

Prostate Cancer Screening, To Do or Not To Do? *By Grace Yu, MD*

The prostate is a male reproductive gland located below the bladder and in front of the rectum that produces fluid making up part of semen. Cancer screening is designed to detect the presence of cancer in its early stage and therefore increase survival rates.

Prostate cancer is the most common non-skin cancer of men in the United States. The presence of cancer can be detected by checking blood levels of prostate specific antigen (PSA) with or without digital rectal exam (DRE). Elevated levels of PSA can be found in men with prostate cancer but can also be seen when there is an enlarged prostate, infection or trauma to the prostate and after sexual activity. Referral to an urologist for prostate biopsy is usually the next step when PSA levels are elevated or when abnormality is found on digital rectal exam. When prostate cancer is detected, treatment is usually surgical removal and/or radiation therapy.

As with all cancer screening and treatment, it is important to balance between the benefit and harm. Prostate cancer screening has long been a subject of debate and studies have not clearly defined the benefits of screening.

Although prostate cancer is one of the most common cancers, it is mainly found in older men and is usually very slow growing. Most diagnosed with prostate cancer die from unrelated causes rather than from the cancer itself.

However, given its high prevalence, many men still die from an aggressive form and many more suffer from complications of advanced disease. When the cancer is found early and confined to the prostate, the five year survival rate is nearly 100 percent with treatment. Survival drops to 30 percent when cancer spreads outside the prostate. The current controversy in prostate cancer screening lies in the inability to determine if the cancer is the more common non-aggressive form or the less common but aggressive type. Many prostate cancers detected with screening are unlikely to cause death or disability and it is not clear if risks of screening or treatment of such cancer outweigh the benefits.

The screening tests used today are not 100 percent accurate and can have false positive or false negative results. False positive tests result in unnecessary biopsies. Prostate biopsy can cause pain, infection, bleeding and significant

anxiety. The treatments for prostate cancer are potentially associated with disabling complications which reduce quality of life such as erectile dysfunction, urinary incontinence and bowel problems.

The recommendations from several professional organizations are conflicting. The United States Preventive Services Task Forces has not endorsed for or against routine prostate cancer screening and recommends against screening for men older than 75 or those in poor health. The American Cancer Society and American Urological Society recommend discussing the risks and benefits of screening with your doctor prior to screening. For men deciding to have prostate cancer screening, it is recommended to start at age 50. A person with risk factors (African American or family history of prostate cancer before age 65) may start screening at age 40 to 45. Prostate cancer screening can be repeated every one to two years depending on PSA levels and risk factors.

Free Hearing Screening on July 16

Our patients and their family and friends are encouraged to take advantage of a free hearing screening set for:

July 16 - 5620 West Thunderbird Road #C-1

The event runs from 9:30 a.m. to noon and includes a 10:30 a.m. presentation on "Understanding & Treating Hearing Loss and Tinnitus," information on hearing aids and refreshments.

There is no cost for the event, but registration is required. RSVP to (602) 938-6960 or email: cube1@thunderbirdim.com.



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