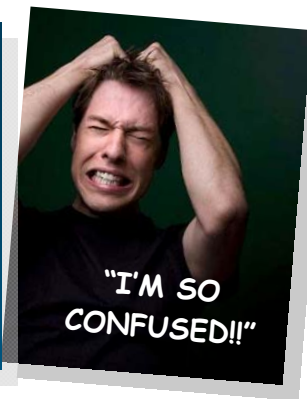


# PROSTATE CANCER SCREENING — WHAT'S A MAN TO DO?



## What is Prostate Cancer Screening?

Prostate cancer screening includes a PSA blood test and a digital rectal exam. Screening does not diagnose prostate cancer but may help identify if a man is at increased risk for having prostate cancer. If it is determined that a man is at increased risk for having prostate cancer then a prostate biopsy is performed.

The controversy over prostate cancer screening began when the USPSTF (U.S. Preventive Services Task Force) recommended against screening for prostate cancer. It was their opinion that the treatments caused more harm and didn't save lives. However, they based their opinion on incomplete data and did not have prostate cancer specialists on their committee. It is the AUA's opinion and the opinion of other organizations that **screening should be an individualized decision between a man and his physician.**

## Possible Benefits of PSA Testing

A PSA that is high for you or for your age may lead to your doctor recommending a prostate biopsy. The prostate biopsy may find prostate cancer early before it has spread. If the biopsy shows very low stage disease you may not have to proceed with treatment right away. Some cancers are very slow growing and you may undergo what is known as active surveillance. However, if the cancer is a higher grade early treatment may help some men to live longer.

## Possible Risks of PSA Testing

The PSA test is not a perfect test. A PSA within the normal range does not prove the patient does not have prostate cancer. A PSA value that is outside the normal range or high for your age group may not mean that you have prostate cancer.

The only way to determine if you have prostate cancer is with a prostate biopsy. There are some risks associated with prostate biopsy such as bleeding and infection.

## Additional Screening Tools

In addition to the PSA and digital rectal there are two other studies that may be performed to determine a man's risk for prostate cancer. These tests are expensive and are generally reserved for men who have had a previous negative biopsy with a rising PSA or in men who may have increased risks associated with prostate biopsy.

**The 4K test:** The 4K test is a blood test performed to identify the risk of aggressive prostate cancer and estimate the risk of poor clinical outcomes within 20 years. The 4K test is not indicated in men with a previous diagnosis of prostate cancer or men younger than 40 or older than 80. The test should not be performed when a digital rectal exam has been performed in the previous 96 hours prior to blood draw for the test or men who have taken 5-alpha reductase inhibitors within previous 6 months. It answers the question "If I had a biopsy, how likely is it that I have an aggressive form or prostate cancer?" For more information about the test visit [4Kscoretest.com](http://4Kscoretest.com)

**MRI of the pelvis:** This is an imaging study that provides detailed images of the prostate. It may identify suspicious areas in the prostate that would warrant further investigation with prostate biopsy. The identification of suspicious areas on MRI may guide the urologist in directing the needle biopsy procedure. If the MRI is negative or normal, a biopsy might not be immediately necessary.

According to the American Urological Association, the controversy over prostate cancer should not surround the PSA test, but rather how test results influence the decision to treat.

**A cancer cannot be treated if it is not detected. Not all prostate cancers require immediate treatment.**

Active surveillance, in lieu of immediate treatment, is an option that may be considered for some men. Testing empowers patients and their urologists with the information to make an informed decision.

## Other factors to consider before proceeding to initial prostate biopsy

- Free and total PSA ( a more sensitive test)
- Patient age (PSA rises with age)
- PSA velocity (has fast the PSA is rising)
  - PSA rise of >0.75 in 1 year may be at increased risk for prostate cancer
  - PSA rise of >2 in a year may be a sign of aggressive cancer
- Family history and ethnicity (a family history of prostate cancer increases the risk; African-Americans are at increased risk)
- Life expectancy: A man with other health conditions who has a life expectancy of less than 10 years may not be a candidate for prostate biopsy

## When Should I Be Screened?

If you choose to be screened for prostate cancer consider the following.

**Age 40—Men with risk factors** for prostate cancer (*i.e. family history or African-American*) should begin testing at age 40

- If the PSA < 1.0 get next PSA at age 45
- If the PSA > 1.0 repeat PSA annually

Men without risk factors begin testing at **age 50.**

- If PSA > 1.0 or if there are symptoms, test annually
- If PSA < 1.0 or no symptoms consider testing every 2 years.

**70 years of age or older,** PSA testing should be individualized. If life expectancy is < 10 to 15 years, testing may not be recommended.

## Reducing the Risk for Prostate Cancer

It has not been proven that any particular diet, dietary supplement or medication will prevent prostate cancer. Since the leading cause of death in men is heart disease (26%) followed by cancer (24%), a lifestyle to maintain a healthy heart is of prime importance to a long and healthy life.

**1) Healthy diet** consisting of at least 5 servings of fruits and vegetables per day. Limit intake of red meat and fat

**2) Regular physical activity** of 30 to 45 minutes on five or more days a week. Men over age 40 who have not been physically active should be evaluated by their physician before beginning an exercise program and they should gradually increase the intensity, duration and frequency of exercise

**3) Control weight** (Body mass index <30). To maintain a healthy weight manage the intake of calories per day. Follow the 80/20 principle: 80% of the time you focus on good foods, and 20 percent of the time you have the freedom to indulge as you please. Don't be concerned about the math, but it's simple: if you eat three square meals a day, three of those meals every week are your 20 percent cheat meals; if you eat five small meals a day, then seven of those small meals are up for grabs.

**4) Do NOT smoke** or use tobacco. It has not been shown that smoking increases the risk of prostate cancer but studies have shown that men who smoke may be at higher risk for high grade/aggressive prostate cancer.

**5) Annual doctor visit** to include testing for blood pressure, cholesterol and diabetes. Discuss PSA testing with your doctor.