

Prostate Cancer Facts

The prostate is a gland in males that is involved in the production of semen. It is located between the bladder and the rectum. The normal prostate gland is the size of a walnut and surrounds the urethra, the tube that carries urine from the bladder.

Significance of prostate cancer

Prostate cancer is the most common non-skin cancer among men in the United States. Although the number of men with prostate cancer is large, most men diagnosed with this disease do not die from it. In black men, however, prostate cancer is usually more advanced and they are more likely than white men to die from the disease.

Age, race, and family history of prostate cancer can affect the risk of developing prostate cancer.

Anything that increases a person's chance of developing a disease is called a risk factor. Risk factors for prostate cancer include the following:

- Being 50 years of age or older.
- Being black.
- Having a brother, son, or father who had prostate cancer.
- Eating a diet high in fat or drinking alcoholic beverages.

Tests to help detect prostate cancer

Digital rectal exam

Digital Rectal Exam (DRE) is an exam of the rectum. The doctor or nurse inserts a lubricated, gloved finger into the lower part of the rectum to feel the prostate for lumps or anything else that seems unusual.



Prostate-specific antigen test

A prostate-specific antigen (PSA) test is a test that measures the level of PSA in the blood. PSA is a substance made mostly by the prostate that may be found in an increased amount in the blood of men who have prostate cancer. PSA levels may also be high in men who have an infection or inflammation of the prostate or an enlarged, but noncancerous, prostate.

PSA Levels:

Under 4*	Normal
4-10	Borderline risk for prostate cancer
Over 10	Higher risk for prostate cancer

* Normal PSA's vary by age and race.

Scientists at the National Cancer Institute are studying the combination of PSA testing and digital rectal exam as a way to get more accurate results from the screening tests.

Transrectal Ultrasound

This is a procedure in which a thin, lighted tube is inserted into the rectum to check the prostate. The endoscope is used to bounce high-energy sound waves (ultrasound) off internal tissues or organs and make echoes. The echoes form a picture of body tissues called a sonogram. Transrectal ultrasound may be used during a biopsy procedure.

Biopsy

A biopsy is the removal of cells or tissues so they can be viewed under a microscope by a pathologist. The pathologist will examine the biopsy sample to check for cancer cells and determine the Gleason score. The Gleason score ranges from 2-10 and describes how likely it is that a tumor will spread. The lower the number, the less likely the tumor is to spread.

When should I get a prostate exam?

Current guidelines suggest that men age 50 and older should get a digital rectal exam and PSA test to screen for prostate cancer. For higher risk men, including African Americans and men with a family history of prostate cancer, the recommended screening age is 40-45. It's best to ask your doctor about the age you should get a prostate exam and how often it should be repeated.

Possible signs of prostate cancer include a weak flow of urine or frequent urination.

These and other symptoms may be caused by prostate cancer. Other conditions may cause the same symptoms. A doctor should be consulted if any of the following problems occur:

- Weak or interrupted flow of urine.
- Frequent urination (especially at night).
- Difficulty urinating
- Pain or burning during urination
- Blood in the urine or semen
- Nagging pain in the back, hips, or pelvis
- Painful ejaculation

There are four standard treatments for prostate cancer:

Watchful Waiting

Watchful waiting is closely monitoring a patient's condition without giving any treatment until symptoms appear or change. This is usually used in older men with other medical problems and early-stage disease.

Surgery

Patients in good health who are younger than 70 years old are usually offered surgery as treatment for prostate cancer. Impotence and urine leakage the bladder or stool from the rectum may occur in men treated with surgery. In some cases, doctors can use a technique known as nerve-sparing surgery. This type of surgery may save the nerves that control erection. However, men with large tumors or tumors that are very close to the nerves may not be able to have this surgery.

Radiation therapy

Radiation therapy is a cancer treatment that uses high-energy x-rays or other types of radiation to kill cancer cells. There are two types of radiation therapy. External radiation therapy uses a machine outside the body to send radiation toward the cancer. Internal radiation therapy uses a radioactive substance sealed in needles, seeds, wires, or catheters that are placed directly into or near the cancer. The way the radiation therapy is given depends on the type and stage of the cancer being treated.

Impotence and urinary problems may occur in men treated with radiation therapy.

Hormone therapy

Hormone therapy is a cancer treatment that removes hormones or blocks their action and stops cancer cells from growing. Hormones are substances produced by glands in the body and circulated in the bloodstream. The presence of some hormones can cause certain cancers to grow. If tests show that the cancer cells have places where hormones can attach (receptors), drugs, surgery, or radiation therapy are used to reduce the production of hormones or block them from working.

Hot flashes, impaired sexual function, and loss of desire for sex may occur in men treated with hormone therapy.

For more information on prostate cancer and screening, visit anthem.com. Also visit the following sites:

National Cancer Institute - www.cancer.gov

American Cancer Society – www.cancer.org

Centers for Disease Control and Prevention – www.cdc.gov

National Institutes of Health – www.nih.gov

Source: National Cancer Institute, www.cancer.gov

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