Screening for prostate cancer - Is it right for you?

Some experts believe that all men older than 40 years should be screened for prostate cancer. Other experts believe that men should ask their doctors about the advantages and disadvantages of prostate cancer screening in order to make an informed decision about whether or not to be screened.

What is the purpose of a cancer screening test?
To find signs that a cancer may be present before it causes symptoms. Screening is recommended:
1. If the tests find cancer early,
2. If those cancers would cause serious illness or death, and
3. If treatment is more effective when such cancers are caught early.

Prostate cancer screening tests:
DRE (digital rectal examination) : doctor inserts a gloved finger into the lubricated rectum to examine the size of the prostate and to look for lumps.

PSA (prostate specific antigen) : a blood test for prostate specific antigen; the higher the test result, the more likely there is a problem with the prostate but a high test does not always mean that a man has prostate cancer.

What happens if your screening test is positive?
If your DRE is abnormal or your PSA is high, your doctor will most likely send you to see a urologist (a doctor that has special training in prostate problems). The doctor may recommend a biopsy of the prostate which involves removing a small piece of prostate tissue and examining it under a microscope to look for cancer. If cancer is present, you may require further treatment. If there is no cancer, your doctor will discuss with you when to come back for follow-up.

The National Cancer Institute cautions men that some prostate cancers will never cause symptoms or become life-threatening. But, once diagnosed, most doctors will try to treat prostate cancer because the difference between those cancers that are life-threatening and those that are not cannot be determined. We still do not know if treating the non-life-threatening cancers will help you live longer than if no treatment was given.

The bottom line
Men approaching or past age 40 years should talk to their doctor about prostate cancer screening. Tell your doctor if you have a father, brother, uncle, or son who has had prostate cancer and also discuss any other health problems you may have. Your doctor can help you think about those factors and others that you should take into consideration when deciding whether or not to have prostate cancer screening. This way your decision will truly be an informed one.

Where is the prostate?
The prostate is a gland in the male reproductive system that is located just below the bladder and in front of the rectum. The prostate is about the size of a walnut and wraps around the tube that empties urine from the bladder—the urethra. As men age, the prostate tends to get larger and can press on the urethra which can cause a decrease in the flow of urine.

What does the prostate do?
The prostate gland produces the fluid that makes up part of semen.

What are the warning signs of prostate cancer?
Many men with prostate cancer have no symptoms at all. If there are symptoms, they could include:

- Blood in the urine
- The need to urinate frequently, especially at night
- Weak or interrupted flow of urine
- Pain or burning feeling while passing urine
- Not able to pass urine
- Constant pain in the lower back, pelvis or upper thighs

How serious is prostate cancer?
Some prostate cancers can grow quickly, spread to other parts of the body, and cause death. Others grow more slowly and will never cause death or even discomfort. If you are diagnosed with prostate cancer, your doctor may not know right away which kind you have but can tell you what treatments are available and the advantages and disadvantages of each one. When you talk to your doctor, ask what is known about your cancer, and mention any additional health concerns you may have. Then you can review the choices and decide what treatment is best for you.

Source: Prostate Cancer Screening: A Decision Guide. Centers for Disease Control and Prevention (CDC). For more information go to www.healthfinder.gov or call 1-800-4-CANCER.

African American Men and Prostate Cancer

Prostate cancer is the most commonly diagnosed cancer among African American men, accounting for 40% of all cancers diagnosed in this group. It is also the second leading cause of cancer death among black men.

African American men and Jamaican men of African descent have the highest rates of prostate cancer in the world. When diagnosed with prostate cancer, African American men are more likely to have a later stage of disease and are more likely to die from their cancer than men from all other racial or ethnic groups in the United States.

1 in 5 African American men will be diagnosed with prostate cancer in their lifetime.

Why prostate cancer in more common in black men is not clear. Scientists are studying possible reasons including culture, environment and genetic factors.

The American Cancer Society recommends that African American men discuss the benefits and risks of prostate cancer screening with their doctor beginning at age 45.

For more information contact Maxine Ashby-Thompson at 212-342-0028.
Prostate Cancer: Treatment and Side Effects

After a man has been diagnosed with prostate cancer, the doctor can usually tell him how serious it is. The doctor may talk about the stage and grade or the Gleason score of the cancer. Cancers with higher numbers are more serious than those with lower numbers.

In deciding on a treatment plan, the man and his doctor should consider many things like the man’s age, his general health, his personal relationships and other aspects of his life. Possible side effects of the treatments and how much these would bother the man should also be talked about.

If the cancer is small, seems not to have spread, and does not appear to be dangerous, the doctor may recommend watchful waiting or active surveillance instead of treatment. With watchful waiting and active surveillance, the doctor continues to test for prostate cancer every 3-6 months and watches for symptoms to develop and to see if the cancer is growing.

Surgery to remove the prostate is a common treatment choice and is usually performed by a urologist, a doctor who specializes in these procedures. There are several kinds of prostate surgery available and each type should be discussed with the doctor because each has different side effects.

Possible side effects of surgery include urinary incontinence (inability to hold one’s urine), impotence or erectile dysfunction, and infertility (cannot father a child).

Radiation therapy is another treatment choice. It is performed by a radiation oncologist. Radiation can be given to the outside of the body using powerful but highly focused X-rays or it can be given inside the body by placing radioactive material next to the prostate.

Possible side effects of radiation therapy include intestinal problems, urinary problems, and erectile problems.

Cryosurgery is a new type of treatment that uses very cold gas to freeze the prostate. It is less invasive than traditional surgery but long-term effects are not known.

Possible side effects of cryosurgery include urinary incontinence and erectile dysfunction.

Hormone therapy reduces the level of testosterone in the body. Testosterone is a hormone that, among other things, makes some prostate cancers grow.

Some of the possible side effects of hormonal therapy are reduced sex drive, hot flashes, erectile dysfunction, bone thinning (osteoporosis), weight gain, loss of muscle mass and depression.

Chemotherapy, powerful anti-cancer drugs, is used when the prostate cancer has spread to other parts of the body and hormonal therapy is no longer working.

Possible side effects of chemotherapy are hair loss, mouth sores, loss of appetite, nausea and vomiting, diarrhea, easy bruising or bleeding, fatigue, and high risk of infection.

Men who know what the prostate cancer treatment options are can take their own concerns into account and, with their doctor, make an informed decision that is best for them.
MEN’S HEALTH CHECKLIST

Have you been checked??

<table>
<thead>
<tr>
<th>CHECKUP AND SCREENINGS</th>
<th>WHEN?</th>
<th>AGES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>20-39</td>
<td>40-49</td>
</tr>
<tr>
<td>Physical Exam to review your overall health</td>
<td>Every 3 years</td>
<td>Every 2 years</td>
</tr>
<tr>
<td>Blood Pressure: High blood pressure (hypertension) has no symptoms but can cause serious health problems</td>
<td>Every year</td>
<td>X</td>
</tr>
<tr>
<td>Blood and Urine Tests for cholesterol, diabetes, and thyroid and kidney function</td>
<td>Every 3 years</td>
<td>Every 2 years</td>
</tr>
<tr>
<td>EKG for look for heart abnormalities</td>
<td>Baseline (first test)</td>
<td>Every 2 years</td>
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<tr>
<td>Self-examination</td>
<td>Testicles to find lumps in their earliest stage</td>
<td>Skin to look for changing moles or freckles</td>
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<tr>
<td>Colorectal Cancer Screening</td>
<td>Fecal test for occult blood every year</td>
<td>Colonoscopy: follow MD recommendations</td>
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