



# Prostate Cancer: When Should You Test?

PAID PROMOTIONAL FEATURE

Prostate cancers tend to grow slowly. Some tumors never become a problem, but this is not always the case. One monitoring tool is a blood test for prostate-specific antigen (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 indicate cancer. Ejaculation can temporarily increase PSA, so avoid it before any PSA test. A digital rectal exam is also used in diagnosis.

Early-stage disease usually has no symptoms, but they can show up later. Symptoms include more

frequent urination, especially at night, or straining to empty your bladder; blood in urine or seminal fluid; new onset of erectile dysfunction; discomfort or pain when sitting; or, less commonly, pain or burning during urination. Other symptoms can occur if cancer has spread beyond the prostate.

The American Cancer Society recommends that screening begin at age 50 for men at average prostate cancer risk, who are expected to live for at least ten more years. Screening can begin as early as age 40 for men at higher risk. Talk with your doctor to see what's right for you.

## What is PSA Velocity?

Elevated PSA readings could indicate the presence of cancer, but another important measurement is how fast those readings increase. The speed of increase is called PSA velocity. Studies show that if a PSA velocity is over 0.35 ng/mL (nanograms per milliliter) per year, and if the patient has prostate cancer, it is more likely to be aggressive.

## What to Do After Diagnosis

Treatment options for prostate cancer include:

- Monitoring only, especially for early stage, slow-growing disease.
- Surgery and/or radiation therapy (external beam or brachytherapy, the insertion of radioactive seeds). RBOI has successfully treated prostate cancer for 30 years.
- Hormone therapy (androgen deprivation therapy or ADT), especially if the tumor is large or cancer is more likely to return.
- Chemotherapy or immunotherapy if prostate cancer no longer responds to ADT.

Side effects may include incontinence, bone pain and weakness, and sexual problems, but 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. Thanks largely to the PSA test, 98 out of 100 men are expected to survive the disease five years after diagnosis, excluding the risk of dying from other causes.

**248,530**

Estimated new prostate cancer cases in 2021



**12.5%**

Chance of a man developing prostate cancer during his lifetime



**3,245,430**

Men living with prostate cancer in the US in 2018



**3.1%**

Average annual decrease in new prostate cancer cases from 2009-2018



## Know Your Risk

Prostate cancer represents 13.1% of all new cancer cases in the U.S., and some men are more at risk than others.

The disease is rare in men younger than 40, but the risk rises rapidly after age 50. In the U.S., diagnosis occurs most commonly between ages 65 and 74.

Family history is a major risk factor. A man is two to three times more likely to be diagnosed with prostate cancer if his father, brother, or son has had it.

Prostate cancer is more prevalent in African American men, who are also more than twice as likely to die from the disease as men of other races and ethnicities. This difference may be due in part to lower socioeconomic status, lack of health care coverage, and unequal access to health care services and improved treatment options.



## Patient-centered radiation oncology close to home

- The Villages** 352.259.2200
- Ocala** 352.732.0277
- Timber Ridge** 352.861.2400
- Inverness** 352.726.3400
- Lecanto** 352.527.0106

RBOI.com

