

## Prostate Cancer 前列腺癌



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SR-URO-PC-2026001

### Post-Treatment Care for Prostate Cancer 前列腺癌治療後的護理

Post-treatment care for prostate cancer is crucial for recovery and reducing the risk of recurrence. After treatment, patients should undergo regular PSA (Prostate-Specific Antigen) tests, recommended every 3 to 6 months initially.

In addition, patients can improve their lifestyle by following a healthy diet, engaging in moderate exercise, and avoiding smoking and excessive alcohol.

To manage side effects and complications, perform Kegel exercises to improve urinary incontinence, and consider medications or physical therapy to restore sexual function. Also, pay attention to bone health by supplementing with calcium and vitamin D.

Patients should also prioritize mental health and seek professional counseling or support if needed.

前列腺癌治療後的護理對於恢復健康與降低復發風險至關重要。患者治療後需定期接受PSA檢測，初期建議每3至6個月進行檢查。

此外，患者可調整生活方式，包括健康飲食、適量運動，以及避免吸煙與過量飲酒。

在控制副作用與併發症方面，建議進行凱格爾運動以改善尿失禁問題，並考慮藥物或物理治療恢復性功能。此外，需注意骨質健康，補充鈣質與維他命D。

患者應保持心理健康，如有需要可尋求專業輔導或支援。

**化學治療（化療）：**一般用於晚期的前列腺癌患者，透過藥物溶入血液運行全身，有效對付由原發部位擴散到其他部位的癌細胞。化療的原理是殺滅一些快速分裂的細胞，由於癌細胞的分裂速度較正常細胞快，自然躲不過化療的攻擊。

**標靶治療：**標靶治療是全身性治療，透過血液循環系統令藥物到達全身不同部位從而殺死癌細胞。標靶治療針對特定癌細胞生長基因和它們所產生的蛋白（即「靶點」），標靶藥物能阻斷該種癌細胞生長或修復的功能，令其死亡，所以稱為「標靶」治療。為改善轉移性去勢治療無效前列腺癌患者的治療效果，醫學界現時亦引入了標靶放射治療「Lu-177-PSMA」。

### Prostate Cancer Prevention 預防前列腺癌

Adopting healthy lifestyle habits can reduce the risk of developing prostate cancer. Prevention methods include:

- 1. Healthy Diet:** Reduce intake of red meat, processed meats, and high-fat dairy products; increase consumption of antioxidant-rich fruits and vegetables, as well as foods high in Omega-3 fatty acids.
- 2. Regular Exercise:** Engage in at least 150 minutes of moderate-intensity exercise per week.
- 3. Maintain a Healthy Weight:** Keep BMI within a healthy range.
- 4. Regular Screening:** Men aged 50 and above (or from age 45 if there is a family history) should undergo PSA testing.
- 5. Avoid smoking and excessive alcohol consumption.**

透過健康生活習慣可降低患上前列腺癌的風險。預防方法包括：

- 1. 健康飲食：**減少紅肉、加工肉類及高脂乳製品，多攝取富含抗氧化物的蔬果和Omega-3脂肪酸食物。
- 2. 規律運動：**每週至少150分鐘中等強度運動。
- 3. 維持健康體重：**保持BMI在健康範圍內。
- 4. 定期篩查：**50歲以上（或有家族病史者可提早至45歲）應進行PSA檢測。
- 5. 避免吸煙和過量飲酒。**



**機械臂輔助前列腺切除手術（Robotic-assisted Prostatectomy）：**透過機械臂系統（如達文西手術系統）的清晰3D影像、除顫功能及精細角度調控，讓醫生執行高精度切除，能有效保留神經線及減少併發症。傷口及出血量均較傳統手術少，復原更快，更可降低術後尿失禁及性功能障礙的風險。



**微創電穿孔局部消融術（Irreversible Electroporation, IRE）：**是一種新型的前列腺癌局部治療方法，屬於非熱能消融技術。其原理是經皮膚插入多支電極針包圍癌細胞，通過高電壓、低電流的短脈衝使癌細胞膜產生永久性穿孔，導致細胞失去平衡而死亡。這種技術不會損傷血管、神經線等重要結構，與傳統的全器官治療相比，能大幅減低副作用，保留患者的排尿及性功能，維持生活質素。此治療方式並非適用於所有患者，具體手術方式的詳情，請諮詢醫生意見。

**荷爾蒙治療：**如病人的前列腺癌細胞已擴散至骨骼或其他重要器官，治療方針旨在降低體內睪固酮水平，減少癌細胞增殖速度，通常適用於晚期前列腺癌或已擴散的患者。

**藥物治療（Androgen Deprivation Therapy, ADT）：**使用LHRH激動劑（Luteinizing Hormone-Releasing Hormone Agonists）或雄激素受體抑制劑（Androgen Receptor Inhibitors, ARIs），抑制睪固酮生成。

**睪丸切除術（Orchiectomy）：**透過外科手術移除睪丸，以徹底阻斷睪固酮生成。

治療後可能會出現潮熱、骨質疏鬆、性功能下降等副作用。

**放射性同位素治療：**放射性同位素屬標靶放射治療，治療晚期前列腺癌患者。

**Radium-223：**這是一種放射性同位素治療，模仿鈣化學特性，專門沉積在骨轉移部位。它釋放α粒子來精準地摧毀癌細胞，同時將對健康組織的損害降到最低。適用於具有骨轉移但無明顯內臟轉移的去勢抗性前列腺癌患者。

**Radioisotope Therapy:** Radioisotope therapy is a type of targeted radiation therapy used to treat patients with advanced prostate cancer.

**Radium-223:** This is a radioactive isotope treatment that mimics calcium's chemical properties, specifically depositing in areas of bone metastasis. It releases alpha particles to precisely destroy cancer cells while minimizing damage to healthy tissue. It is suitable for patients with castration-resistant prostate cancer (CRPC) who have bone metastases without evident visceral metastases.

**Chemotherapy (chemo):** Chemo is typically used for patients with advanced prostate cancer. It involves administering drugs that circulate through the bloodstream to effectively target cancer cells that have spread from the primary site to other areas of the body. The principle behind chemotherapy is to kill rapidly dividing cells. Since cancer cells divide more quickly than normal cells, they are more vulnerable to the effects of chemotherapy.

**Targeted Therapy:** Targeted therapy is a form of systemic therapy that delivers medications through the bloodstream to reach various parts of the body and kill cancer cells. This treatment specifically targets the genes and proteins associated with the growth of certain cancer cells (known as "targets"). Targeted drugs can block the functions that allow these cancer cells to grow or repair themselves, leading to their death, which is why it's called "targeted" therapy. To address the unmet needs in castration-resistant prostate cancer, targeted radiotherapy Lu-177-PSMA has been introduced.

視乎病人前列腺癌的症狀及病情發展，醫生會建議不同的治療方案，早期前列腺癌治療方案包括定期監察、外科手術或放射治療。

**定期監察：**由於前列腺癌的早期腫瘤生長緩慢，如病人的年紀較大，未必會直接威脅病人的壽命，醫生可能會建議病人定期覆診，通過PSA（前列腺特異抗原）檢測及影像檢查監測病情，而不作特別治療。適合人士包括腫瘤生長緩慢、低風險的患者，及年長且不適接受侵入性治療的病人。

**放射治療：**利用高能量放射線或質子治療直接照射前列腺腫瘤細胞，破壞其染色體，使癌細胞不能生長及死亡。

**手術治療：**手術是治療前列腺癌的主要方法之一，醫生會因應患者情況，切除前列腺，在某些情況下，亦可能同時切除周邊淋巴結，以達至長期控制病情的目的。

**常見的手術方式**

**開放式前列腺切除術（Open Radical Prostatectomy）：**傳統開腹手術，創傷較大及術後恢復時間較長。

**腹腔鏡微創手術（Laparoscopic Radical Prostatectomy, LRP）：**利用小切口進行微創切除，減少出血及縮短康復時間。

## 4 Current Situation of Prostate Cancer 前列腺癌的現況

Prostate issues are very common in Hong Kong. There were 3,031 new cases in 2023. In 2024, 518 men died from prostate cancer, accounting for 6.0% of total male cancer deaths, making it the third most common cancer among men.

前列腺問題在本港非常普遍，2023年前列腺癌的新增個案有3,031宗，2024年共有518名男性死於前列腺癌，佔男性癌症死亡總數的6.0%，為第三大常見男士癌症。

## 4 What is Prostate Cancer? 甚麼是前列腺癌？

A part of the male reproductive system, the prostate is a gland that produces a thick fluid that forms part of semen. Prostate cancer occurs when there is an abnormal growth of cells in the prostate gland, and is often seen in patients over the age of 50. As prostate enlargement is quite common in older men, combined with the fact that many prostate cancers grow slowly, it may be difficult to detect prostate cancer early. As a result, many patients do not get diagnosed until the cancer is already at an intermediate or advanced stage.

前列腺是男性的生殖腺，負責製造濃液混和精子形成精液。前列腺癌是前列腺細胞異常生長所形成，發病年齡多在50歲以上。由於前列腺腫脹問題很常見，再加上前列腺的惡性腫瘤生長緩慢，早期的前列腺癌症狀並不明顯，因此部分病人發現患病時已屬中晚期。

## 4 Symptoms 症狀

- Frequent urination 尿頻
- Difficulty urinating 排尿困難
- Pain during urination 小便時感刺痛
- Blood in the urine or semen 小便或精液帶血
- Pain in the pelvis or spine 盆骨或脊骨痛楚
- Swelling in the legs or feet 腳腫



## 4 Risk Factors 風險因素

**Age:** prostate cancer is most common in men over the age of 50.

**Family History:** risk increases if a blood relative has been diagnosed with prostate cancer. Also, smoking, and diets with processed foods are also the causes.

**年齡：**患者以年長男性居多，較少發生在50歲以下的男士身上。  
**遺傳：**家族中曾有人患上前列腺癌。  
此外長期吸煙和進食加工食物亦是致病原因。

## 4 Complications 併發症

The progression of prostate cancer can lead to various complications, especially if cancer cells spread or during the treatment process. Understanding potential complications helps patients prepare in advance and discuss appropriate coping strategies with their doctors.

- 1. Urinary Problems**  
A prostate tumor may compress the urethra, leading to difficulty urinating, frequent urination, increased nocturia, or weak urine flow.
- 2. Sexual Dysfunction**  
Prostate cancer and its treatments—such as surgery, radiation therapy, or hormone therapy—can affect sexual function, leading to erectile dysfunction or decreased libido.

- 3. Bone Metastasis and Fracture Risk**  
Advanced prostate cancer tends to spread to the bones, leading to bone pain, fractures, or spinal compression, which can severely impact mobility.

- 4. Kidney Issues**  
If the tumor affects the bladder or ureters, it may obstruct urine flow, increasing the burden on the kidneys and potentially leading to kidney failure.

- 5. Anemia and Fatigue**  
Cancer cells can affect bone marrow function, or hormone therapy may reduce red blood cell production, potentially leading to anemia. This can cause fatigue, dizziness, and shortness of breath.

- 6. Lymphedema**  
When cancer spreads to lymph nodes or surgery affects the lymphatic system, it may cause swelling in the lower body, impacting daily activities.

前列腺癌的發展與治療過程中，可能會引起一些併發症，尤其是在癌細胞擴散或接受治療期間。了解這些潛在的併發症，有助於患者及早準備，並與醫療團隊充分溝通，制定合適的應對策略。

- 1. 排尿問題**  
前列腺腫瘤可能壓迫尿道，導致排尿困難、尿頻、夜尿增多或尿流變弱。

- 2. 性功能障礙**  
前列腺癌及其治療（如手術、放射治療或荷爾蒙治療）可能影響性功能，導致勃起功能障礙或性慾下降。

- 3. 骨轉移與骨折風險**  
晚期前列腺癌容易擴散至骨骼，導致骨痛、骨折或脊椎壓迫，嚴重時可能影響行動能力。

- 4. 腎臟問題**  
如果腫瘤影響膀胱或輸尿管，可能導致尿液無法順利排出，增加腎臟負擔，甚至引發腎衰竭。

- 5. 貧血與疲勞**  
癌細胞影響骨髓造血功能，或因荷爾蒙治療導致紅血球數量減少，可能引發貧血，導致疲倦、頭暈及氣喘。

- 6. 淋巴水腫**  
當癌細胞擴散至淋巴結，或手術影響淋巴系統時，可能導致下半身水腫，影響日常活動。

## 4 How to Diagnosis Prostate Cancer? 如何診斷前列腺癌？



To increase the survival rate of prostate cancer, medical practitioners recommend that males over the age of 55 be regularly screened for prostate cancer, even in the absence of symptoms. For those who suspect they may have prostate cancer, or are experiencing symptoms, a specialist may recommend an ultrasound or MRI.

- **Prostate Cancer Screening:** The doctor will determine risk of prostate cancer by assessing symptoms, and by conducting a digital rectal exam, urine flow test, and kidney function test.
- **Blood Test:** If the patient has an enlarged prostate, infection of the prostate gland, or prostate cancer, his prostate-specific antigen (PSA) level will be significantly higher.

- **Ultrasound:** This test may involve two components: a transrectal ultrasound where a small probe is inserted into the rectum to obtain a clearer picture of the prostate gland; and a biopsy where samples of the prostate are retrieved for further examination under a microscope. The latter is often performed if the PSA level is found to be high.

- **MRI:** MRI may be used alongside transrectal ultrasound to better guide the biopsy and improve the accuracy of diagnosis.

為提高前列腺癌的治癒率，即使沒有出現任何前列腺問題或症狀，醫學界亦建議55歲以上男士應定期接受前列腺癌篩檢。如懷疑患上前列腺癌或有任何前列腺問題，專科醫生有可能建議病人接受超聲波和磁力共振等進一步檢查。

- **前列腺癌篩檢：**醫生會透過徵狀評分表、肛門指檢，以及配合尿流速測試和腎功能測試，初步評估患病風險。

- **血液檢查：**如病人有前列腺腫脹、發炎、或前列腺癌，血清中的前列腺特異抗原(PSA)指數會明顯上升。

- **超聲波前列腺檢查：**可分為兩個層次，一是利用探頭從肛門伸入，直接檢測前列腺腫脹的實際狀況及有否不正常問題。二是於前列腺不同部位及區域抽取活組織作進一步化驗，多在檢測到前列腺特異抗原水平(PSA)上升時使用。

- **磁力共振融合檢查：**結合無輻射的磁力共振及超聲波檢查，可讓醫生安全地檢查前列腺的可疑地方，提高診斷準確度。

## 4 Prostate Cancer Stages and Survival Rates 前列腺癌期數及存活率

The staging of prostate cancer determines its severity, treatment options, and impact on a patient's survival rate. Staging is typically assessed based on the extent of cancer spread, PSA (Prostate-Specific Antigen) levels, and tumor aggressiveness (Gleason Score).

- **Stage 1 :** Cancer cells are confined to the prostate with no signs of spread. The five-year survival rate is approximately 95%.
- **Stage 2 :** Cancer cells remain confined to the prostate, but the tumor is larger and may affect both prostate lobes. The five-year survival rate is approximately 85-90%.
- **Stage 3 :** Cancer cells have breached the prostate capsule and may have spread to nearby tissues, such as the seminal vesicles or lymph nodes, but not to distant organs. The five-year survival rate is approximately 60-80%.
- **Stage 4 :** Cancer cells have spread to nearby organs (e.g., bladder, rectum) or distant organs (e.g., bones, lungs). The five-year survival rate is approximately 50-70% if limited to nearby organs and less than 30% if spread to distant organs.

前列腺癌的期數（分期）決定了癌症的嚴重程度及治療方案，並影響患者的存活率。分期通常根據癌細胞的擴散範圍、PSA（前列腺特異抗原）指數及腫瘤惡性程度（Gleason Score）來評估。

- **第一期：**癌細胞侷限於前列腺內，無擴散跡象。五年存活率約95%。

- **第二期：**癌細胞仍侷限於前列腺，但腫瘤體積較大，可能影響雙側前列腺葉。五年存活率約85-90%。

- **第三期：**癌細胞突破前列腺包膜，可能擴散至鄰近組織，如精囊或淋巴結，但未影響遠端器官。五年存活率約60-80%。

- **第四期：**癌細胞已擴散至鄰近器官（如膀胱、直腸）或遠端器官（如骨骼、肺部）。其五年存活率若限於鄰近器官約50-70%；若擴散至遠端器官則低於30%。

## 4 Treatment 治療方法



Treatment options for prostate cancer depend on the stage and progression of the cancer. Treatment for early-stage prostate cancer may include active surveillance, surgery, or radiation therapy.

- **Active Surveillance:** Since early-stage prostate tumors grow slowly, they may not directly threaten a patient's lifespan, especially in older individuals. Doctors may recommend regular check-ups instead of immediate treatment, monitoring the condition through PSA (Prostate-Specific Antigen) tests and imaging scans. This approach is suitable for patients with slow-growing, low-risk tumors and elderly individuals who are not candidates for invasive treatment.

- **Radiation Therapy:** Using high-energy radiation or proton therapy to directly target prostate tumor cells, destroying their chromosomes and preventing cancer cells from growing and surviving.

- **Surgery:** Surgery is one of the primary treatment methods for prostate cancer. Depending on the patient's condition, doctors may perform a partial prostate removal. In some cases, nearby lymph nodes are also removed to achieve long-term disease control.

### Common Surgical Procedures

- **Open Radical Prostatectomy:** A traditional open surgery with larger incisions, resulting in greater trauma, longer recovery time, and increased postoperative pain.

- **Laparoscopic Radical Prostatectomy (LRP):** Minimally invasive surgery using small incisions to reduce bleeding and shorten recovery time.

- **Robotic-assisted Prostatectomy:** Utilizes a robotic system (e.g., da Vinci Surgical System) with clear 3D imaging, tremor filtration, and precise angle control, enabling high-precision tumor removal. This approach effectively preserves nerves and reduces complications. It involves smaller incisions and less bleeding compared to traditional surgery, leading to faster recovery and a lower risk of postoperative urinary incontinence and sexual dysfunction.

- **Irreversible Electroporation (IRE):** A novel focal therapy for prostate cancer, classified as a non-thermal ablation technique. It involves inserting multiple electrode needles through the skin to surround cancer cells, delivering short, high-voltage electrical pulses to create permanent pores in the cancer cell membranes, causing cell death. This method spares critical structures such as blood vessels and nerves. Compared to traditional whole-gland treatments, IRE significantly reduces side effects, preserving urinary and sexual functions and maintaining patients' quality of life. This treatment method is not suitable for all patients. For detailed information on specific surgical procedures, please consult a medical professional.

- **Hormone Therapy:** If prostate cancer cells have spread to the bones or other vital organs, the treatment strategy focuses on reducing testosterone levels in the body to slow cancer cell proliferation. This approach is generally used for advanced or metastatic prostate cancer patients.

- **Androgen Deprivation Therapy (ADT):** Utilizes LHRH agonists (Luteinizing Hormone-Releasing Hormone Agonists) or Androgen Receptor Inhibitors (ARIs) to suppress testosterone production.

- **Orchiectomy:** A surgical procedure that removes the testicles to completely block testosterone production.

Following treatment, patients may experience side effects such as hot flashes, osteoporosis, and reduced sexual function.