Men's age old problem: Prostate cancer hits many, but screening and new treatments lessen the danger

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THE DAILY CHECKUP
Wednesday, September 22nd 2010, 4:00 AM

As chief of Mount Sinai’s Division of Hematology and Medical Oncology, William Oh specializes in the medical treatment of cancer. Since 1996, his research has focused on prostate cancer.

Who’s at risk

Every year, more than 200,000 American men are diagnosed with prostate cancer, a disease doctors are still figuring out. "Prostate cancer is the most common cancer diagnosed in men in the U.S.,” says Oh. "It also has the potential to be a lethal disease — it’s the second-leading cause of cancer death for men."

One in 6 American men will develop prostate cancer in his lifetime. Only males have prostates, a gland that sits below the bladder and processes seminal fluid. "The prostate is an organ whose function we still don’t know a lot about,” says Oh. "What most men know about their prostate is that it causes problems as they get older."

As many men age, they find that their prostate enlarges and causes trouble urinating, an irritating but common process known as benign prostatic hyperplasia. "In prostate cancer, the prostate gland grows in an abnormal way that can spread to other parts of the body."

"In the past, we tended to think all cancers that start in the prostate are the same, but that's naive,” says Oh. Some grow very fast and aggressively, and others grow so slowly that they don’t pose a threat. The main risk factor for prostate cancer is aging.

"The older you are, the greater the risk,” says Oh. "With each decade of life, the risk goes up.”

The average age of diagnosis is 65, but men as young as 30 or 40 can also have prostate cancer. "The other major risk factors are race and family history,” says Oh. "African-American men are at increased risk, as are men who have a first-degree relative with prostate cancer.”

Some studies suggest that diets high in animal fat also-up your risk, while diets high in vegetables can cut your risk. "If you fall into a high-risk category, it’s recommended that you start prostate cancer screening in your 40s. "For everyone else, it’s recommended you start discussing screening by age 50, with annual screenings thereafter,” says Oh.

Signs and symptoms

Thanks to increased awareness, the vast majority of prostate cancers are now caught before they turn symptomatic. "The most common presentation is now a PSA blood test given as routine screening,” says Oh. "So the most common sign or symptom is no symptom at all.”

The PSA test uses a blood sample to check if you have an elevated level of prostate-specific antigen (PSA) in your bloodstream. Patients with symptomatic prostate cancer can have symptoms related to urinary problems, especially problems like decreased output, waking up at night, blood in the urine, or difficulty emptying the bladder.

"However, those symptoms are most often caused by an enlarged prostate, a benign condition,” says Oh.

Metastatic prostate cancer tends to spread to the bones. Once it’s advanced it can cause symptoms like pain in the back or elsewhere, fatigue or weight loss, but it’s now very uncommon that prostate cancer goes that long undiagnosed.

Traditional treatment

Patients who are diagnosed with cancer that hasn’t spread beyond the prostate have several primary options. "The choices are to surgically remove the prostate, do radiation (externally or by implanting radioactive seeds), or do nothing at all,” says Oh. "The idea behind watchful waiting is that some cancers grow so slowly that they aren’t a danger to the patient in his lifetime.”

Hormone treatments and chemotherapy are more often reserved for patients whose cancer has spread. The surgical option of removing the prostate, called radical prostatectomy, is done by a urologist. "There’s a traditional open method that tries to preserve the nerves and minimize the impact on urinary and sexual function,” says Oh. "Now robotic surgery is becoming more popular.”

The risks of open surgery include urinary leakage and loss of erectile function; the new robot-assisted minimally invasive technique doesn’t eliminate those risks, but is associated with less bleeding and discomfort. So far doctors haven’t reached a consensus about whether robotic surgery is better for patients.

Oh recommends meeting with surgeons who do either open and robotic surgery: "It turns out the most important factor in selecting a surgeon is the experience level — most patients should look for a surgeon who has done hundreds of cases with a single technique.”

The short-term recovery from both types of surgery is usually very good, with patients out of the hospital in one to two days. "Unfortunately, for some patients the longer-term side effects include urinary incontinence or sexual dysfunction,” says Oh. "These can take longer to recover from, and some people don’t recover completely.”

Research breakthroughs

Doctors are making radical strides in their understanding of prostate cancer and the treatment options. "In the last few years we’ve developed new treatments that we think will change the field,” says Oh. "For instance, this year the FDA approved a vaccine for advanced prostate cancer — a first in cancer care.”

Mount Sinai is currently looking for ways to improve the PSA exam, which has false positives and negatives about a third of the time. "We’re working to improve that by developing an investigational blood test that could improve upon the PSA’s accuracy,” says Oh.

Questions for your doctor

Talking to your primary care physician about prostate cancer is the key first step. Ask, "When should I get my first PSA test?”

Oh recommends that most patients start by 50 and that high risk patients start in their mid-40s. Another good question is, "What are the personal costs and benefits of this treatment?”

Some cancers require aggressive treatment, and others are so slow-growing they may not need anything more than careful monitoring by your doctor. Your age and general health will be a factor in determining the final decision.

What you can do

Get screened.

Not all doctors agree on when to start getting PSAs, so discuss the pros and cons with your doctor well before you turn 50. Dr. William Oh recommends the manual prostate exam for all patients starting in their 40s.

Eat a heart-healthy diet.

There is some evidence that diet could be important for preventing prostate cancer. "What you know is good for your heart, may also be good for your prostate,” says Oh.

Get informed.

Oh sends patients to the websites of the Prostate Cancer Foundation (pcf.org) and the American Cancer Society (cancer.org/Cancer/ProstateCancer).