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• PROSTATE CANCER AWARENESS MONTH •

New Recommendations For Prostate Cancer Screening

Expert opinions on early screening for prostate cancer have been shifting, and a source of confusion for many men. But early detection is still considered the best defense, says Gerald Hoke, MD, Assistant Professor of Urology at the Icahn School of Medicine at Mount Sinai. "It is better to know, than not know." Dr. Hoke discusses the 2017 guidelines for prostate cancer screening and more.

Q What are the new recommendations for early screening and detection?

A Five years ago, the U.S. Preventive Services Task Force (USPSTF) previously recommended against routine screening using the prostate specific antigen (PSA) test, saying that potential harms outweigh its benefits. Prostate cancer is generally a slow-growing disease and most men never die from it.

In 2017, the USPSTF new guidelines now recommend a PSA screening test for men aged 55-69 based on individual assessment, as well as a discussion with their physician about whether PSA testing is right for them. The USPSTF still recommends against the PSA



Gerald Hoke, MD, Assistant Professor of Urology at the Icahn School of Medicine at Mount Sinai.

screening test in men aged 70 and older.

Q Why are African American men asked to talk to their doctor about screening at age 40?

A African American men and men with a strong family history of prostate cancer have been shown to have higher rates of prostate cancer and need to start their screening at age 40. African American men are 60 percent more likely to be diagnosed with prostate cancer than Caucasians, and twice as likely to die from the disease because it spreads quicker.

Q What are the best screening tests for prostate cancer?

A Men with prostate cancer typically have elevated PSA blood tests. Digital Rectal Exams (DRE) are also helpful—a physician inserts a gloved finger into the rectum to feel the prostate for abnormalities. If these tests indicate prostate cancer, the next step is imaging or biopsy.

Q Why should I have a biopsy and put myself at risk for potential side effects?

A Biopsy is the only way to know for sure if your cancer has low, moderate, or high risk. Most people handle biopsy well

with a local anesthetic in the doctor's office. However, there is a 2 percent risk of infection and a short-term risk of bleeding that goes along with any procedure.

Q What happens if cancer is found in the prostate?

A Once we identify someone who has prostate cancer, the big question is: does this person need to be treated? Patients who are at low risk may only need "active surveillance"—this means we monitor them on a regular basis to see if their cancer is progressing.

Q If my prostate cancer is more aggressive and needs to be treated, what are my options?

A The good news is that prostate cancer is highly treatable. Surgery to remove the prostate is the most common treatment, but it can affect bladder and sexual function. Robotic surgery has fewer side effects. There are also less-invasive techniques that can destroy cancer cells, such as radiation and cryoablation, which freezes or burns diseased tissue. Your doctor will talk to you about the best option.

To make an appointment with Dr. Hoke at Mount Sinai St. Luke's, please call 212-523-3340.