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In 2008, I was looking forward to retirement. However, I knew I had high blood pressure and raised cholesterol levels. Also, I was aware that I was waking at night, often several times, for a pee. I went to my GP. He was able to deal with the first two problems through medication but arranged for me to have a blood sample taken for a PSA test.

On returning to my GP he told me that my PSA level was about 7 and after a physical examination explained that I had an enlarged prostate. He referred me to a consultant who after further tests and examinations indicated that he thought prostate cancer was unlikely. He asked me return in six months and prescribed Tamsulosin. I made six monthly visits to the consultant over the next two years. My PSA level held fairly steady between 5 and 6. I was then referred back to my GP but continued with the six-monthly PSA tests and physical examinations.

A PSA test at the end of 2013 showed an increase. I was referred promptly to a consultant at Milton Keynes Hospital Urology Department. I was asked to undergo an MRI scan followed by a biopsy. Returning to see the consultant at the end of January 2014 I was advised that the MRI scan was negative i.e. nothing untoward showed up. However, the biopsy showed, in just one of the ten samples taken, that I had prostate cancer.

Fortunately, the cancer was of the least aggressive and slow growing form and it is contained within the prostate. This means that I am now under active surveillance. This requires further visits to the consultant at regular intervals with PSA and other tests as appropriate to determine if there is any change in my situation. At my last visit my PSA level was just below 7 i.e. not much different from that when I first saw my GP.

Looking back, I am very pleased that I took note of the warning signs and went to see my GP in 2008. At least now I know that if there is any development in the cancer then it can be identified quickly and the appropriate treatment applied.