

PROSTATE CANCER: INFORMED DECISION MAKING FOR MEN 40 AND OVER

There is much debate on the value of PSA testing and the diagnosis of prostate cancer.

10 QUESTIONS TO ASK YOUR DOCTOR ABOUT YOU AND PROSTATE CANCER

1. I want to know my risk for developing aggressive prostate cancer. What tests are there to learn my risk?

The two basic methods for determining your risk for developing aggressive, life-threatening prostate cancer are the prostate specific antigen (PSA) blood test and the digital rectal exam (DRE).

2. What is a "baseline PSA" and what is the value of a "baseline PSA"?

A baseline PSA is your initial PSA blood test at about age 40 that allows you and your physician to watch how your PSA varies over time.

3. What is the importance of family history, ethnicity and exposure to Agent Orange?

A family history of prostate cancer, especially in a first-degree relative (father, brother, son), increases your risk of developing prostate cancer. Certain ethnicities also carry a high risk of developing aggressive prostate cancer, i.e., African-American men have approximately twice the incidence and death rate from prostate cancer as Caucasian men. Prior exposure to Agent Orange may also increase the risk of developing aggressive prostate cancer.

4. If I have a PSA test and it comes back high, what other tests are there that I can have to determine if I need a biopsy?

Your physician will want to rule out an infection and/or an enlarged prostate, both of which can cause the PSA levels to increase. A repeat PSA should be obtained. There are other tests such as free PSA, PCA3, PHI and others which may be useful in some instances. Free calculators can help integrate your PSA with your age, family history, and other parameters to estimate your risk of prostate cancer and high-grade prostate cancer. See <http://tinyurl.com/caprisk>.

5. What are the benefits of detecting aggressive or potentially aggressive prostate cancer early?

As with most cancers, the earlier aggressive prostate cancer is diagnosed the greater the chance that the cancer will still be confined to the prostate and thus curable.

6. What are the risks of NOT detecting an aggressive or potentially life-threatening prostate cancer early?

It will be more difficult, even impossible, to cure. Once the cancer escapes the prostate it can invade the lymph nodes and may spread to the bones and elsewhere (metastasis).

7. What are the risks of a biopsy?

There is a risk of bleeding which is usually minor, and of an infection, which is reduced through pre-biopsy antibiotics. Most men would think this is worth the risk, but this is a personal decision.

8. If I have a biopsy and it reveals cancer, do I necessarily have to have treatment? What is "Active Surveillance"?

You do not necessarily have to have treatment. If a relatively low-risk cancer is found, you may be a candidate for Active Surveillance, (AS), under which PSA and other tests are performed periodically to ensure that you receive timely treatment, if necessary.

9. Why shouldn't I wait until I have urinary or other symptoms to have my first PSA?

When cancer has progressed to the point that symptoms are present, the disease has usually spread and is difficult or impossible to cure.

10. If I am willing to live with the potential side effects of a biopsy or of treatment, shouldn't the decision be mine?

Weighing side effects of any possible testing, diagnosis and treatment against the chance of living a full life is a very personal decision based upon your own values. Most men would at least like to know if they have prostate cancer. Then you can make a joint decision with your physician as to what steps, if any, to take.

PSA testing is currently a man's best defense against dying of potentially lethal prostate cancer and against developing metastatic prostate cancer. Individuals have a fundamental right to choose whether or not they want to know if they have prostate cancer, prior to becoming symptomatic.

Knowledge is Power!

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California Prostate Cancer Coalition

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