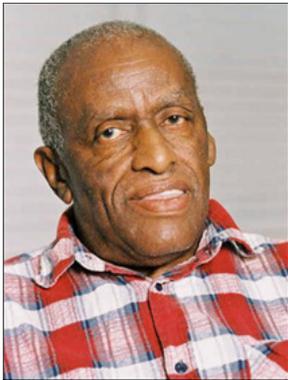


Prostate Cancer

Prostate cancer is the second leading cancer that causes death to men in the U.S.

What Are the Risk Factors?



Prostate cancer is unusual because it does not behave the same way in all men. Sometimes the cancer will spread rapidly throughout the body and cause death. More often it causes few, if any, symptoms for many years, and the man will die from other health problems such as heart disease.

Because of this, the lifetime risk of a man **being diagnosed** with prostate cancer is 16% (1 in 6) while the lifetime risk of **dying** from prostate cancer is 3% (1 in 33).

Screening for prostate cancer is more useful if you are at a higher risk. The primary risk factors are:

Age. The risk of having prostate cancer increases steadily with age. It is rare in men younger than 40 years, and 75% of all prostate cancers are found in men over 65.

Race. The incidence of prostate cancer also varies according to race. Prostate cancer is more common in African-American men than Caucasian men. It is less common in Hispanic, Asian, and Native American men.

Family History. A family history of prostate cancer, especially in a first-degree relative (father, brother, or son), also increases the risk of disease.

What Are the Screening Methods?



There are two methods used to screen for colon cancer. They are:

Digital Rectal Examination (DRE) involves the doctor placing a gloved, lubricated finger into the rectum and feeling the back portion of the prostate gland. Because prostate cancer usually grows in the outer areas of the gland, it can usually be felt by a finger. In fact, some cancers can be felt that do not show up on blood test results.

However, the finger cannot reach all the way around the gland, and small cancers are often not felt, so many prostate cancers will be missed by DRE.

If you have a positive DRE test, your doctor will arrange a prostate biopsy. However, only 1 of 3 positive DRE tests shows cancer when a biopsy is performed.

Prostate Specific Antigen (PSA) is a substance produced by the prostate and released into the blood. A standard blood test can be performed to check the PSA level. In general, the higher the PSA level in the blood, the more likely it is that a prostate problem is present.

Other problems with the prostate, such as benign prostatic hypertrophy (BPH) or an infection, also cause the PSA level to be high. Like DRE, PSA tests often are positive when cancer is not present.

If 100 men over age 50 had the test, 85 would have a normal PSA level and 15 would have a high PSA level. After further tests of the 15 men with the high PSA levels, on average 3 would have cancer (in other words, an average of 1 cancer is found for every 5 biopsies).

What Are the Current Screening Recommendations?

Current recommendations from respected authorities are:

- If a healthy man chooses to be screened for prostate cancer, it is recommended that he have both the DRE and PSA test performed each year starting at age 50.
- If a man has a family history of prostate cancer or is an African-American, however, he should start cancer screening at a younger age, usually at age 40.
- Screening makes the most sense for men aged 50 to 65 who are in good health.
- Doctors generally agree that screening is not useful for older men with health problems or who are of average health and over the age of 75.

What Happens If the Test Is Abnormal?

If the DRE or PSA test is abnormal, the doctor will most likely send the person to a urologist (a doctor with special training in prostate-related problems).

Urologists can perform a special test called a transrectal ultrasound. In this test, a small probe is inserted into the rectum and bounces sound waves off the prostate producing a video image.

During this test the urologist can do a biopsy. This involves removing tiny samples of the prostate with a needle. The samples are then looked at under a microscope to see if cancer is present.

What Is the Treatment?

When found before it has spread, prostate cancer can be treated with major surgery or radiation treatments. Surgery removes the prostate gland.

Radiation kills the cancer cells. Radiation can be from outside the body (external radiation therapy). It can also be provided internally by surgically placing small radioactive pellets inside the prostate gland.

**What Is the Treatment?
Continued**

The most common side effects from surgery or radiation are impotence (loss of the ability to have an erection) and incontinence (wetting oneself with urine). Other effects may be severe. They may vary in how long they last depending on the type of treatment, age of the patient, and overall health of the patient.

When the cancer has spread beyond the prostate, hormone therapy and radiation may slow it. Most men whose prostate cancer has spread go on to live a number of additional years.

Do I Want to Have a Prostate Cancer Screening?

Doctors agree that every man should be informed about the benefits and risks of prostate cancer treatment so he can choose what is right for himself. Beyond that, however, there is little agreement.

Doctors who encourage regular screening believe that finding and treating prostate cancer early may save lives because an early cancer tends to be a small cancer that can be treated successfully.

Other doctors do not think prostate cancer screening is necessary because, for many men, the treatment is worse than the disease. These doctors think that many men are treated who do not need to be and many more men have prostate cancer than die from it. As a result, too many men have prostate cancer treatment side effects for a condition that was not going to cause them harm before their death from some other disease.

It is your decision whether to have prostate cancer screening. The PSA test makes the most sense if you are healthy, have a long life expectancy, and if you are willing to go through the biopsies and cancer treatment if necessary. On the other hand, if you have other diseases and a short life expectancy, screening may not be the right decision for you.

Do I Want to Have a Prostate Screening?

Your Final Decision

Before making the final decision, you should:

- Consider your age, health, and quality of life issues
- Consider your willingness to undergo the biopsies and treatments if cancer is found

If you are not sure what you want to do, your doctor can help you understand how your risk factors and health might influence your decision.

Resources

Organizations

American Cancer Society

Phone: (800) ACS-2345 (227-2345)

TTY: (866) 228-4327

Web site: www.cancer.org

Cancer Information Specialists are available 24 hours a day to answer your questions in English or Spanish.

National Cancer Institute —

The Cancer Information Service (CIS)

Phone: (800) 4-CANCER (422-6237)

TTY: (800) 332-8615

Web site: www.cancer.gov

Live web chat line: www.cancer.gov/help

Specialists answer questions in English or Spanish.

National Kidney and Urological Diseases Information Clearinghouse

Attn: NKUDIC

3 Information Way

Bethesda, MD 20892-3580

Phone: (800) 891-5390 or (301) 654-4415

Web site: <http://kidney.niddk.nih.gov/>