

Prostate Cancer

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THE STORY IN ONE SENTENCE

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“Prostate cancer means screen the right men at the right age, stage the cancer carefully, watch low-risk tumors closely, and use surgery or radiation for high-risk disease.”

Normal anatomy — the body's job

The prostate is a walnut-sized gland that sits just below the bladder and wraps around the urethra, the tube that carries urine out of the body. Its job is to make a milky fluid that mixes with sperm during ejaculation to help the sperm survive and swim.

BODY'S JOB

The prostate squeezes fluid into the urethra during ejaculation, adding nutrients and protection to sperm so they can reach and fertilize an egg.

1. The prostate sits right below the bladder, where urine is stored.
2. The urethra (the tube that drains urine) runs straight through the middle of the prostate, like a straw through a donut hole.
3. During ejaculation, the prostate contracts and squirts its fluid into the urethra, where it mixes with sperm from the testicles.
4. That mixture then travels out through the penis.
5. Because the urethra runs through the prostate, any swelling or growth in the gland can squeeze the tube and block urine flow.

What breaks

Cells in the prostate start growing out of control, forming a tumor that can squeeze the urethra, invade nearby organs, or spread to bones.

CLINICAL TERM

Prostate adenocarcinoma (cancer of the gland cells) driven by age, genetic risk, and androgen (male hormone) signaling. The tumor grows slowly in most cases but can become aggressive, invade the capsule, spread to lymph nodes, and metastasize to bone.

How the body compensates

Early prostate cancer causes no symptoms because the tumor is small and sits inside the gland. The body only shows trouble when the cancer grows large enough to block urine flow, invade nerves, or spread to bones. By then, the window for cure may be closing.

1. For years, the tumor grows silently inside the prostate without blocking the urethra or causing pain, so PSA (prostate-specific antigen, a protein made by prostate cells) rises in the blood while the man feels fine.
2. The bladder muscle works harder to push urine past a slowly narrowing urethra, keeping the stream going — this is why early symptoms are mild or absent.
3. When the tumor finally squeezes the urethra enough, the man notices a weak stream, trouble starting, dribbling, or waking at night to urinate — but these symptoms also happen with benign (non-cancer) prostate growth, so they do not prove cancer.
4. If cancer invades the bladder or urethra lining, it causes bleeding, showing up as blood in the urine or semen.
5. Once cancer spreads to bone, it triggers bone pain (often in the lower back, hips, or ribs) and raises the risk of fractures, especially in the spine where a break can compress the spinal cord and cause paralysis — a medical emergency.
6. The danger zone is spinal cord compression: back pain that gets worse, new leg weakness, numbness, or loss of bowel or bladder control. This needs emergency radiation or surgery within hours to prevent permanent paralysis.
7. Watch the trend, not one snapshot. A slowly rising PSA, new bone pain, or worsening urinary symptoms mean the cancer is advancing, even if vital signs and labs look stable today.

Domino effect

1. DNA mutations let prostate cells ignore growth stop signals. — Aging, inherited genes (like BRCA1, BRCA2, or Lynch syndrome mutations), and cumulative DNA damage turn off genes that normally stop cells from dividing. Without brakes, the cells keep copying themselves and form a tumor.

2. Testosterone fuels the cancer's growth. — Testosterone (made in the testicles) travels through the blood to the prostate, where an enzyme called 5-alpha reductase converts it to DHT. DHT binds to androgen receptors inside prostate cells and switches on genes that tell the cell to grow and survive. Cancer cells hijack this pathway and multiply faster.
3. The tumor grows inside the prostate for years without symptoms. — Because early tumors are small and tucked inside the gland, they do not block urine flow or press on nerves, so the man feels nothing. Only a PSA blood test or digital rectal exam can hint that something is wrong.
4. When the tumor grows large or reaches the urethra, urinary symptoms appear. — The tumor squeezes the urethra from the outside or invades its wall, narrowing the channel. The bladder has to push harder to empty, causing a weak stream, hesitancy, frequent urination, and dribbling. Bleeding from the tumor causes blood in urine or semen.
5. Cancer cells break off and spread to pelvic lymph nodes. — Lymph vessels drain fluid from the prostate to nearby lymph nodes. Cancer cells hitch a ride in this flow, settle in the nodes, and start new colonies. Lymph node spread means the cancer is no longer confined to the prostate.
6. Cancer spreads to bones, especially the spine, pelvis, and ribs. — Prostate cancer cells release signals like endothelin-1 and bone morphogenetic proteins that wake up osteoblasts (cells that build bone). The new bone forms in a patchy, dense, painful way. Bone metastases show up as hot spots on a bone scan and cause deep, aching pain and fracture risk.
7. Spinal metastases can compress the spinal cord, causing paralysis. — A tumor growing in a spine bone can push into the spinal canal and squeeze the spinal cord. This cuts off nerve signals to the legs, bladder, and bowels. Without emergency treatment (steroids, radiation, or surgery), the damage becomes permanent within hours.
8. Blocking testosterone slows or shrinks the cancer. — Because most prostate cancers depend on testosterone to grow, drugs that lower testosterone (GnRH agonists like leuprolide, or anti-androgens like enzalutamide) starve the cancer and shrink tumors — though over time, some cancers learn to grow without testosterone (castration-resistant prostate cancer).

Symptoms · what the patient feels, and why

- Weak urine stream or trouble starting to pee: The growing cancer can press on the urethra (the tube that carries pee out) and squeeze it partly shut, making it harder for urine to flow through, like stepping on a garden hose.
- Needing to pee often, especially at night: The tumor pushes on the bladder and makes it think it is full even when it is not, so the bladder sends the urge signal over and over.

- Blood in the urine or semen: The cancer can break tiny blood vessels in the prostate or nearby passages, letting blood leak into the urine or the fluid that carries sperm.
- Pain in the lower back, hips, or pelvis that does not go away: If the cancer has spread to bones, it eats into the bone and triggers pain nerves; this happens because prostate cancer cells often travel through the blood to the spine, pelvis, or hip bones.
- Trouble getting or keeping an erection: The tumor or swelling can damage nerves and blood vessels that run right next to the prostate and are needed for an erection to work.
- Painful ejaculation: The cancer or inflammation squeezes the ducts that carry semen, or the tumor presses on surrounding tissue, causing pain when fluid is pushed through during climax.
- Raised PSA on a blood test: PSA (prostate-specific antigen) is a protein made by prostate cells; cancer cells make even more of it than healthy cells do, so the level in the blood climbs.
- Hard lump or uneven area felt during a digital rectal exam: Cancer changes normal soft prostate tissue into a firm, rocky area because cancer cells pack tightly together and do not have the spongy structure of healthy gland tissue.
- Unexplained weight loss and feeling very tired: Advanced cancer steals energy and nutrients from the body to fuel its own growth, and it releases chemicals called cytokines that tell the body to break down muscle and fat.

Focused exam

- Digital rectal exam: hard, bumpy prostate or one side feels different: A healthy prostate feels smooth and soft like the tip of your nose. Cancer makes it hard and lumpy like a knuckle. When you feel that difference with your finger through the rectal wall, you have a hands-on clue that cells inside the prostate are growing out of control.
- PSA (prostate-specific antigen) blood level above 4 ng/mL: The prostate makes a protein called PSA. Normally a little leaks into the blood. When cancer cells multiply, they make more PSA and the wall around them gets leaky, so blood PSA climbs. A PSA above 4 ng/mL is a red flag to look closer—it does NOT prove cancer, but it means the prostate may be in trouble.
- Weak urine stream or trouble starting to pee: The prostate wraps around the urethra (the tube that carries pee out of the bladder). When cancer grows inside the prostate, it squeezes the tube like a hand squeezing a garden hose. Urine moves slower and takes longer to start. This symptom tells you the tumor is taking up space.

- Bone pain in the lower back, hips, or pelvis: Prostate cancer loves to spread to bones. Cancer cells eat tiny holes in the bone, which hurts and makes the bone weak. Bone pain, especially at night, is a late sign that cancer has traveled through the blood and set up camp far from the prostate.
- Swollen lymph nodes in the groin or above the collarbone: Lymph nodes are like filter stations. When prostate cancer spreads through lymph fluid, the nodes swell as they try to trap the cancer cells. Swollen nodes mean cancer may have moved beyond the prostate into the body's drainage system.
- Family history of prostate cancer (father, brother, or uncle) or known BRCA1/BRCA2 gene mutation: Broken genes can run in families. If close male relatives had prostate cancer, your risk doubles or triples. BRCA mutations (the same genes linked to breast and ovarian cancer) also raise prostate cancer risk. These upstream genetic breaks mean you need earlier and closer screening.

Diagnostics · every test answers a question

- PSA (prostate-specific antigen) blood test → Is the prostate leaking more protein than normal into the blood?
- Digital rectal exam (DRE) → Does the prostate feel hard, lumpy, or uneven instead of smooth and soft?
- Prostate MRI (multiparametric MRI) → Where exactly is the suspicious tissue inside the prostate, and how aggressive does it look?
- Prostate biopsy (transrectal or transperineal ultrasound-guided) → Are there actual cancer cells in the prostate tissue?
- Bone scan (technetium-99m scan) → Has the cancer spread to the bones?
- CT or PET scan (PSMA PET if available) → Has the cancer spread to lymph nodes or other organs?
- Germline genetic testing for BRCA1, BRCA2, ATM, and other DNA-repair genes → Does the patient carry a broken gene that makes prostate cancer more likely or more aggressive?

Treatment logic

- PSA screening with shared decision-making for men age 55-69 (or starting at 40-45 for Black men or those with family history) → Catches slow-growing cancer early when it is still inside the prostate and easier to cure or watch safely. Early detection means you can choose less harsh treatment or even careful watching instead of rushing into surgery.

- Active surveillance (PSA every 3-6 months, repeat MRI and biopsy every 1-3 years) for Gleason 6 or low-volume Gleason 7 cancer confined to the prostate → Avoids surgery or radiation side effects (like incontinence and erectile dysfunction) when the cancer is growing so slowly it may never threaten your life. You watch it closely and only treat if it starts growing faster.
- Radical prostatectomy (surgery to remove the entire prostate and seminal vesicles) for localized intermediate- or high-risk cancer → Physically removes all the cancer cells from the body if the tumor is still trapped inside the prostate. Aims for cure. Best chance to stop cancer before it spreads to bones or lymph nodes.
- External beam radiation therapy (often with brachytherapy seed implants for boost) for localized intermediate- or high-risk cancer → Kills cancer cells inside the prostate with focused radiation beams. Works as well as surgery for cure when cancer is still local. Good option if surgery risk is too high or patient prefers to keep the prostate in place.
- Androgen deprivation therapy (ADT): GnRH agonists (leuprolide, goserelin) or antagonists (degarelix, relugolix) to block testosterone → Prostate cancer cells need testosterone to grow. ADT starves them by shutting down testosterone production in the testicles. Shrinks tumors, slows spread, and controls metastatic disease for months to years. Used with radiation for high-risk local cancer or alone for advanced cancer.
- Chemotherapy (docetaxel or cabazitaxel) for metastatic castration-resistant prostate cancer → Kills rapidly dividing cancer cells that no longer respond to hormone therapy. Extends survival by months and shrinks painful bone metastases. Often combined with prednisone to reduce side effects.
- PARP inhibitors (olaparib, rucaparib) for metastatic castration-resistant cancer with BRCA1, BRCA2, or ATM mutations → Cancer cells with broken DNA-repair genes cannot fix the damage PARP inhibitors cause, so they die. Slows cancer growth and extends life in men whose tumors carry these mutations. Precision medicine that targets the genetic weak spot.

Medications

Leuprolide (Lupron) · GnRH agonist (hormone-blocker)

Leuprolide stops the testicles from making testosterone (the main male hormone that feeds prostate cancer). It works by tricking the brain. At first it pushes the pituitary gland (the control center at the base of the brain) to release a flood of signals. After a few weeks, the pituitary gets tired and shuts down those signals. Without the signals, the testicles stop making testosterone. Cancer cells that need testosterone to grow then slow down or shrink.

1. The drug is injected under the skin or into muscle, usually once a month or every few months.

2. It first overstimulates the pituitary gland, causing a short spike in testosterone (tumor flare).
3. Within 2–4 weeks, the pituitary stops releasing LH and FSH (the hormones that tell the testicles to work).
4. Testosterone drops to very low levels (similar to surgical removal of the testicles).
5. Prostate cancer cells that rely on testosterone slow their growth or die.

SAFETY WATCH

Tumor flare in the first 1–2 weeks: bone pain, trouble urinating, or spinal cord pressure may worsen; doctors often give an anti-androgen (like bicalutamide) during the first month to block this spike. · Hot flashes (sudden waves of heat and sweating). · Bone thinning (osteoporosis) over time — calcium, vitamin D, and bone-density scans are recommended. · Weight gain, muscle loss, and fatigue. · Mood changes, including depression. · Increased risk of diabetes and heart disease with long-term use — monitor blood sugar, cholesterol, and blood pressure. · Sexual side effects: loss of desire, erectile dysfunction, and shrinking of the testicles.

Bicalutamide (Casodex) · Non-steroidal anti-androgen

Bicalutamide blocks testosterone from reaching prostate cancer cells. Testosterone is still made in the testicles, but this drug sits on the cancer cell's testosterone lock (the androgen receptor) so the real hormone cannot get in. Without the signal from testosterone, the cancer cell slows down or stops growing.

1. The pill is swallowed once a day.
2. The drug travels through the bloodstream to prostate cancer cells.
3. It plugs the androgen receptor, blocking testosterone and DHT (a more potent form of testosterone) from attaching.
4. The cancer cell does not receive the grow signal.
5. Growth slows or stops in cells that depend on androgen signals.

SAFETY WATCH

Breast tenderness and breast tissue growth (gynecomastia) in about half of men. · Hot flashes. · Liver toxicity: blood tests to check liver enzymes are done regularly; stop the drug if yellowing of the skin and eyes (jaundice) (yellowing of skin or eyes) or severe fatigue occurs. · Diarrhea and nausea. · Fatigue and weakness. · Does not cause bone thinning or diabetes as much as GnRH agonists, but sexual side effects (loss of desire, erectile problems) still happen.

Abiraterone (Zytiga) · CYP17 inhibitor (androgen synthesis blocker)

Abiraterone stops the body from making testosterone in three places: the testicles, the adrenal glands (small glands on top of the kidneys), and inside the cancer itself. It blocks an enzyme called CYP17 that is needed to build testosterone. Without this enzyme, testosterone production drops to nearly zero. This starves cancer cells that have learned to make their own fuel or grab tiny amounts of testosterone from the adrenal glands.

1. The pill is taken once a day on an empty stomach (no food 2 hours before or 1 hour after).
2. The drug blocks the enzyme CYP17 wherever testosterone is being made.
3. Testosterone and other androgens drop to extremely low levels.
4. Cancer cells that adapted to low testosterone or made their own are now starved.
5. Tumor growth slows; PSA often falls.

SAFETY WATCH

Fluid retention and high blood pressure (because blocking CYP17 also raises other adrenal hormones like aldosterone). · Low potassium (hypokalemia) — muscle cramps, weakness, irregular heartbeat; blood tests monitor this. · Liver toxicity — liver enzymes are checked every two weeks for the first 3 months, then monthly. · Fatigue and joint pain. · Heart problems (heart failure, irregular rhythms) — use carefully in men with a history of heart disease. · Hot flashes, diarrhea, and urinary tract infections. · Must take with prednisone 5 mg twice daily to replace missing adrenal hormones and reduce side effects.

Enzalutamide (Xtandi) · Second-generation anti-androgen (androgen receptor inhibitor)

Enzalutamide is a stronger blocker of the androgen receptor (the lock on cancer cells where testosterone fits). It works in three ways: it stops testosterone from attaching to the receptor, it prevents the receptor from moving into the cell's control center (the nucleus), and it blocks the receptor from turning on cancer-growth genes. This triple block is much more powerful than older anti-androgens, so it works even when cancer has become resistant to hormone therapy.

1. The pill is swallowed once a day (four capsules).
2. The drug floods the androgen receptors on cancer cells.
3. It binds tightly and prevents testosterone and DHT from attaching.
4. Even if testosterone gets near the receptor, enzalutamide keeps the receptor from moving into the nucleus.
5. The receptor cannot turn on genes that tell the cell to divide.
6. Cancer growth slows or stops, even in resistant disease.

SAFETY WATCH

Seizures (rare, about 0.5%, but risk is higher in men with brain metastases, stroke history, or other seizure risk factors). · Fatigue — very common, can be severe. · High blood pressure. · Hot flashes and diarrhea. · Falls and fractures — the drug can cause dizziness, weakness, and confusion, especially in older men. · Cognitive problems: memory issues, trouble concentrating, or mental fog. · Interacts with many other drugs (enzalutamide speeds up liver enzymes that break down other medications); check all drug lists carefully.

Docetaxel (Taxotere) · Taxane chemotherapy (microtubule stabilizer)

Docetaxel kills cancer cells by jamming the machinery they use to divide. Inside every cell are tiny tubes called microtubules that pull the cell apart when it splits in two. Docetaxel locks these tubes in place so they cannot break down. The cell gets stuck mid-division and dies. Because cancer cells divide much faster than most normal cells, they are hit hardest. Docetaxel is used when hormone therapy is no longer enough.

1. The drug is given by IV infusion every 3 weeks (usually 6–10 cycles).
2. Docetaxel enters cancer cells and binds to microtubules.
3. It stabilizes (freezes) the microtubules so they cannot disassemble.
4. The cell cannot complete division and triggers its own death program (apoptosis).
5. Rapidly dividing cancer cells die; slower-dividing normal cells are less affected but still hit (causing side effects).

SAFETY WATCH

Bone marrow suppression: low white blood cells (infection risk), low red cells (anemia, fatigue), low platelets (bleeding risk) — blood counts are checked before each dose. · Hair loss (very common, temporary). · Nausea, vomiting, and diarrhea. · Nerve damage (peripheral neuropathy): tingling, numbness, or pain in fingers and toes; can be permanent if severe. · Fluid retention and swelling — prednisone is given before and after each dose to reduce this. · Severe allergic reactions during infusion — premedication with steroids and antihistamines is standard. · Fatigue and muscle aches. · Nail changes and mouth sores. · Increased infection risk — fever over 100.4°F during treatment is an emergency (possible neutropenic sepsis).

Radium-223 (Xofigo) · Radiopharmaceutical (bone-seeking radioactive isotope)

Radium-223 is a radioactive element that acts like calcium. When injected, it travels through the bloodstream and is pulled into bone, especially where bone is being rebuilt (which happens a lot around cancer that has spread to bone). Once inside the bone, radium-223 gives off alpha

radiation — very short-range but very powerful energy that kills nearby cancer cells in the bone without traveling far enough to harm other organs. It shrinks bone tumors, eases pain, and helps men live longer.

1. The drug is given by slow IV injection once a month for 6 months.
2. Radium-223 mimics calcium and is absorbed by areas of active bone turnover (where cancer is growing).
3. It concentrates in bone metastases.
4. It emits alpha particles (short-range, high-energy radiation) that travel less than 100 micrometers (about 10 cell widths).
5. Cancer cells and nearby bone cells in the tumor are killed by the radiation.
6. Bone pain decreases; fracture risk may drop; survival improves.

SAFETY WATCH

Bone marrow suppression: low blood counts (white cells, red cells, platelets) — monitored before each dose; treatment stopped if counts drop too low. · Diarrhea and nausea (common but usually mild). · Bone pain flare in the first few weeks (temporary worsening before improvement). · Increased fracture risk if bone is very weak — men should be on bone-protecting drugs (denosumab or zoledronic acid). · Small amount of radioactivity in urine and stool for a few days after each dose — men should sit to urinate, flush twice, and wash hands carefully to protect family members. · Do NOT use at the same time as chemotherapy (docetaxel, cabazitaxel) — wait at least a few weeks between treatments.

Denosumab (Xgeva) · RANK ligand inhibitor (bone-protecting monoclonal antibody)

Denosumab stops bone from breaking down. Normally, bone is constantly rebuilt by two types of cells: osteoblasts (builders) and osteoclasts (demolition crew). Cancer in the bone tips the balance, causing too much demolition and making bones weak and painful. Denosumab blocks RANK ligand, a protein that turns on osteoclasts. Without this signal, the demolition cells cannot form or work. Bone stays stronger, fractures are less common, and pain decreases.

1. The drug is given by injection under the skin once a month.
2. Denosumab is an antibody that binds to and blocks RANK ligand (the activator of osteoclasts).
3. Osteoclasts cannot mature or function.
4. Bone breakdown slows dramatically.
5. Bone density improves, fractures and bone complications (spinal cord compression, need for bone surgery or radiation) decrease.

SAFETY WATCH

Low calcium (hypocalcemia) — can be severe; all men must take calcium (1000–1200 mg/day) and vitamin D (800–1000 IU/day); calcium levels are checked before each dose. · Jaw bone death (osteonecrosis of the jaw, ONJ) — rare but serious; risk is higher after dental surgery or tooth extraction; men should have a dental exam before starting and avoid invasive dental work while on treatment. · Unusual thigh bone fractures (atypical femoral fractures) with long-term use — thigh or groin pain should be reported immediately. · Muscle or bone pain. · Skin infections (cellulitis) — keep skin clean; report redness, warmth, or swelling. · Do not stop suddenly — rebound increase in bone breakdown and fracture risk; if stopping, transition carefully with guidance.

Olaparib (Lynparza) · PARP inhibitor

Olaparib blocks an enzyme called PARP that helps cells repair breaks in their DNA. Normal cells have backup repair systems (like BRCA1 and BRCA2 genes), so blocking PARP does not kill them. But prostate cancer cells with mutations in BRCA or other DNA-repair genes have already lost their backup system. When PARP is blocked, these cancer cells cannot fix DNA damage and die. This drug works only in men whose cancer has specific inherited or tumor mutations in DNA-repair genes (found by genetic testing).

1. Pills are taken twice a day.
2. Olaparib enters cells and blocks the PARP enzyme.
3. DNA damage (which happens naturally all the time) cannot be repaired by the PARP pathway.
4. Normal cells use BRCA and other backup systems to fix the breaks.
5. Cancer cells with broken BRCA or similar genes cannot repair the damage.
6. The cancer cell accumulates fatal DNA errors and dies.

SAFETY WATCH

Bone marrow suppression (low red cells, white cells, platelets) — blood counts monitored monthly; anemia is very common. · Nausea, vomiting, and loss of appetite. · Fatigue — often severe. · Diarrhea. · Risk of new blood cancers (myelodysplastic syndrome, acute myeloid leukemia) with long-term use — rare but serious. · Lung inflammation (pneumonitis) — report new cough, shortness of breath, or fever. · Blood clots (deep vein clot formation (thrombosis), pulmonary embolism (a clot lodging in a lung artery)) — watch for leg swelling or chest pain.

Red flags

- Blood in the urine or semen
- Bone pain in the back, hips, or pelvis that does not go away
- Sudden trouble holding urine or moving your legs (could mean the cancer is pressing on the spinal cord)
- Unexplained weight loss and deep tiredness
- PSA rising very fast or staying high after treatment

Nursing priorities

1. Check for signs of spinal cord compression every shift: leg strength, sensation in both legs, ability to urinate and have a bowel movement. — Prostate cancer metastases (spread) to the spine can press on the spinal cord. Compression cuts off nerve signals and blood flow. Catching it in the first 24 hours prevents permanent paralysis and loss of bladder and bowel control.
2. Monitor pain level using a 0-to-10 scale and give prescribed pain medicine on time, especially for bone pain. — Bone metastases release chemicals that activate pain nerves and weaken bone structure. Uncontrolled pain raises stress hormones like cortisol, which suppress the immune system and make cancer grow faster. Pain control also lets patients stay active and prevents blood clots.
3. Track urinary output and watch for difficulty urinating, blood clots in urine, or inability to pass urine. — The prostate wraps around the urethra. A growing tumor can squeeze it shut, causing acute urinary retention (complete blockage). Urine backs up into the kidneys, raising pressure and damaging kidney tissue. Also, blood clots from cancer can block the catheter or urethra.
4. Teach about side effects of androgen deprivation therapy: hot flashes, breast tenderness, bone thinning, and mood changes. — Testosterone feeds prostate cancer growth. Blocking it with leuprolide or bicalutamide starves the cancer but causes low-hormone symptoms. Bone loss happens because testosterone protects bone density; this raises fracture risk. Knowing what to expect improves medication adherence.
5. Encourage a diet high in fruits, vegetables, and lean protein; limit red meat and high-fat dairy. — Saturated fats may raise insulin-like growth factor, which speeds cancer cell division. Antioxidants in plants reduce oxidative stress (cell damage from free radicals) that can cause DNA mutations. Lean protein supports immune cells that fight cancer and helps maintain muscle during treatment.

6. Assess for signs of infection if the patient has a urinary catheter: fever, cloudy urine, strong urine smell, confusion. — Men with prostate cancer often need catheters because of urinary retention. Catheters introduce bacteria into the bladder, causing urinary tract infections. Cancer and treatments like chemotherapy weaken the immune system, so infections can quickly become sepsis (life-threatening blood infection).
7. Support emotional health by listening to fears about sexuality, masculinity, and cancer prognosis; offer referral to support groups or counseling. — Prostate cancer and its treatments often cause erectile dysfunction and loss of libido (sex drive) because of nerve damage or hormone loss. This affects self-esteem and relationships. Depression activates the sympathetic nervous system, raising cortisol and inflammation that may worsen cancer outcomes.

Sources

- American Urological Association (AUA)
- National Comprehensive Cancer Network (NCCN) Prostate Cancer Guideline
- U.S. Preventive Services Task Force (USPSTF)
- American Cancer Society

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