



# Prostate Cancer Awareness Month

PROSTATE CANCER IS the second most common cause of cancer for men in the U.S. Nearly 3 million men are currently living with the disease, and it will take the lives of more than 29,000 men this year, according to the Prostate Cancer Foundation.

The prostate is a small walnut-size gland that is part of the reproductive system. It makes fluid that is part of semen and is located in a man's pelvis, below the bladder.

## Who is at risk for prostate cancer?

The major risk factors for prostate cancer include:

**Age.** The older a man gets, the greater the risk. After age 50 the risk increases substantially. The majority of prostate cancers are found at age 65 or older.

**Race.** African-American men are 56 percent more likely to develop prostate cancer, and are 2.5 times more likely to die from the disease than Caucasians.

**Family history.** A man is twice as likely to develop prostate cancer if his father and brother had the disease; that risk increases if more family members had the disease, or if the disease occurred in relatives younger than 55.

**Where you live.** Men living in northern cities in the U.S. (north of 40 degrees latitude) have a higher risk of dying from prostate cancer than those in other locations.

**Diet.** Obesity and a diet high in fat may increase the risk of developing prostate cancer.

## Early prostate problem signs and symptoms

Many men experience no signs or symptoms of prostate cancer, with the disease diagnosed as part of a routine checkup. For others, changes in urinary or sexual functions might indicate the presence of prostate cancer. Watch for and immediately report the following signs to your doctor:

- Need to urinate frequently, especially at night.
- Difficulty starting urination.
- Weak or interrupted urine flow.
- Painful or burning urination.
- Difficulty having an erection.
- Painful ejaculation.
- Blood in urine or semen.
- Frequent pain or stiffness in lower back, hips, thighs.

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# ORIGINAL ARTICLE FROM COSTCO MAGAZINE

## PROSTATE CANCER

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### PSA screening

In 1994, the Food and Drug Administration approved the use of the prostate-specific antigen (PSA) test, used in conjunction with a digital rectal exam (DRE) to screen asymptomatic men for prostate cancer. PSA is a protein produced by cells of the prostate gland. The test measures the level of PSA in a man's blood, which is often elevated in men with prostate cancer.

Men who report prostate symptoms might undergo PSA testing along with a DRE to help doctors determine the nature of the problem.

### Does screening work?

In 2012, the U.S. Preventive Services Task Force recommended against PSA-based screening for men who do not have symptoms, citing "moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits." Their summary says there is adequate evidence that the benefit of PSA screening and early treatment ranges from zero to one prostate cancer death avoided per 1,000 men screened.

Since that recommendation, professional organizations have altered PSA screening guidelines. Some, such as the Centers for Disease Control and Prevention and other

## Resources

- Prostate Cancer Foundation (PCF), [pcf.org](http://pcf.org).
- National Cancer Institute, [cancer.gov](http://cancer.gov).
- Centers for Disease Control and Prevention, [cdc.gov](http://cdc.gov).—DW

federal agencies, recommend against PSA-based screening for men without symptoms of a prostate problem.

Other organizations, including the American Cancer Society and the American Urological Association, leave the decision to the individual, who should come to a conclusion about screening based on personal values; discussions with doctors, family and friends; and available information about the risks and benefits of PSA screening.

### What's risky about a PSA blood test?

It's the choices that come after the test results that prove risky. The National Cancer Institute describes the limitations and potential harms of PSA screening in their fact sheet as follows.

▪ When used in screening, the PSA test can help detect small tumors that do not cause symptoms. But finding a small tumor

may not necessarily reduce a man's chance of dying from prostate cancer.

▪ False positives are common. Only one in four men with abnormal PSA results turn out to have prostate cancer.

▪ Fast-growing prostate cancers may not produce much PSA, and may yield a false negative result so the individual is told he doesn't have cancer when he actually does.

▪ Detecting tumors that are not life-threatening is called overdiagnosis, and treating these tumors is called overtreatment. Overtreatment exposes men unnecessarily to the potential complications and harmful side effects of treatments for early prostate cancer (surgery, radiation therapy).

▪ Side effects of these treatments include urinary incontinence, problems with bowel function, erectile dysfunction and infection. Prostate cancer surgery increases the risk of urinary incontinence by 28 percent, and the risk of erectile dysfunction by 36 percent.

Using PSA to broadly screen asymptomatic men for prostate cancer is not an effective approach, the task force concluded. But men with early signs of the disease or a known family history of prostate cancer should consider PSA testing as an option.

—David Wight