

Prostate Cancer Screening

UNDERSTAND the problem

Prostate cancer is a disease in which malignant (cancer) cells form in the tissues of the prostate. The prostate is a gland in the male reproductive system located just below the bladder and in front of the rectum. It is about the size of a walnut and surrounds part of the urethra (the tube that empties urine from the bladder). The prostate gland produces fluid that makes up part of semen.

As men age, the prostate may get bigger. A bigger prostate may block the flow of urine from the bladder and cause problems with sexual function. This condition is called benign prostatic hyperplasia (BPH), and although it is not cancer, surgery may be needed to correct it. The symptoms of benign prostatic hyperplasia or of other problems in the prostate may be similar to symptoms of prostate cancer.

WHO is at risk

Prostate cancer is the most common nonskin cancer among men in the United States. Prostate cancer is found mainly in older men. In the United States, about one out of every 8 men will be diagnosed with prostate cancer. Most men diagnosed with this disease do not die from it, but prostate cancer causes more deaths in men than any other cancer except lung cancer. Prostate cancer occurs more often in African American men than in White men. African American men with prostate cancer are more likely to die from the disease than White men with prostate cancer. The following risk factors may increase the risk of prostate cancer:

- Age
- Family history of prostate cancer
- Race
- Hormones
- Vitamin E
- Folic acid
- Dairy and calcium

Patient Education Handout

A service for patients

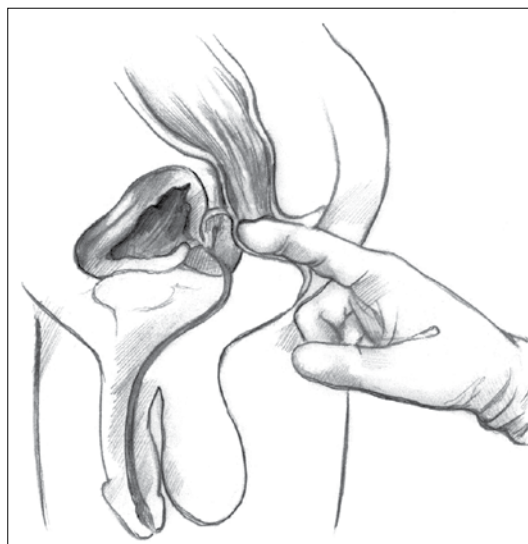
WHAT are the screening tests

Tests are used to screen for different types of cancer when a person does not have symptoms. Cancer screening trials also are meant to show whether early detection helps a person live longer or decreases a person's chance of dying from the disease. For some types of cancer, the chance of recovery is better if the disease is found and treated at an early stage.

Although there are no standard or routine screening tests for prostate cancer, the following tests are being used or studied to screen for it: digital rectal exam (DRE), prostate-specific antigen (PSA) test, and genetic testing. A PSA test or a DRE may be able to detect prostate cancer at an early stage, but it is not clear whether early detection and treatment decrease the risk of dying from prostate cancer.

Digital Rectal Exam

Digital rectal exam (DRE) is an exam of the rectum. The doctor or nurse inserts a lubricated, gloved finger into the lower part of the rectum to feel the prostate for lumps or anything else that seems unusual.



Source: National Institute of Diabetes and Digestive and Kidney Diseases, National Institute of Health.

Prostate-Specific Antigen Test

A prostate-specific antigen (PSA) test is a test that measures the level of PSA in the blood. PSA is a substance made mostly by the prostate that may be found in an increased amount in the blood of men who have prostate cancer. The level of PSA may also be high in men who have an infection or inflammation of the prostate or benign prostatic hyperplasia (BPH).

Genetic Testing

A prostate cancer gene 3 (*PCA3*) RNA test may be used for certain patients. If a man had a high PSA level and a biopsy of the prostate did not show cancer and the PSA level remains high after the biopsy, a *PCA3* RNA test may be done. This test measures the amount of *PCA3* RNA in the urine after a DRE. If the *PCA3* RNA level is higher than normal, another biopsy may help diagnose prostate cancer.

WHO should be screened

The U.S. Preventive Services Task Force (USPSTF) recommends that men who are 55 to 69 years old should make individual decisions about being screened for prostate cancer with a PSA test. Before making a decision, men should talk to their doctor about the benefits and harms of screening for prostate cancer, including the benefits and harms of other tests and treatment. In general, men who are 70 years old and older should not be screened for prostate cancer routinely.

These recommendations apply to men who—

- Are at average risk for prostate cancer.
- Are at increased risk for prostate cancer.
- Do not have symptoms of prostate cancer.
- Have never been diagnosed with prostate cancer.

Other organizations may have other recommendations.

If you are thinking about being screened, you and your doctor should consider—

- If you have a family history of prostate cancer.
- If you are African American.
- If you have other medical conditions that may make it difficult for you to be treated for prostate cancer if it is found, or that may make you less likely to benefit from screening.
- How you value the potential benefits and harms of screening, diagnosis, and treatment

WHERE to get more information

National Cancer Institute

<https://www.cancer.gov/types/prostate/patient/prostate-screening-pdq>

Centers for Disease Control and Prevention

https://www.cdc.gov/cancer/prostate/basic_info/get-screened.htm

American Cancer Society

<https://www.cancer.org/cancer/prostate-cancer/detection-diagnosis-staging/detection.html>

This information is reprinted from material provided by the National Cancer Institute and the Centers for Disease Control and Prevention.

This handout is provided to you by NetCE and your healthcare provider. For more information, please consult your physician.