

Prostate cancer is the most common cancer of older men, and an estimated 30,000 men will die from this disease every year.

Scientific research on the detection and treatment of prostate cancer is ongoing. Studies have not proven whether early detection helps patients live longer, and it will be five to 10 more years before we know for sure whether prostate screening and early treatment are helpful or if they do more harm than good. Until more certain information is available, each man needs to decide with his doctor or nurse practitioner if he should be screened for prostate cancer, how often and with what tests.

This brochure provides basic information on prostate cancer, screening tests available and some treatment options. Talk to your doctor or nurse practitioner about your specific questions or concerns.

Prostate gland

The prostate is a gland that surrounds the bladder opening and urethra of males. It is located between the pubic bone and rectum and makes a part of the fluid that sperm travels in when a man ejaculates. Starting at about age 40, the prostate gland naturally begins enlarging in most men. An enlarged prostate does not increase the chances of getting prostate cancer.

The causes of prostate cancer are unknown, but it is more common in men over age 50, African American men and men with a father or brother who had prostate cancer at an early age.

Screening tests

There are two main screenings for prostate cancer: DRE (digital rectal exam) and PSA (prostate-specific antigen) blood test. If one of these screenings is positive, further tests will need to be done.

Digital rectal exam

The DRE is the most commonly used method for early detection of prostate cancer. The doctor or nurse practitioner uses a finger to do a rectal exam and feel for abnormal firmness in the prostate.

A digital rectal exam can detect most advanced cancers, but it cannot detect many early cancers. No studies have shown that men having regular DREs are less likely to die from prostate cancer than men not having regular DREs. Many nodules felt by the doctor or nurse practitioner will be found not to be cancerous after further testing.

PSA blood test

The level of prostate-specific antigen, a protein produced by the prostate, is measured in a blood test. This test will detect more prostate cancers than the DRE, but it will still miss 11 percent of early prostate cancers.

Having high levels of PSA in the blood could mean a man has any one of several conditions of the prostate, including harmless prostate enlargement, inflammation or cancer. One out of 20 men who have the screening will test positive, but most will not have cancer. A large percentage of cancers detected by PSA tests may be cancers that continue to grow slowly throughout a man's life. These cancers may cause health problems in time.

Recommendations

Recommendations for prostate cancer screenings are different among various groups. The U.S. Preventive Services Task Force does not routinely recommend the PSA blood test. The American Cancer Society recommends this test yearly beginning at age 50, or yearly beginning at age 40 for African American men or men with a family history of prostate cancer. The American Urological Association recommends that patients in these high-risk groups be given information about PSA testing and the option to participate in screening or early detection programs. It also suggests that PSA testing continue for healthy males having a life expectancy of 10 years or more.

Treatment

No studies have proven that one of the following treatment choices is better than the other. Because most early prostate cancers progress slowly, many patients will do well with the choices described below. Unfortunately, a few prostate cancers progress rapidly regardless of what treatment is used. All treatment options have associated risks and should be discussed with a doctor or nurse practitioner who is aware of the patient's health status and age.

No treatment

No treatment may be most appropriate for some older men or men with serious health problems since many prostate cancers will progress very slowly.

Radical prostatectomy

Radical prostatectomy is a surgical procedure in which the entire prostate gland is removed. The surgeon attempts to save the nerves so sexual function and bladder control are maintained. However, depending on a man's age and health status, this treatment can result in impotence, loss of bladder control or difficulty urinating. Discuss these risks with your doctor or nurse practitioner.

Radiation therapy

Radiation therapy is a series of daily X-ray treatments to the prostate and surrounding area, which usually lasts about six weeks. This treatment can also cause impotence, loss of bladder control, difficulty urinating or damage to the rectum or bladder. Talk to your doctor or nurse practitioner about your personal risks.

Radioactive seed implant therapy

In radioactive seed implant therapy, radioactive seeds are placed directly into the prostate. Not all prostate cancer can be treated by seed therapy. This therapy is most effective for prostate cancer that is small and has not spread outside the prostate gland. Loss of bladder control and impotence occur less often with radioactive seed implant therapy than with other prostate cancer treatments.

Deciding what's best for you

The controversy surrounding screening practices for prostate cancer is due to the complexity of the disease. It is common, yet there are often no noticeable symptoms early on in the disease. It can be slow-growing and not spread to other parts of the body, or it can progress rapidly and be life-threatening. It can be detected early through tests; however, early detection does not guarantee a longer life. The results of vigorous treatment are unknown and may not be better than less aggressive treatment strategies. Only you and your doctor or nurse practitioner can decide what is best for you.

If you want more information on any medical topic, please contact the Park Nicollet Health Library. A medical librarian can help you find out what you need to know.

Web site: parknicollet.com/healthlibrary

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This brochure is based on guidelines developed by a team of health care experts at the Institute for Clinical Systems Improvement (ICSI), of which Park Nicollet Health Services is an active member. It will be reviewed and updated on a regular basis as scientific evidence changes. This material is for informational purposes only and is not intended to be a substitute for professional medical advice, diagnosis or treatment.

Screening for Prostate Cancer

Difficult Decisions

