some people need chemotherapy or radiotherapy; many are closely monitored.

Fertility and testosterone questions are normal - ask before treatment when possible.

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Prostate Cancer

- 2nd Most cancer in Men worldwide aged 60 – 70 years
- 70-90 per 100,000 men / year
- 180 new cases per day 64,000 per year in UK
- **1 in 8 UK men *will be* diagnosed**
- Frequently Curable
  - Overall 67%
  - 99% if found early



Annualized Incidence Rates of Prostate Cancer Stratified by Database
Shaded areas represent 95% CIs. CPRD indicates Clinical Practice Research Datalink.

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Prostate Cancer: Risk Factors

- **Ageing** – The Strongest
- **Hereditary**
  - BRCA2 Gene Mutation
  - BRCA1 Gene Mutation
  - Lynch Syndrome
- **Family History**
  - Father or Brother - Doubles the risk
  - Multiple Family Members – Triples
  - Diagnosed < 55 years – Triples
  - Breast, Ovarian, Pancreas

- **Racial**
  - African Ancestry
  - Ashkenazi Jewish ancestry
- **Diet** – Sat Fats, Red meat
- **Obesity** – Aggressive Cancers
- **Smoking** – Causes more aggressive Cancers
- **Environmental**
  - Pesticides
  - Agent Orange

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Prostate Cancer: Diagnosis

- Only 21% patients present with symptoms
- Commonly diagnosed with PSA (Screened)
- Incidental with X Ray / MRI / PET Scan
- Rectal Examination



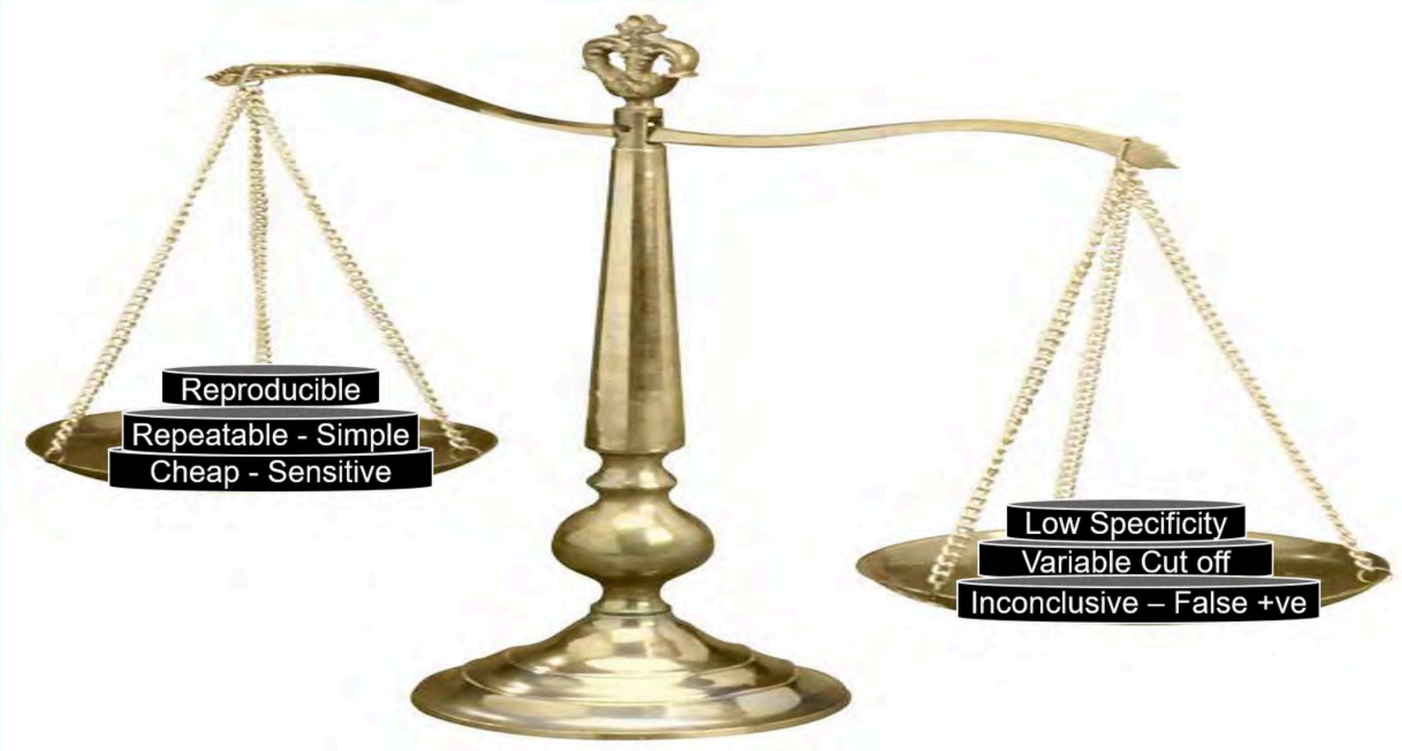
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PSA Testing: What It Can and Can’t Tell You

PSA is produced almost exclusively by prostate epithelial cells. PSA testing is reproducible, cheap, sensitive, repeatable and simple, but it also has limitations.

PSA can vary day to day and between laboratories. It can also be falsely high with a urinary tract infection, blood in the urine, cycling, horse riding, sexual activity, a rectal examination or urological procedures.

A raised PSA does not automatically mean prostate cancer. The key takeaway is that PSA can be a useful test, but it should be interpreted in context alongside other clinical information and, where needed, further tests.



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Prostate Cancer: Further Tests

- MRI may be used to look at the prostate in more detail.
- It can help identify suspicious areas.
- MRI findings may help guide whether a biopsy is needed.
- Targeted or fusion biopsies can help sample suspicious areas more accurately.



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Prostate Cancer: Robotic Fusion Biopsies

- More accurate
- Less Pain
- Less ED
- Less AR

Only Hospital to offer this in UK



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Prostate Cancer: Treatment Options

Prostate cancer treatment is not one-size-fits-all. Options may include:

- Active surveillance, also called AS
- Radiotherapy, including IMRT
- Brachytherapy
- CyberKnife
- Robotic surgery
- Cryotherapy
- HIFU
- Irreversible electroporation
- TULSA
- TP laser
- ChemoSeed

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Prostate Cancer: Active Surveillance

The session highlighted active surveillance as an option for some men.



Around 40% of men may be suitable



3-monthly PSA testing



6 to 12-monthly MRI



Re-biopsy after 1 to 2 years



Family history and age may influence the decision

Active surveillance means the cancer is monitored closely rather than treated straight away. It is a structured approach used when the cancer is considered suitable for monitoring.

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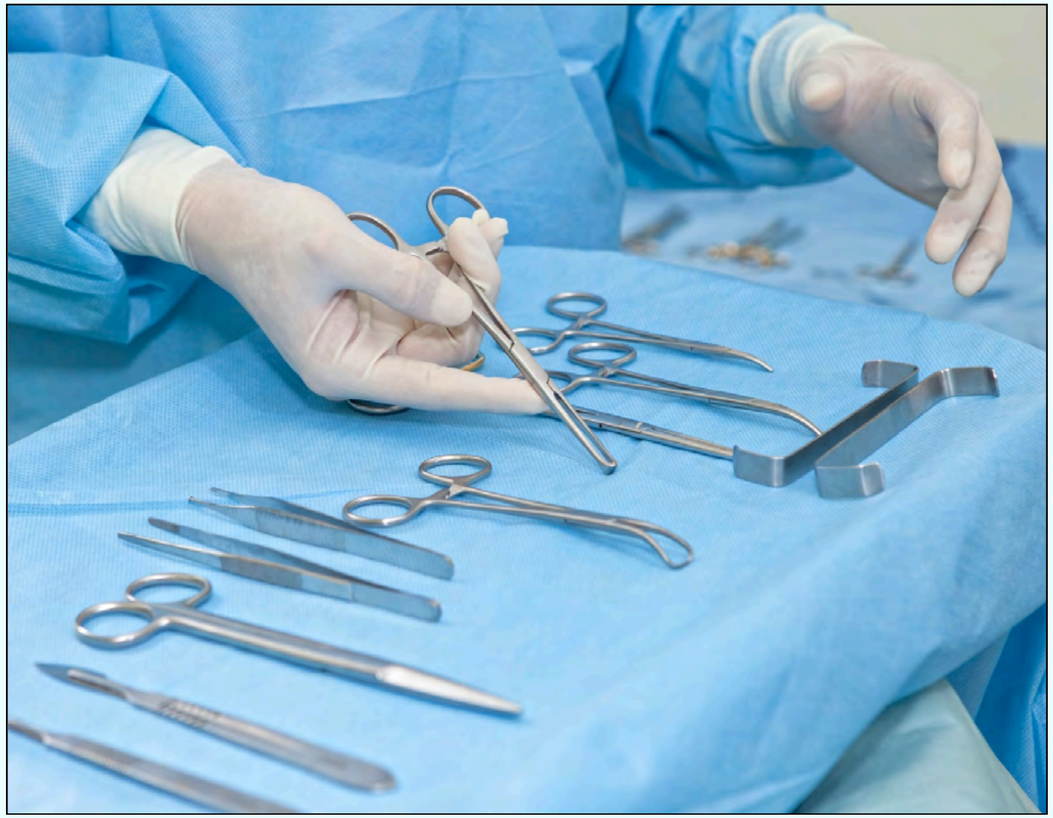
Prostate Cancer – Radiation

IMRT / IGRT / SBRT / CyberKnife	Brachytherapy
• Commence Hormones • Procedure – Fiducial Markers • 21- 42 days of treatment • Overall Efficacy 80% @ 10 years • Not advised in young men • 30% side effects – Life long	• Commence Hormones • Procedure – Place seeds • Overall Efficacy 80% @ 10 years • Not advised in young men • 30% side effects – Life long • Salvage treatment ???

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Prostate Cancer - Surgery

- Open / Lap / Robotic
- Key Hole / MIS
- 1 – 2 days hospital stay
- Home with catheter – 7 days
- Overall Efficacy 95%
- Life Expectancy over 10 years



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Cleveland Clinic London - RARP Outcomes

Cancer

- +ve Surgical Margins 4.8%
- BCR @ 24 months 3.8%

Functional

- Continence No Pads 82%
- Social Continence 95.5%

- Erections Regained
  - No aid 21%
  - With Aid 32%

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Common Worries - and What is True

“No pain means no problem.”

False. Some cancers are painless at first.

“PSA is a perfect cancer test.”

False. It can be high for non-cancer reasons and can miss cancer.

“Treatment always means losing normal life.”

False. Many people continue active lives; side effects vary and can be managed.

“A testicular lump means I will lose both testicles.”

False. Treatment usually involves the affected testicle only, and many people father children after treatment.

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Take-Home Actions

Contact a GP promptly for:

- A new testicular lump, swelling, or change
- Pain, heaviness, or swelling that persists
- Blood in urine or semen
- New or worsening urinary symptoms
- Personal risk questions about PSA testing

Remember:

- Cancer is not a punishment or weakness
- Most symptoms have non-cancer causes
- Earlier diagnosis often means more choices
- Bring a partner, friend, or written questions
- Ask about side effects and fertility before treatment

When in doubt, get checked

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Reliable Sources and Further Help

Use trusted medical websites. Urgent or personal symptoms should go to a clinician.

NHS: Prostate cancer and testicular cancer information
nhs.uk/conditions/prostate-cancer/ |nhs.uk/conditions/testicular-cancer/

Cancer Research UK: Statistics, PSA testing and survival information
cancerresearchuk.org/health-professional/cancer-statistics
cancerresearchuk.org/health-professional/diagnosis/investigations/psa-testing

Prostate Cancer UK: Risk checker and balanced PSA information
prostatecanceruk.org

NHS Inform: Testicular cancer overview and risk information
nhsinform.scot/illnesses-and-conditions/cancer/cancer-types-in-adults/testicular-cancer/

For urgent new symptoms, contact NHS 111 or your GP; for severe pain/swelling, seek urgent care.

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Free to Access: Men's Health Matters Webinar Series

Thrive4Life's *Men's Health Matters* webinar series offers free streamed health and wellbeing events to help you take earlier action, find the right support and protect your long-term health.

BEN YOUNGS INTERVIEW: MEN'S HEALTH MATTERS



ENGLAND'S MOST-CAPPED RUGBY PLAYER IN CONVERSATION

RECORDING AVAILABLE NOW

CHOLESTEROL? BLOOD SUGAR? BP? MEASURE WHAT MATTERS



DR SIMON HODES, GENERAL PRACTITIONER

RECORDING AVAILABLE NOW

HEART HEALTH: PROTECTING YOUR HEART



DR SANJEEV BHATTACHARYYA, CONSULTANT CARDIOLOGIST

RECORDING AVAILABLE NOW

WATCH LIVE OR ON DEMAND THROUGHOUT THE SUMMER

WHAT MEN SHOULD KNOW: PROSTATE & TESTICULAR CANCER



PROF SENTHIL NATHAN, CONSULTANT UROLOGICAL SURGEON

RECORDING AVAILABLE NOW

UNDERSTANDING MENTAL HEALTH: THE UNSEEN ASSASSIN



ROSS ABBOTT, HEALTH & WELLBEING SPECIALIST

WATCH LIVE: 14 JULY | 1 PM

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