



Ask your Provider About Prostate Cancer Screening

Due to the questions raised by the ongoing debate over prostate cancer screening, the providers at NSIM have prepared this summary, containing the latest information about the benefits and risks of prostate cancer screening, so that each man can make his own, informed decision.

The Prostate Debate at a Glance

- For years doctors routinely screened men for prostate cancer starting using either a finger examination of the prostate, or a PSA blood test.
- But now, medical experts question the value of these screening tests (especially the PSA) and their ability to determine the likelihood of a serious or life-threatening cancer and to save lives.
- As many as 80% of prostate cancers will have a slow pattern of growth and are a low risk for many years. It is estimated that it takes approximately 10 to 15 years for slow growing cancers to cause any problems.
- 10 to 15% of prostate cancers, however, are more aggressive and may pose a serious health threat.
- The side effects of treatment are significant and include the risk of long term erectile dysfunction and urinary incontinence in the range of 40% for certain treatments.
- Therefore, the treatment of low risk cancer may cause side effects without providing any benefit.

Know your Risk Factors

- 1) **Age:** The risk for prostate cancer increases with age. Patients at increased risk for prostate cancer are men over age 50 and younger than age 75 (current guidelines suggest we NOT screen men older than 75).
- 2) **Family history:** The risk for prostate cancer doubles if a man has a father or a brother with the disease.
- 3) **Race:** African-American men are at greater risk for prostate cancer compared to men from other racial/ethnic groups.
- 4) **Symptoms:** Prostate cancer has no specific symptoms but there are symptoms of an enlarged prostate gland – either due to cancer or due to benign enlargement that occurs in middle-aged men, talk to your provider if you have any of the symptoms below;
 - Difficulty starting urination.
 - Weak or interrupted flow of urine.
 - Frequent urination.
 - Difficulty emptying the bladder completely.

Resources and Additional Information:

The American Urological Association's Recommendations on prostate cancer testing: <http://bit.ly/aua-letter>

The American Cancer Society, www.cancer.org/cancer/prostatecancer/index

The Center for Disease Control, www.cdc.gov/cancer/prostate/basic_info/screening.html

The American Academy of Family Physicians, Treatment Options for Prostate Cancer. www.aafp.org

The National Cancer Institute, Statistics, <http://seer.cancer.gov/statfacts/html/prost.html>

Prostate Cancer Screening: Weighing the Benefits and the Risks

- The Potential benefit of Prostate Cancer Screening is that it may detect the cancer early when treatment may be more effective.
- Potential risks of prostate cancer screening include:
 1. False positive PSA tests (suggesting you may have prostate cancer which on biopsy proves to be normal tissue)
 2. Treatment of some prostate cancers that may have never affected a man's life expectancy or health even if left untreated.
 3. Treatment may lead to serious side effects such as trouble with erections, urinary incontinence and bowel problems.

Discussion Points:

- ✓ Prostate cancer is an important and common disease that becomes more common with age.
- ✓ Although prostate cancer is the second most common cause of cancer related death in men, most men with prostate cancer do not die of the disease. In other words, prostate cancer is common (roughly 218,000 men are diagnosed with it yearly) but the prevalence of the most aggressive cancers is quite low (10-15%).
- ✓ No one knows if regular prostate cancer screening reduces the risk of dying from the disease.
- ✓ False Positive PSA Tests occur: About 70% of men with an abnormal PSA do not have cancer.
- ✓ False Negative PSA tests occur: About 20% of men with a normal result do have cancer.
- ✓ PSA values can be elevated for reasons other than cancer.
- ✓ If a test result is abnormal, a biopsy of the prostate gland is the next step.
- ✓ If a prostate biopsy shows cancer, treatment options will be offered.
- ✓ Treatment for prostate cancer depends on the size, aggressiveness, and extent of the tumor as well as on the age, general health, and preference of the patient.
- ✓ There are many options for treating prostate cancer; such as surgery, radiation, hormone therapy, and chemotherapy
- ✓ Treatment for prostate cancer is associated with sexual dysfunction, urinary incontinence, bowel dysfunction, and other adverse side effects; the rates of these complications depend on the treatment used and are higher with increasing age and the presence of other diseases.
- ✓ Due to these associated complications, it may be appropriate for many men to consider close observation (or active surveillance) with a delayed intention to treat.

Bottom Line – Talk to Your MD: Men, starting at age 50, men should discuss the advantages and limitations of prostate cancer screening with their providers. African-American men and men with family histories of prostate cancer should begin talking with their providers at age 45.

- **Whether you could benefit from screening will depend on your history, age, personal preference and other factors.**