PROSTATE CANCER

After skin cancer, prostate cancer is the most common form of cancer among men. The good news: It can often be treated effectively, and there is a range of options that can be discussed among a patient’s care team.

Prostate cancer is the uncontrolled growth of cells in the prostate gland, through which the urethra runs and which supplies some of the fluid in semen. Most prostate cancers are adenocarcinomas—those that start in a gland—but other types may include large- or small-cell sarcomas (which grow in connective tissue), neuroendocrine tumors, or so-called “transitional” cells found in the renal system.

Fixed factors—like family history, advancing age, and being part of certain ethnic/racial groups—increase the chances of contracting the disease. For example, men of African-American/Caribbean background have a higher risk than Caucasian men while Asian men are at a lower risk. However, although a range of lifestyle choices, diets, supplements, and other factors have been considered and continue to undergo testing, none have been shown conclusively to reduce the risk of prostate cancer. As such, efforts to improve patient outcomes have historically been focused on screening and early diagnosis.

Screening tests include blood tests that detect levels of prostate-specific antigen (PSA) or by a manual, digital rectal exam—either of which may signal the need to take a closer look. Other diagnostic tools that may be indicated based on these results include a transrectal ultrasound (via probe) or magnetic resonance, both of which provide images of the prostate and surrounding tissue, as well as a more invasive biopsy, which samples cells to determine if any are cancerous.

However, screening guidance has shifted over the years, which makes understanding how to handle prevention and treatment confusing. The current recommendation is for men aged 55 to 69 to have a conversation with their doctor about whether or not screening is right for them. Screening is not recommended for men over 70 years of age. For others, the benefits of screening must be weighed against the potential for false positives, side effects, and the performance of unnecessary procedures.

If you are experiencing any of these warning signs, consult your physician:

- Problems urinating, including a weak or interrupted stream, sudden urge, increased frequency, and trouble starting or emptying the bladder completely
- Pain or burning while urinating
- Blood in urine or semen
- Pain that doesn’t go away in the back, hips, or pelvis
- Anemia, shortness of breath, fatigue, fast heartbeat, or dizziness

OVERVIEW OF TREATMENT OPTIONS FOR PROSTATE CANCER DIAGNOSIS

Many factors—such as age, stage, and general health—will be considered when determining how aggressive a treatment plan should be after a cancer diagnosis, but here are some common treatment options.

- **Surgery:** Under general anesthesia, or with a lower body epidural (spinal anesthesia) and sedation, the prostate and some of the surrounding tissue is typically removed.

- **Radiation:** External or internal beams of radiation—painless like an X-ray, but stronger—are typically used in early-stage diagnosis. These can be delivered with a range of methods, and the technology continues to improve as time goes by, delivering a more precise dosage at a range of angles that reduce damage to surrounding tissue. In addition to X-ray radiation therapy is proton-beam radiation, which may deliver a similar effect but without damaging surrounding tissue. It’s a newer treatment still under investigation and one that is often not covered by insurance.

- **Cryotherapy:** A transrectal ultrasound (TRUS) is used to guide several hollow probes into the prostate. Then, very cold gases go through the needles to freeze and destroy the prostate.

- **Hormone Therapy:** While it does not cure cancer, hormone therapy may be used in some circumstances as a side-by-side treatment or to slow the growth of existing tumors. Also called “androgen” deprivation or suppression therapy, the treatment’s goal is to reduce the number of male hormones, such as testosterone and dihydrotestosterone, that stimulate prostate cancer cells to grow.