

WHAT EVERY MAN SHOULD KNOW ABOUT PROSTATE CANCER

Prostate cancer often has no symptoms. This is why screening is so important for all men starting as young as age 40, particularly if they are at high risk due to family history or racial background. Black men have the highest incidence of prostate cancer, followed by Hispanics. Many current guidelines specify that screening for all men should begin at age 50.

Any persistent increase in PSA over time at any level, even within the normal range, should be investigated to rule out prostate cancer. If patients and doctors were to keep a PSA record or a graph, noting any changes and noting the trend over time in PSA values, countless lives would be saved. The quality of life for many men diagnosed with prostate cancer is better preserved with early detection of the disease versus diagnosis with advanced disease. Prostate cancer detected early provides many options for disease management while prostate cancer detected only after it has metastasized provides for only a few palliative treatments with no known curative treatment at the present time.

Screening consists of two parts –

- ✓ The PSA blood test for prostate specific antigen. Some experts believe that a PSA value of 2.0 and over should be investigated to rule out prostate cancer, although the U.K. National Cancer Programme guidelines establish 3.0 as the point where further investigation is appropriate.
- ✓ The DRE or digital rectal examination. This test takes less than a minute and can save lives, so if a DRE is not offered as part of screening, patients need to point out that the DRE is an important part of the lifesaving potential that screening has to prevent diagnoses of prostate cancer at stages beyond the window of opportunity for cure.

In the event that screening produces a result that requires further investigation to rule out prostate cancer, first steps should be:

- ✓ Determination of the free PSA percentage. Over 25% free PSA is associated with a low risk of prostate cancer, while a free PSA percentage of 15% or less is associated with a higher risk.
- ✓ Prostatitis can cause an elevated PSA and a correspondingly low free PSA. Four to six weeks of treatment with an antibiotic such as ciprofloxacin can help sort out cases in which PSA elevation is due to benign causes.
- ✓ Benign prostate hyperplasia (BPH) is another possible cause of an elevated PSA, but BPH, unlike prostatitis, does not result in a low free PSA percentage. An estimate of gland volume by DRE or better still, by transrectal ultrasound of the prostate (a non-invasive procedure) can help to determine how much PSA a non-cancerous gland might produce. Since PSA is produced by healthy prostate tissue as well as by malignant prostate cancer tissue, it helps to know that the gland volume multiplied by 0.066 will equal the amount of benign-related PSA.