

Men Need to Know Their Options

By Jean Oxendine

Closing the Gap, Cancer • August 2000

African American men have the highest incidence and mortality rates of prostate cancer in the world. If treated, however, survival rates are equal to those in other populations. Knowing current screening and treatment procedures is critical for these at-risk men.

“Studies show that, stage-for-stage, equal treatment to equal treatment, race does not make a difference in treating prostate cancer,” said Otis Brawley, MD, director of the National Cancer Institute (NCI), Office of Special Populations Research. Except for skin cancer, prostate cancer is the most common type of cancer in American men. Nearly 179,300 men in the U.S. were diagnosed in 1999, according to NCI. Being older and eating a diet high in fat can increase a man’s chances of getting the disease. Genetic factors may play a part for men under 60 years of age who are diagnosed with prostate cancer. Studies also show a dramatic difference in incidence of prostate cancer among men from different countries.

Screening Controversy

According to Dr. Brawley, the U.S. Preventive Services Task Force announced that the official HHS stand recommends against routine prostate cancer screening for all men because it has not been proven to save lives. “Although no medical organization strongly endorses screening for all men, men should be aware of the risks and benefits of screening,” Dr. Brawley said.

Both the American Cancer Society (ACS) and the American Urological Association (AUA) have policy guidelines on screening. According to the ACS, both prostate specific antigen (PSA) and digital rectal examination should be offered annually, beginning at age 50 years, to men who have at least a 10-year life expectancy, and to younger men who are at high risk. Information should be provided to patients regarding potential risks and benefits of intervention. ACS further recommends that men in high risk groups, such as those with strong familial predispo-

sition or African American men, may begin at a younger age (e.g. 45 years). The AUA endorses ACS’s policy on screening.

The Journal of the American Medical Association (May 1999) reports, “while screening for PSA has led to increased detection of the disease, it is unclear whether screening is associated with the decline in mortality that has been seen in the last few years.”

Proponents say annual screening is important because most cancers detected through screening are in an intermediate grade and the PSA test allows the detection of potentially dangerous cancers that have a high likelihood of affecting a patient’s life. Opponents argue PSA tests can produce a number of false-negative and false-positive results, leading to treatment that may reduce a man’s quality of life.

Patients should do research

“Once a patient is diagnosed, it is very important for him to talk with a doctor about possible treatments because some may pro-long life,” Brawley said. Brawley counsels patients on their options, and tells them they must read, think hard, and talk to experts about each of the types of treatments. “If a doctor says, ‘my way is better than the other ways,’ walk out of the office,” said Brawley. He said getting treatment from a reputable provider and making sure they do a good job are critical.

Screening Options

Tests commonly used to detect prostate cancer include:

Digital Rectal Examination. A doctor feels the prostate gland through the rectal wall to check for bumps or abnormal areas.

Transrectal Ultrasonography. A probe that is inserted into the rectum sends out high-frequency sound waves. The waves bounce off the prostate gland and produce echoes that a computer uses to create a sonogram.

Symptoms of prostate cancer can include:

- Frequent urination, especially at night;
- Inability to urinate;
- Trouble starting or holding back urination;
- A weak or interrupted flow of urine;
- Painful or burning urination;
- Blood in the urine or semen;
- Painful ejaculation;
- Frequent pain or stiffness in the lower back, hips, or upper thighs.

These can be symptoms of cancer, but more often they are symptoms of non-cancerous enlargement of the prostate. It’s important to check with a doctor.

Prostate Specific Antigen. A blood sample is drawn to determine the amount of PSA present. PSA is a marker that, if present in higher than average amounts, may indicate prostate cancer cells. But PSA levels may be higher in men who have non-cancerous prostate conditions. The only true confirmation of prostate cancer is by a microscopic examination to identify cancerous prostate tissue.

Types of Treatment

Treatments commonly used for prostate cancer are:

- surgery;
- radiation therapy;
- hormone therapy;
- chemotherapy; and
- biological therapy, which uses the body’s immune system to fight cancer.

The type of treatment a patient chooses will depend on the stage of the disease, and the patient’s age and overall health.

For more information, call NCI’s Cancer Information Service at 1-800-4-CANCER (1-800-422-6237); TTY at 1-800-332-8615 or <http://cancer.net.nci.nih.gov/>

