Prostate Cancer Support
Care, Connect, Communicate

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My father died of PC when he was 66. I reported to my GP that I had started to have urinary, urgency incontinence at 65. This turned out to be due to an over-active bladder and nothing to do with PC. However, I started to have regular PSA tests. These had low values until 2009 (aged 67) when they started to rise.

I had a TRUS biopsy which showed no cancer but some PIN cells. A year later I had a second TRUS biopsy with more samples none of which showed cancer or PIN cells.

The local urologist was sure that I had PC because of my family history and the PSA readings. He asked me to agree to a TURP procedure. I expressed doubt about the use of TURP as it samples the prostate adjacent to the urethra (the transition zone). A tumour in this zone would restrict the flow of urine and I had no such problem.

I expressed my doubts to the Prostate Cancer help line and they recommended that I should visit a London Clinic for a multi-parametric MRI scan (which I paid for). The results showed 2 suspect areas in the peripheral region of the prostate; well away from the urethra.

On taking these results to my local urologist, I asked him if he would do a further TRUS biopsy focussed on these sites. He swept the MRI results aside and gave me an ultimatum – TURP or nothing. I signed myself off and requested my GP to refer me for treatment at Basingstoke hospital.

I had a full template biopsy in 2010 where they found that I had 2 small tumours (Gleason 3+3) in the peripheral region indicated in the mpMR images. I was put on Active Surveillance until June 2015. At this stage I became concerned about the continuous and accelerating rise in the PSA levels. It was agreed to perform a targeted, template biopsy based on the updated mpMR images. This confirmed that the tumours had grown and needed ablating
I chose HIFU as the method to remove the tumours. This was performed in November 2015. A follow-up mpMRI showed the ablation of the tumours was successful.

My latest PSA reading on March 2017 was 1.4. I have had no problems with erectile dysfunction, ejaculation or urinary problems.
Please note that I still have a positive PSA because most of my prostate is still intact.

I have a great belief that mpMRI followed by HIFU is the best treatment for localised prostate cancer and I have no doubt that it will become the preferred choice for treatment in the future

PIN – Prostatic Intraepithelial Neoplasm - Once thought to be a harbinger of PC
HIFU – High Intensity Focussed Ultrasound – A method of destroying tissue by locally heating the tumour with a focussed beam of ultrasound.