

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, 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.

Early-stage disease usually has no symptoms, but they can show up later. Symptoms 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 tumor growth is hard to predict. Discuss your risks with your doctor.

Currently, Medicare provides coverage for an annual PSA test for all Medicare-eligible men age 50 and older. Many private insurers also cover PSA screening.

If Your PSA is Elevated

An elevated PSA reading does not necessarily mean cancer is present. Elevated PSA readings can also mean:

- Prostatitis (inflammation of the prostate)
- Benign prostatic hyperplasia (BPH, or enlargement of the prostate)
- Urinary tract infection (UTI)

A prostate biopsy or prostate surgery can also cause elevated readings. Your doctor may recommend another PSA test to confirm the original finding, as well as continued monitoring.



HBOC Syndrome: 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%.

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 screening for prostate cancer, along with genetic counseling, is recommended if you test positive for mutations. Other genetic risks of getting prostate cancer include familial prostate cancer (about 20% of cases) and hereditary prostate cancer (about 5% of cases).

by the numbers

#5

Prostate cancer is the fifth leading cause of cancer death in the US

14%

Percentage of all new cancer cases that are prostate cancer

268,490

Estimated new prostate cancer cases in 2022

12.6%

Chance of a man developing prostate cancer during his lifetime

What to Do After Diagnosis?

Treatment options for prostate cancer include:

- Monitoring only, especially for early stage, slow-growing prostate cancer
- Surgery and/or radiation therapy (external beam or brachytherapy, the insertion of radioactive seeds)
- 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.

RBOI's support services are available to the community free of charge, from before diagnosis through treatment and afterward, regardless of where you are being treated. Give us a call.

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