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All Men At Risk For Prostat...

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All Men At Risk For Prostate Cancer

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By [NICOLA ALLY, MD](#) • August 30, 2009 • [Printer-friendly](#)

MEN'S HEALTH

PCA Second Leading Cause of Cancer Death in American Men



Dr. Nicola Ally

As a radiation oncologist, I counsel many men with prostate cancer (PCA) about treatment options. After skin cancer, PCA is the most common cancer and the second leading cause of cancer death in American men. [The American Cancer](#)

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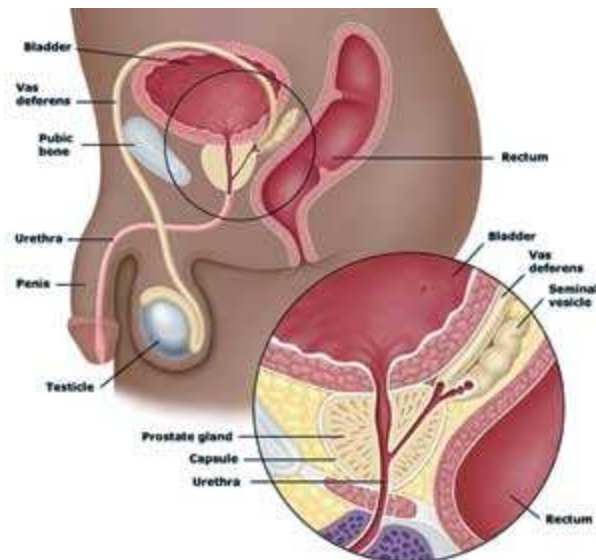
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Society estimates that over 192,000 men will be diagnosed with PCA in 2009 and about 27,000 men will die.

The hormone testosterone drives the growth and development of the gland and PCA. Medications that interfere with testosterone production or metabolism are used to treat prostate disease and PCA.

The most common type of PCA is adenocarcinoma. In late stages, PCA can spread to the urinary passage, bladder, tissues around the prostate, lymph nodes and/or bone.

Risk Factors & Prevention



THE PROSTATE GLAND is located at the base of the bladder. The urinary passage pierces the gland like a core through an apple, so prostate disease often interferes with urination. The prostate is also a conduit for sperm and the gland produces fluid to support sperm function. Nerves for erection are located near the back and sides of the gland surface.

Vasectomy, prostate enlargement, infection or previous

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general surgery to the prostate and bladder are not considered risk factors for PCA. Risk factors include:

- Aging; risk increases after age 55
- African-American heritage; diagnosed with more aggressive and advanced PCA
- Family history of PCA
- Previous biopsy demonstrating PIN (prostatic intraepithelial neoplasia)
- Obesity, high-fat diet
- Testosterone supplements; controversial, but short-term use runs low-risk.

PIN is a precancerous change in the gland. It can take up to 10 years for PIN to develop into PCA and 40-60 percent of men with PIN will have PCA on subsequent biopsies.

Finasteride was studied in over 18,000 healthy men in the Prostate Cancer Prevention Trial. The most significant finding was that finasteride reduced the risk of developing PCA by 25 percent. Finasteride interferes with testosterone metabolism.

Selenium and/or vitamin E do not prevent PCA based on the recent SELECT trial. Saw palmetto does not prevent PCA, but it can relieve prostate enlargement.



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Annual PSA check and digital rectal exam of the prostate will help to detect prostate problems at an early stage.

Diagnosis & Screening

Prostate glands make the protein PSA (prostate specific antigen). PSA blood levels can be high with prostate enlargement, infection, inflammation or cancer. Digital exam may be abnormal (large gland, nodules). However, men with PCA may have few symptoms, and a "normal" exam and PSA.

In men 50 years or younger, PSA less than 3.0 ng/mL is "normal." The prostate enlarges with age, so PSA of less than 4.0 ng/mL is "normal" in older men.

In the past, 70 percent of men were diagnosed with extensive PCA. Since PSA testing began in 1988, 75 percent of men are now diagnosed with early disease. Using PSA to "screen" men for PCA is controversial because PCA is usually slow-growing and very common; many men may be treated, but eventually die of other causes.

If the cancer is caught at its earliest stages, most men will not experience any symptoms. Some will experience symptoms that might indicate the presence of prostate cancer, including:

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

Because these symptoms can also indicate the presence of other diseases or disorders, such as benign prostatic hypertrophy or prostatitis, men who experience any of these

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symptoms should undergo a thorough work-up to determine the underlying cause of the symptoms.

High-risk disease factors include:

- PSA level greater than 10 ng/mL
- Prostate digital exam and imaging (CT scan, MRI, bone scan) indicates PCA spread beyond gland, lymph nodes or bones
- Gleason score from biopsy of 7, 8, 9 or 10 (more aggressive disease).

I also consider factors related to your fitness and quality of life, such as your age, activity level, medical problems and concerns over urination, enlarged prostate, fertility and impotence.

“Watchful waiting” refers to deferring treatment in early, low-risk PCA until the PSA rises quickly or you develop symptoms of advancing disease. This approach is not recommended for healthy, young men or men with high-risk disease. It is appropriate for those with major illness or a life expectancy of less than 10 years, because they are more likely to die of causes other than PCA.

Treatment Options



Surgery and radiation therapy are the mainstays of treatment. Radical, laparoscopic or robotic prostatectomy are ways of removing the gland (and sometimes, lymph nodes). Radiation therapy involves the use of high-energy, targeted x-rays to

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damage the genetic material of the gland, resulting in gland death. Radioactive seeds can also be placed in the gland to achieve a similar result.

- We generally recommend surgery for men younger than 55 years. In older men with early disease, surgery or radiation offer excellent and equivalent cancer control with survival rates approaching 90 percent over 10 years.
- For men with more high-risk features, a combination of radiation therapy with anti-testosterone therapy has been shown to improve cancer control and survival.
- Men with PCA that has spread to many lymph nodes and/or bones (metastatic disease) are usually treated with anti-testosterone therapy alone. Radiation can relieve pain from enlarged lymph nodes or bone disease.
- Chemotherapy is used in metastatic disease when anti-testosterone therapy no longer controls the spread of PCA. There is active research into different chemotherapy combinations and/or “vaccine” trials for metastatic PCA.
- I do not recommend anti-testosterone therapy as the only treatment for early PCA. This therapy must be long-term and is associated with many side effects, such as weight gain, hot flashes, impotence, fatigue, osteoporosis, and exacerbation of hypertension, diabetes and heart disease.
- Proton therapy (a form of radiation) is expensive and not widely available. It offers a few advantages but the majority of men with PCA can be treated effectively and safely with traditional radiation therapy. Cryosurgery and high-frequency ultrasound (HIFU) are emerging therapies. Compared to surgery or radiation, we do not have long-term data on how effective these therapies are for prostate cancer, particularly in high-risk cases.

This millennium, there are several options for men with PCA and many reasons to have hope for a brighter and healthier future. For more information log on to www.CancerCareBrevard.com or call 321-952-0898.

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*Dr. Ally is a board-certified radiation oncologist with **Cancer Care Centers of Brevard**. She specializes in adult oncology and is specially trained in the use of radiation therapy in the management of cancer and benign disease. Dr. Ally enjoys a close relationship with her patients and has a special interest in radiosurgery and prostate, lung, breast, colorectal and skin cancers; and she serves on the Board of the American Cancer Society. Dr. Ally and her colleagues provide state-of-the art radiation therapy in Merritt Island, Melbourne and Sebastian. They are a comprehensive cancer center and also provide medical oncology and hematology services. To reach Dr. Ally call 321-952-0898.*



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BREVARD COUNTY, FLORIDA – Cancer Care Centers of Brevard pulled out the stops to welcome Dr. Diely Pichardo – their ninth physician to their staff, during an open house this week. As valets parked cars and guests enjoyed an array of imaginative hors d'oeuvres, Dr. Pichardo mingled with the crowd.

Related posts:

1. **[Dr. Pichardo Joins Cancer Care Centers of Brevard](#)**
2. **[Event To Recognize Leaders for Breast Cancer](#)**

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HIFU

August 30, 2009 • 12:59 pm

1. Sept. is pca awareness month. its a great reason to get checked at the least!

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