

Prostate Cancer Screening Debate.



INTRODUCTION

Doctors have varying opinions about whether men should or should not get screened for prostate cancer. Everyone agrees that testing and possible treatment has both risks and benefits.

The aim of this document is to provide you with enough information so that you can work with your doctor to decide whether the tests should be done for you. Any questions you have can be answered when you see the doctor.

Facts About Prostate Cancer

- It is the most common type of cancer in men and the second most common cause of death from cancer.
- The chances of having prostate cancer increase with age; 30% of all men will have it at age 50 and almost all men have it by age 80.
- African-American men and those with a father or brother with prostate cancer have a higher chance of having this disease than other men.
- Approximately 3 out of 100 men over age 50 will eventually die from prostate cancer, which means that most, but not all men who have it will not be harmed by it, even if it is never diagnosed or treated.
- Doctors cannot be sure which prostate cancers are potentially harmful and definitely need treatment and which ones can be observed without immediate treatment.

Facts about Screening for Prostate Cancer

- >The goal of screening is to reduce your chances of being harmed or dying from prostate cancer.
- >Two tests are used to screen for prostate cancer, the PSA test and the DRE.
- >The PSA test measures levels of a protein called prostate specific antigen.
- >A PSA value cannot determine if you do or do not have prostate cancer but the higher the number, the greater the chance that cancer is present.
- >The DRE, or digital rectal exam involves the doctor inserting a gloved, lubricated finger into the rectum, which is located next to the prostate. The doctor feels the prostate to check for anything that feels abnormal.
- >If either the PSA or DRE is abnormal, a doctor will discuss with you the need to do a prostate biopsy to find out if cancer is actually present.
- >About 15 out of every 100 men will be told to have a biopsy based on their test results.
- >Prostate cancer will be detected in about 1 out of every 4 men who has a biopsy, which means 3 out of every 4 men without cancer will have an unnecessary biopsy.
- >The biopsy can cause pain and/or other side effects, most commonly bleeding or infection and in some cases must be repeated one or more times.
- >The odds of benefitting from screening are extremely low unless you are likely to live at least 10 more years.

- >For every 1,000 men between the ages of 55 and 69 that are screened over 10 years, 1 man will be prevented from dying of the disease.
- o An additional 24 men will undergo treatment without living longer.
- o Approximately 8 to 10 men will have reduced sexual function, worse urinary control or both.
- o 2 men will suffer a heart attack or other heart problems because of their treatment.
- o 1 man will develop a serious blood clot due to his treatment.
- o Treating a man after a cancer is detected can also result in other complications.

Why You Should Have the Screening Tests (The PROS)

- >You expect to live longer than 10 years and want to minimize being harmed from prostate cancer during that time.
- >Prostate cancer is much easier to cure if it is detected in an early stage and before any cancer cells spread to other parts of the body.
- >If you have prostate cancer and don't get screened, it may not be detected until it spreads to other parts of your body; at that time, you may suffer pain, require multiple treatments and your life may be shortened.
- >The PSA and DRE currently are the best ways to find early stage disease and minimize the chances that prostate cancer will harm you.

Why You Should NOT have the Screening Tests (The CONS)

- >Most prostate cancers are slow growing and would never require treatment because they are not harmful.
- >Most men with prostate cancer die from some other cause rather than this disease.
- >Many men diagnosed by screening will undergo a treatment they did not need because their cancer is not life threatening.
- >You are more concerned about maximizing your quality of life than you are about how long you will live.

HOW TO MAKE YOUR DECISION

You SHOULD get the screening tests if you think that:

- >The small chance of lowering your risk of suffering from prostate cancer is sufficient.
- >You can live with the potential chances of developing side effects from biopsy and treatment that may reduce your quality of life.

You SHOULD NOT get the screening tests if you think that:

- >The odds of benefitting are too low to justify the potential harms of treatment.
- >You are more concerned about preserving your quality of life.
- >Because of age or other ongoing medical problems, your anticipated life span is less than 10 years.