

Insight

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PAID PROMOTIONAL FEATURE



Prostate Cancer: When Should You Test?

Prostate cancers tend to grow slowly—so slowly, in fact, that some tumors never become a problem. But this is not always the case. One monitoring tool is a blood test for prostate-specific antigen, or PSA.

PSA is released into the bloodstream from cells in the prostate, a walnut-sized gland that makes seminal fluid for carrying sperm. Elevated PSA levels can mean cancer is present. Ejaculation can temporarily increase PSA, so

avoid it before any PSA test. A digital rectal exam is also used to check for prostate cancer.

In early-stage disease, symptoms aren't usually present, but they can show up later. Symptoms can include having to pee more often, especially at night, or straining to empty your bladder; blood in your urine or seminal fluid; new onset of erectile dysfunction; discomfort or pain when sitting (caused by an enlarged prostate); or, less commonly, pain or burning during urination. Other symptoms can occur if cancer has spread beyond the prostate gland.

Should you get screened if you have no symptoms? There's no easy answer, because it's hard to predict which tumors will grow and spread quickly and which will grow slowly. Discuss your risks with your doctor.

Treatment Options

1. Monitoring only, especially for early stage, slow-growing prostate cancer.
2. Surgery and/or radiation therapy (external beam or brachytherapy, insertion of radioactive seeds).
3. Hormone therapy (androgen deprivation therapy or ADT), especially if the tumor is large or cancer is more likely to return.
4. Chemotherapy or immunotherapy if the cancer no longer responds to ADT. Side effects may include incontinence, bone pain or weakness, and sexual problems. These can often be prevented or managed.



Did You Know?

Prostate cancer is the most common cancer diagnosed in men in the U.S. (other than skin cancer), and is the second-leading cause of cancer death (behind lung cancer).

HBOC Syndrome Are you at a higher risk?

What does prostate cancer have to do with Hereditary Breast and Ovarian Cancer (HBOC) Syndrome? HBOC Syndrome relates to genetic mutations, especially in the BRCA1 and BRCA2 genes. Those mutations can mean a higher risk of getting a number of cancers, including prostate cancer. For example, a BRCA2 gene mutation can increase your chance of getting prostate cancer by 20 percent.

Risk factors include multiple HBOC Syndrome cancers on the same side of your family, a male relative diagnosed with breast cancer, and Ashkenazi Jewish ancestry. Talk to your doctor about getting genetically tested if you think you may be at risk.

Regular screenings, and genetic counseling are recommended if you test positive for mutations. Other genetic risks of getting prostate cancer include familial prostate cancer (about 20 percent of cases) and hereditary prostate cancer (about 5 percent of cases).

by the numbers

66

The average age of men when prostate cancer is detected.

60 percent

The increased prevalence of prostate cancer in black men compared to non-Hispanic white men.

174,650

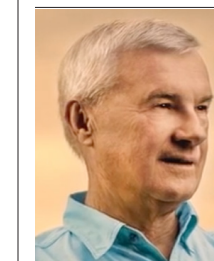
The estimated number of new prostate cancer cases that will be diagnosed in the U.S. in 2019.

1 in 9

The proportion of men who will be diagnosed with prostate cancer in their lifetime.

Too Slow to Make a Difference

Prostate cancer can grow and spread quickly, but this is not usually the case. Some prostate cancers remained hidden for years in many older (and some younger) men who eventually died of other causes. Neither they nor their doctors knew they had prostate cancer until it showed up in an autopsy.



patient perspective

"When you go home [after a treatment], you resume your normal everyday life...So my life, other than giving up that hour each day, didn't change at all."

— Bud Conklin, Prostate Cancer Survivor

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