

# Prostate Cancer

## What to Know About Screening

Prostate cancer follows skin cancer as the most common type of cancer among American men. All men are at risk, but questions about screening remain. Know your risk, watch for signs and talk to your family doctor about your options.

**MANY MEN** – especially those over 50 – have prostate problems. These symptoms may indicate minor problems such as benign prostatic hyperplasia (swelling of the prostate) and prostatitis (inflammation that’s usually caused by infection). But the same symptoms may mean prostate cancer. If you have any of the symptoms listed in the box (below), talk to your family doctor right away.

**Common symptoms  
of prostate cancer**

- Frequent urination
- Pain or burning feeling while urinating
- Difficulty starting to urinate
- Less force to the stream of urine
- Dribbling after you finish urinating
- Blood or pus in the urine
- Pain with ejaculation
- Hip or back pain that does not go away

Your doctor can check your prostate by putting a gloved, lubricated finger a few inches into your rectum to feel the gland. This is called a digital rectal exam or DRE. The doctor is checking to make sure the prostate feels normal, with no bumps or hard spots. These may be a sign of cancer or another prostate problem.

### PROSTATE CANCER: WHO’S AT RISK?

More than eight out of ten men who have prostate cancer are over the age of 65. African-American men are also at higher risk, as are men who have a family history of prostate cancer (especially if their father or brother had the disease).

If you’re at higher risk of prostate cancer, your family doctor will probably suggest that you have regular screening. Your doctor may recommend a blood test called a prostate-specific antigen or PSA test. A higher than normal PSA level may mean cancer, but it can have other, less serious causes too. ➤



### *Did you know . . .*

#### **When does no treatment become the treatment?**

When it’s ACTIVE SURVEILLANCE. Active Surveillance is “POWER,” watchful waiting. Learn as much as you can about this term for minimizing or potentially eliminating treatment for newly diagnosed, early stage prostate cancer.

Develop a partnership with your doctors. They are the team expert but you are the quarterback. Knowledge is power – do your homework on diagnosis, treatment and prostate management, and maintain all of your own records.

In most cases, prostate cancer is slow growing. Many people whose cancer has spread outside the prostate, including lymph nodes and bones, survive and have a good quality of life for many years.

Focus on the heart! You are far more likely to die from heart trouble than prostate cancer. Heart healthy exercise, diet and stress reduction will also improve prostate health.

Information submitted by Russ Gould, prostate cancer specialist at Wellness Place, cancer education and support. Mr. Gould is a 10-year survivor of advanced prostate cancer, and patient advocate with the National Institutes of Health, Scientific Programs of Research Excellence (NIH SPORE).

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[www.wellnessplace.org](http://www.wellnessplace.org)

*It can't happen to me*

**Stop making excuses ... it could save your life.**

**Excuse:** I don't have any symptoms.

Colon cancer is a silent killer. By the time you develop symptoms, the cancer may already be at an advanced stage. Colon cancer screening is recommended for the general population at age 50. This is when the risks of developing polyps, which are growths of tissue in your colon, can turn into cancer. Evaluation of your colon with an effective screening exam is the only way to detect the lesions at an early stage. Some symptoms to be aware of are rectal bleeding, abdominal pain, weight loss and new onset constipation or diarrhea.

**Excuse:** Nobody in my family has colon cancer

1 in 18 people will develop colon cancer. Lifetime risk for colon cancer without family history is six percent and accounts for 2/3 of all colon cancers. With a family history, colon cancer risk is 10-30 percent and accounts for only 1/3 of cancers.

**Excuse:** I'm afraid of the colonoscopy and the bowel preparation.

Colonoscopy is the "gold standard" test. It is a safe test but unexpected events or complications rarely can occur with a general risk of about 0.01 percent. No one bowel preparation is ideal for all patients but it is a critical element in improving the effectiveness of the colonoscopy.

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[www.screen4coloncancer.org](http://www.screen4coloncancer.org)

## TO SCREEN OR NOT TO SCREEN?

Some doctors think that every man should be screened for prostate cancer once he reaches a certain age. But other doctors don't think this is a good idea for men who aren't at higher risk. The American Academy of Family Physicians' policy states that the choice should be left up to individual men and their doctors.

One of the reasons doctors don't agree about screening is that 3 out of 4 cases of prostate cancer are a slow-growing type, which rarely causes symptoms or any other health problems. Men who have slow-growing cancer can usually expect to live as long as men who don't have the disease. On the other hand, sometimes prostate cancer is aggressive, which means it grows quickly and spreads early to other parts of the body. In these cases, screening has the potential to catch aggressive cancer at a point when treatment can be life-saving.

### Keeping your prostate healthy

Researchers aren't 100 percent sure what men can do to keep their prostate glands healthy. But eating lots of fruits and vegetables, and being physically active every day, will very likely improve your health. Ask your family doctor about what else you can do. He or she can help you understand the ongoing research and what it means for you.

## WEIGH THE RISKS AND BENEFITS

The PSA test is not perfect. Although PSA screening finds many cases of aggressive prostate cancer, it also finds conditions that aren't cancer. This means that some men may have to go through unnecessary tests and worry to make sure they don't have cancer.

Talk to your family doctor about the benefits and risks of prostate cancer screening and treatment. He or she can provide information and advice to help you decide whether or not screening is right for you.

### SOURCES:

*American Cancer Society*

[www.cancer.org/docroot/lrn/lrn\\_0.asp](http://www.cancer.org/docroot/lrn/lrn_0.asp)

*Mayo Clinic*

[www.mayoclinic.com/health/prostate-cancer-prevention/MC00027](http://www.mayoclinic.com/health/prostate-cancer-prevention/MC00027)

*National Cancer Institute*

[www.cancer.gov/cancertopics/types/prostate](http://www.cancer.gov/cancertopics/types/prostate)

