

Q: If I do need to seek treatment for prostate cancer, what are my options?

A: There are a number of ways to treat prostate cancer and the doctor will develop a treatment to fit each man's needs. The choice of treatment mostly depends on the stage of the disease and the grade of the tumor. But doctors also consider a man's age, general health, and his feelings about the treatments and their possible side effects.

Treatment for prostate cancer may involve watchful waiting, surgery, radiation therapy or hormonal therapy. Some men receive a combination of therapies.

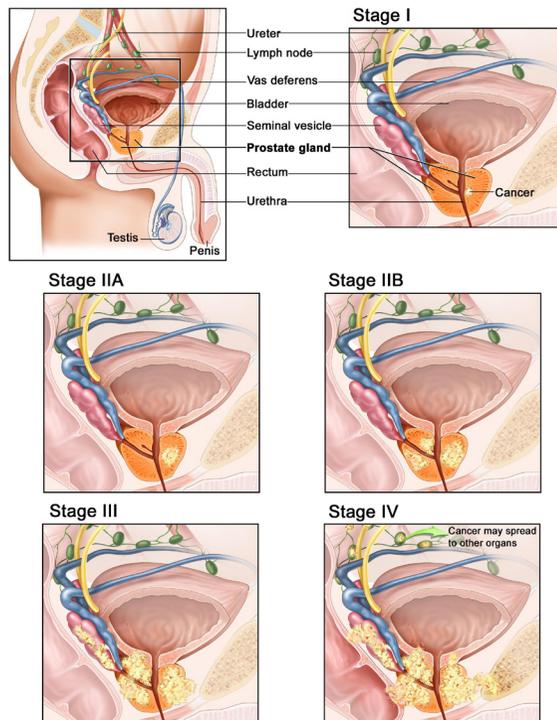
Q: How is the cancer stage (T) determined?

DRE – by touch, the doctor can tell if the cancer is T1, T2, or beyond T2.

Biopsy - small samples of tissue are taken from the prostate and the tissue is evaluated by a pathologist who assigns a Combined Gleason Grade Score (CGS) ranging from 2 through 10. Higher the number, the more aggressive is the cancer.

Prostatic Acid Phosphatase (PAP) blood test - determines if the cancer has spread beyond or is confined to the prostate.

Computed tomography (CT) scan - produces detailed cross-sectional images of the body using hundreds of X-ray like images to determine if the prostate cancer has spread into other organs. While CT scans



are ideal for determining skeletal structures, they have a limited mass size resolution.

Magnetic resonance imaging (MRI) - uses strong magnetic fields to produce an image of the body based on cellular oscillation emitted energy. MRI scans produce a very clear picture of the prostate gland and can show whether the cancer has spread beyond it.

Endorectal MRI - helpful in determining if the cancer is confined to the gland and detecting the site of the cancer in men whose prostate cancer cannot be diagnosed with other routine tests.

Radionuclide bone scan – can determine whether cancer has spread from the prostate to the bones. It is common for prostate cancer to spread first to skeletal structures before other organs in the body.

ProstaScint scan - detects the spread of prostate cancer to lymph nodes and other soft (non-bone) organs. It can distinguish from other cancers and benign disorders; however, its sensitivity and specificity are relatively low.

Lymph node sampling - another way of finding if the cancer has spread to nearby lymph nodes and is typically performed when there is a high suspicion of spreading.

Q: What kinds of follow-up could I have?

A: Regardless of the type of treatment you receive, you will be closely monitored to see how well the treatment is working.

Monitoring may include –

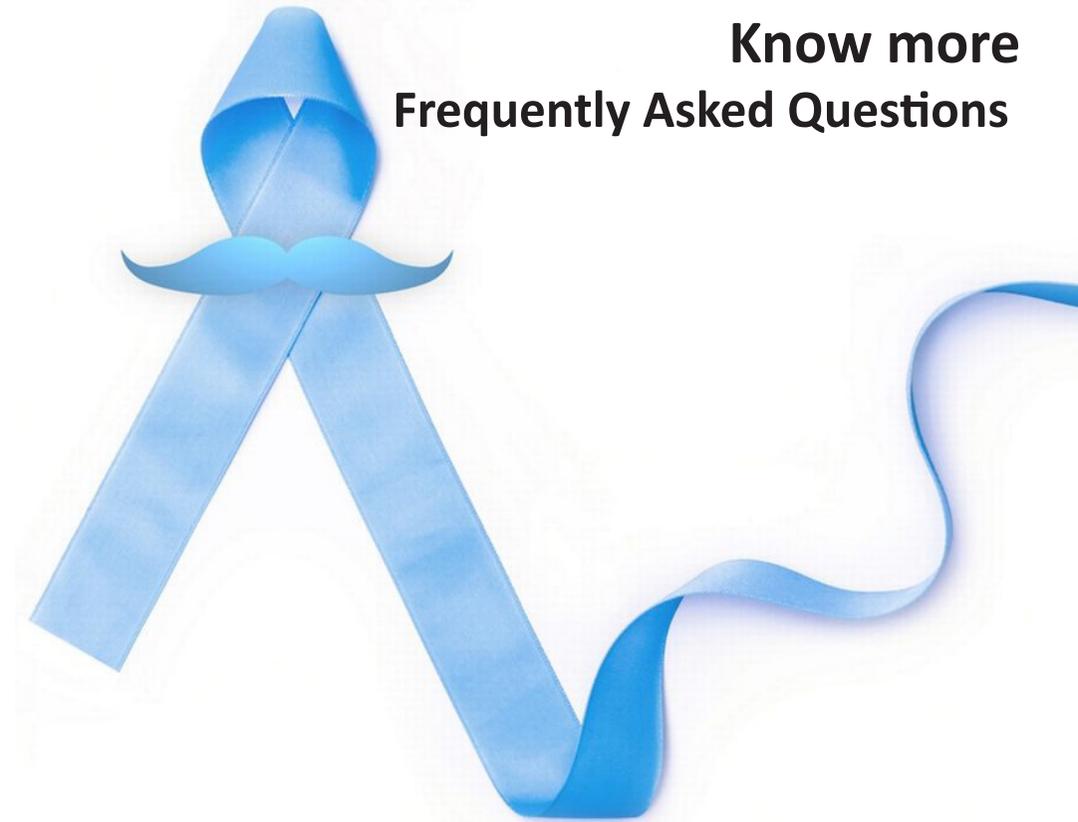
- PSA blood test, usually every 3 months to 1 year
- Bone scan and/or CT scan to see if the cancer has spread
- Complete blood count to monitor for signs and symptoms of anemia
- Looking for signs or symptoms that the disease might be progressing, such as fatigue, increased pain, or decreased bowel and bladder function

**DISCOVER
DIAGNOSE
DEFEND**



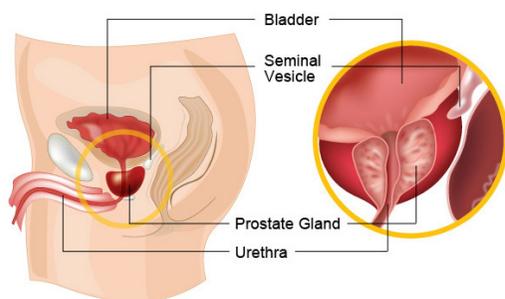
Prostate Cancer

Know more Frequently Asked Questions



Q: What is prostate cancer?

A: It is the cancer of the prostatic gland found only in men and is placed just below the urinary bladder.



Q: What are the symptoms of prostate cancer?

A: Symptoms are not always present with prostate cancer. The most common symptoms include:

- Urinary problems
- Inability to pass urine
- Hard time to start or stop urine flow
- Needing to urinate often, especially at night
- Weak urine flow
- Pain or burning while urinating
- Problems getting an erection (erectile dysfunction)
- Blood in the urine or semen
- Frequent pain in the lower back, hips, or upper thighs

These symptoms do not automatically mean that you have prostate cancer. They can indicate the presence of some other noncancerous condition, such as benign prostatic hyperplasia.

Q: What are the risk factors for prostate cancer?

A: **Age:** It is the most important factor. Prostate cancer is extremely rare under 40 years but increases with age. The average age limit at time of diagnosis is 65 years.

Race: Men of Asian descent have lower risk of developing prostate cancer as compared to men of African origin.

Family History: Risk increases if a first degree relative has had prostatic cancer.

Life style: A diet high in animal fats, obesity, lack of exercise, smoking may play a role.

Q: Am I more likely to get prostate cancer if my father had it?

You are two and a half times more likely to get prostate cancer if your father or brother has had it, compared to a man who has no relatives with prostate cancer. Your chance of getting prostate cancer may be even greater if your father or brother was under 60 when he was diagnosed, or if you have more than one close relative with prostate cancer.

Q: Are there genes that put me at greater risk of getting prostate cancer?

A: Researchers are studying changes in genes that may increase the risk for developing prostate cancer. Some studies are looking at the genes of men who were diagnosed with prostate cancer at a relatively young age, less than 55 years old, and the genes of families who have several members with the disease. Other studies are trying to identify which genes, or arrangements of genes, are most likely to lead to prostate cancer.

Q: What type of tests will the doctor perform to diagnose a prostate cancer?

A: In the first analysis many physicians will perform :

PSA test - Prostate specific antigen (PSA) is an enzyme produced in the prostate that is found in the seminal fluid and the bloodstream. To measure the PSA level, a small vial of blood is drawn and sent to a laboratory for evaluation. An elevated PSA level in the bloodstream does not necessarily indicate prostate cancer, since PSA can also be raised by infection or other prostate conditions. Many men with an elevated PSA do not have prostate cancer.

Digital Rectal Exam (DRE) - DRE should be performed along with the PSA test. The physician will be checking for hardness of the prostate or for irregular shapes or bumps extending from the prostate - all of which may indicate a problem.

Q: Do high PSA levels mean I have prostate cancer?

A: Not necessarily. High PSA levels can also indicate the presence of a noncancerous condition called benign prostatic hyperplasia or some other conditions. If your PSA levels are elevated, your doctor will do other tests to find out what is causing the elevated PSA levels.

Q: When should I get my first PSA test?

A: It is recommended that men in their 40s get a PSA test to establish their baseline. Men who have elevated risk factors should talk with their healthcare provider about prostate cancer before the age of 40.

Q: How often should I get a PSA test?

A: Frequency of PSA testing will be dependent upon the result of your first PSA test. PSA tests do not distinguish between slow growing and aggressive forms of cancer but indicate that something may be wrong. Depending on your risk factors, your healthcare provider may recommend more frequent testing to monitor your PSA values or may suggest less frequent testing based on a number of factors.

Q: When should I stop screening for prostate cancer, using the PSA test?

A: While a number of organizations recommend ending screening between ages 69-75, the decision to end screening will be based on individual factors. These individual factors should be discussed between you and your healthcare team.

Q: If initial tests show that prostate cancer might be present, what happens next?

A: The doctor may recommend other tests, including ultrasound and x-rays to learn more about the cause of the symptoms. But to confirm the presence of cancer, doctors must perform a **biopsy**. During a biopsy, the doctor uses needles to remove small tissue samples from the prostate and then looks at the samples under a microscope.

If a biopsy shows that cancer is present, the doctor will report on the grade of the tumor. Doctors describe a tumor as low, medium, or high-grade cancer, based on the way it appears under the microscope.