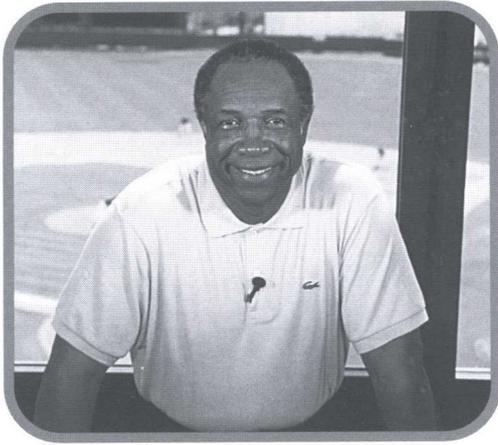


THE RIGHT DECISION
IS YOURS

A Guide To
Prostate Cancer Check-ups



“Sometimes when I’m reflecting on my life, I think about how so much has changed over the years. Life is a process of change; you grow up, go to school, work hard, raise a family and along the way we learn more about life and its richness.

With each season and each experience, we gain. Sometimes we can sit back, let things happen around us, and enjoy the ride not worried about the destination. At other times, we are called upon to reach out, to act and to make a difference with our actions. It is during these times that we consider our choices and choose the direction we want to travel.

I hope this is a chance for you to do just that . . . to get the information you need, talk with your doctor, your family or a friend and make an informed decision about taking charge of your health. The information in this magazine may help. It may shed light on things that will contribute to your decisions. I hope that you will consider the information you find on the next several pages as just that - information. This information is not meant to replace the conversations you have with your trusted physician, your loving family and your loyal friends.

This is Frank Robinson reminding you that whether you choose to get tested for prostate cancer or not.... the choice is yours.”

*– Frank Robinson
1981 Baseball Hall of Fame*

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THE RIGHT DECISION IS YOURS

A Guide To Prostate Cancer Check-ups

Life is full of decisions. Everyday we make decisions that affect our lives. These decisions can be as easy as deciding which pants to wear, or as difficult as deciding if and when to retire. The good news is that having to make decisions usually means that you are fortunate enough to have choices. Most of us prefer choices. After all, “variety is the spice of life.” Having options to select from can be considered a blessing.

Living a long life is another one of life’s blessings. Through the years we experience changes that often lead to decisions with a greater level of importance for sustaining good health. While physical strength may diminish, there are gifts that come with age that can only be realized by those fortunate to live long enough to experience them.

The purpose of this booklet is to help you in making some decisions about your health. As the years go by, lifestyle adjustments are necessary for the best possible health. Some adjustments mean adding things or habits and some may mean getting rid of things or habits. In either case, it is important that you use a process to reach health decisions that leaves you feeling confident and comfortable about having made [informed decisions](#) that are best for you, your family, and your lifestyle.

While the focus here will be on decisions for prostate cancer screening, you will be faced with numerous decisions about health in the years to come. The information in this booklet should be helpful whenever you’re faced with difficult health decisions. However, although this information may help, it cannot replace the conversations you have with your doctor. Consulting your doctor is perhaps the most important step in making health decisions.

“The man who views the world at fifty
the same as he did at twenty
has wasted thirty years of his life.”

- Muhammad Ali, 1975

Many people believe that doctors have all the right answers to their health concerns. But the truth is, there are many areas of uncertainty in medicine. As a result, medical professionals will have differing opinions. Testing to find prostate cancer is one such area of uncertainty. Before going any further, let's understand that the term, "screening," as it is used in this booklet, refers to routine tests or check-ups that men who have no symptoms undergo. This material is not intended for men who have had prostate cancer, or who are experiencing discomfort or symptoms that may be related to prostate cancer. If you are experiencing symptoms you should see your doctor as soon as possible.

Symptoms of Prostate Cancer

The following could indicate that prostate cancer is present. They could also indicate that your prostate is enlarged which is a condition known as benign prostatic hyperplasia, or BPH, which is not cancerous. Nonetheless, men should consult their physician as soon as possible if any of these symptoms appear.

- Difficulty urinating
- Urination reduced to a weak stream
- A frequent urge to urinate, especially at night
- Painful or burning feeling when urinating
- Blood in the urine
- Continual pain in lower back, pelvis, or upper thighs

For many, prostate cancer check-ups are believed to be the best way to deal with the possibility of prostate cancer. Others, however, believe that the potential disadvantages of prostate cancer screening are not worth its benefits. Still others believe that the benefits of screening for prostate cancer, if any, are not yet known.

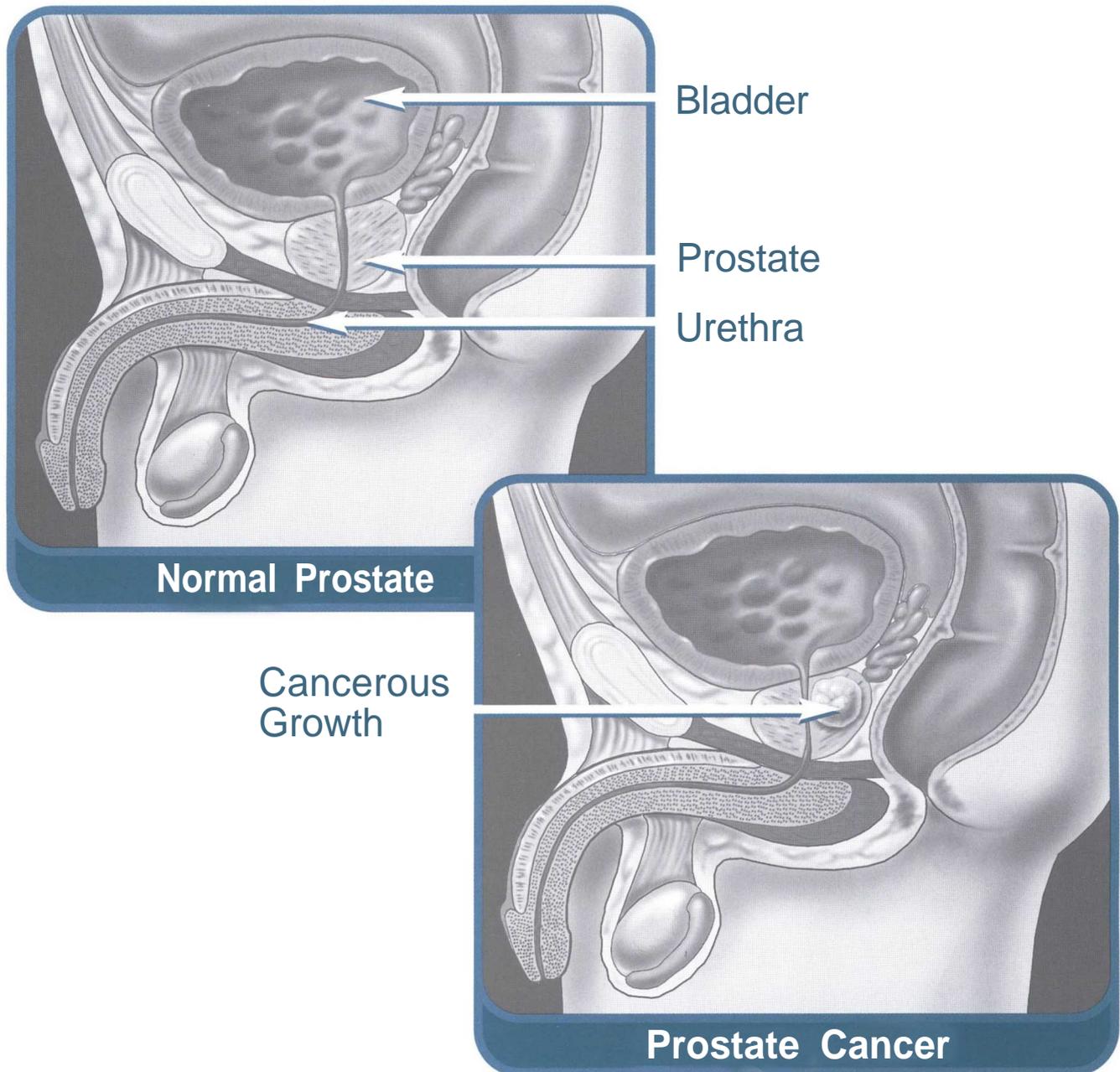
In cases like this, where medical experts disagree, and there is no better choice or best choice, the best decision is YOUR decision. It is the decision you arrive at once you've examined all sides of the issue, considered which points are relevant to you, and determined which decisions will leave you feeling satisfied that you've made the best decision for you and your loved ones. The decision to be screened for prostate cancer should only be made when you are fully aware of the benefits and the limitations of screening and have discussed these with your doctor and the people who are important to you.

But, before we talk about making informed decisions about screening for prostate cancer, let's make sure we understand the basics.

“Where is the prostate and what does it do?”

Your prostate is a gland that sits right under your bladder. It is shaped like a walnut and is about an inch and a half long. However, in many men the prostate gets larger as they get older.

The prostate’s main functions are to help you control urination and to help with sexual activities. The prostate wraps around the urethra, which is the tube connecting the bladder and the penis through which a man urinates. The urethra has been compared to the core of an apple and the prostate is like the surrounding fruit.



Because it is made partly of muscle fibers, the prostate can control the rate at which urine flows from the bladder into the urethra. This is why an enlarged prostate might affect your ability to urinate.

A second function of the prostate is to produce a whitish substance that is forced into the urethra during [ejaculation](#). About one third of the [semen](#) that is discharged during sex is made up of fluid produced in the prostate.

Unlike the penis or testicles, the prostate is impossible to see. In fact, it's difficult to even feel. Your doctor can feel parts of your prostate by inserting a gloved finger into your rectum. This procedure is called a [digital rectal examination](#) or DRE. By doing this, a doctor can feel for abnormal lumps on the surface of the prostate gland.

Risk Factors for Prostate Cancer

Risk factors are things that are known to increase an individual's chances of getting specific diseases.

Men over the age of 65

More than 75% of all prostate cancers are diagnosed in men over the age of 65.

African American Men

African American men are twice as likely to be diagnosed with prostate cancer than White men.

Men with a Family History

Having a brother or father who has had prostate cancer makes you have increased risk.

Men who eat a High-Fat Diet

Dietary guidelines suggest that limiting fat intake can help prevent prostate cancer.

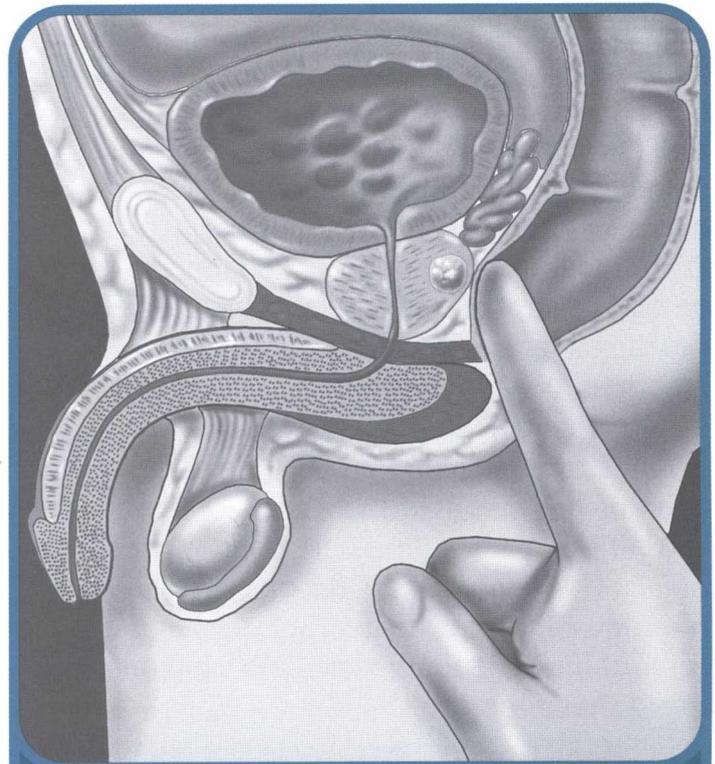
SCREENING/CHECK-UPS

There are several tests that are usually recommended for individuals over a certain age to check for early signs of cancer. When done as part of a routine or annual physical when you're feeling well, these tests are called screenings. Along with age, other things can determine when you should begin having certain tests and how often you should have them. Such things include [risk factors](#) or things that may increase your chances of getting cancer—for instance, medical events that have happened to you or people in your family.

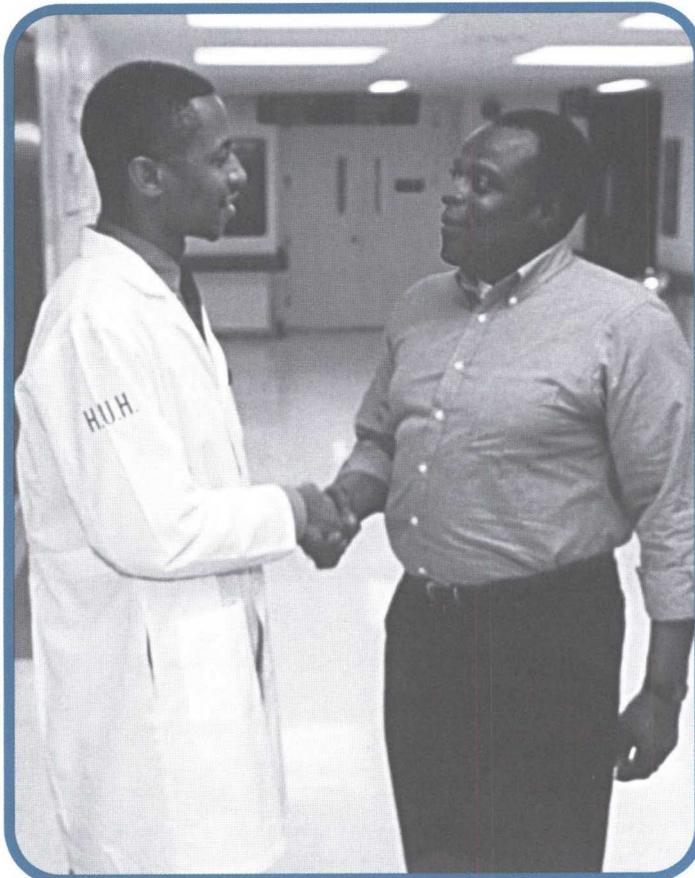
A prostate cancer check-up usually involves two procedures that are most effective when done at the same time. One is a blood test that detects an [enzyme](#) that is made by the prostate. This enzyme is called "prostate specific antigen" or PSA. Therefore, the PSA test is a blood test that reveals the presence of this antigen.

In the second procedure, which was mentioned earlier, a physician uses a gloved finger to feel the side of the prostate for lumps or an enlargement. This procedure is called the [digital rectal exam](#) or DRE. It is this procedure that is most “memorable” for men.

“I think of the prostate as being situated toward the front of my body and can’t understand why the doctor goes in from behind.”



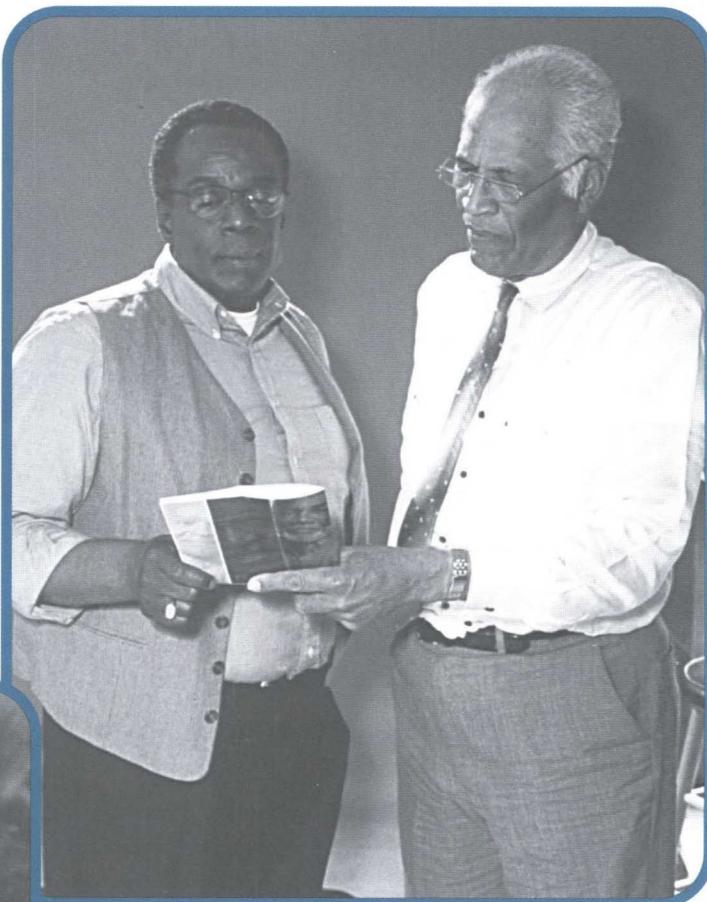
Digital Rectal Exam



The prostate is actually located at the base of the penis, in front of the rectum and directly under the bladder. Although the DRE is simple and relatively painless, for most men it is an uncomfortable procedure. However, a skilled physician can tell a great deal by feeling the prostate gland. The physician inserts a gloved finger that is lubricated or “greased” into the rectum to feel the prostate gland. This enables the physician to feel that part of the prostate gland where most lumps or growths ([tumors](#)) are found, if there are any.

DECIDING ON BEING SCREENED FOR PROSTATE CANCER

The need for these tests is a matter that is debated by doctors. The main drawbacks of the PSA (the blood test) are that **1)** the test is not 100% accurate in detecting cancer, and **2)** other factors like aging and non-cancerous prostate problems can raise a man's PSA level, even when cancer is not present. Doing a DRE along with the PSA helps to overcome these two drawbacks. It is important to know that any abnormal results from either the PSA or the DRE will require further tests. Before being screened you should ask your doctor about these tests.



The good news is that research studies are underway that will answer the primary question of, "Overall, does the PSA test help men and their doctors improve overall health or prolong men's lives?" The bad news is that these studies may not produce an answer for several years. In the meantime, the decision to be tested rests with every man, his family and his doctor.

INFORMATION IS THE KEY

The key to making decisions is gathering information and deciding which information meets your needs. If you were going to buy a car, you would probably read what *Consumer Reports* has to say about the cars you're considering. You may also ask friends who drive the same types of cars how they like them. You would certainly want to test drive them and may even speak to a dealer about their performance. As you are narrowing your selection to your final choice, you are keeping track of the information you gather along the way. You can make decisions about your health using this same process.

You can find information about prostate cancer check-ups from a number of sources. You might start at the library and "read up" on prostate cancer and check-ups for it. You can call the [American Cancer Society \(1-800-227-2345\)](tel:1-800-227-2345) or the [National Cancer Institute \(1-800-4-CANCER\)](tel:1-800-4-CANCER) and request information about prostate cancer screening. You might even use the Internet to find information. And, certainly your physician can give you information about the performance of prostate cancer screening tests. As you gather this information - keep track of what you find. Before long you'll have more information than you thought ever existed. This is when having a system really helps.

When you feel you have enough information, begin to sort it into two categories:

1. that which presents advantages for check-ups, and
2. that which presents the limitations of check-ups for prostate cancer.

Here's how we categorized some of the information relating to prostate cancer check-ups. You may not agree and that's perfectly fine. After all, you will need to categorize information based on your family's influence and your lifestyle.

Information Overload? Sort It.

- A. Gather as much information as needed
- B. Discard information from sources you don't trust.
- C. Sort the remaining information into two categories:
 1. advantages to screening for prostate cancer, and
 2. limitations to screening for prostate cancer
- D. Mark those reasons that are MOST important to you and your family.
- E. Discuss your decision with your doctor.

ADVANTAGES OF PROSTATE CANCER TESTING:

1. Being a Black man, I am twice as likely to get prostate cancer.
2. While the PSA may not be a perfect test for detecting prostate cancer, combined with a rectal exam it allows my doctor to detect potentially dangerous cancers early.
3. Since there is no known way for me to prevent prostate cancer and since there is no known cure once it has advanced or spread beyond the prostate, the PSA offers the only practical way to reduce the impact of prostate cancer.
4. Knowing that prostate cancer is the second leading cause of cancer death for men, having regular check-ups might reduce my chances of developing advanced forms of prostate cancer.
5. If I wait until I have symptoms to be screened, it is likely to be too far along and not curable.

LIMITATIONS OF PROSTATE CANCER TESTING:

1. I've heard that the PSA test is not always accurate and a positive test doesn't necessarily mean that I have cancer - just as a negative test might not mean that I'm free of cancer.
2. Although the PSA test helps to detect prostate cancer earlier, medical folks cannot say for certain that detecting and treating prostate cancer earlier helps to save lives.
3. They say that prostate cancer may grow very slowly and I could have it and be fine with it - for the rest of my life. Some say that more men die with prostate cancer than from it.
4. If doctors can't agree on whether testing should or should not be done, how can I be expected to make that decision?

While we have talked about some of the issues that doctors disagree on about prostate cancer screening, you may have other reasons that are even more important for you. Many of us are influenced by those we love. In fact, many men find that they reach health decisions best when talking with their mate or other loved ones. If the input of others is important to you, you might consider involving them in reviewing the information you find about prostate cancer screening and deciding what's best for you.



“Is it true that Black men have more prostate cancer than other men?”

Facts About Prostate Cancer

American Cancer Society, '98

- 80% of all prostate cancer cases are diagnosed in men over the age of 65.
- At least 20% of men in their 60s, more than 40% of men in their 70s and 80% of men in their 80s have prostate cancer that is so small that it causes no symptoms and may never cause them any problem.
- PSA is made up of a protein molecule that is made in the prostate. It is normally present in the blood in low levels.
- PSA tests combined with DREs can detect nearly twice as many prostate cancers as a digital rectal exam alone.
- The normal range for PSA increases with age and some believe it varies with race.

Another key fact in this dilemma and the primary purpose for this booklet is the prostate cancer experience of African American men. We don't know why prostate cancer is more devastating for African American men, but it is. African American men are twice as likely to get prostate cancer as White men. Even more alarming, African American men are more likely to develop prostate cancer than any other racial/ethnic group of men in the world. Moreover, when doctors find this cancer in Black men, it is generally more advanced and Black men have poorer survival rates than other men. For these reasons, African American men are considered to be at “increased risk” for prostate cancer.

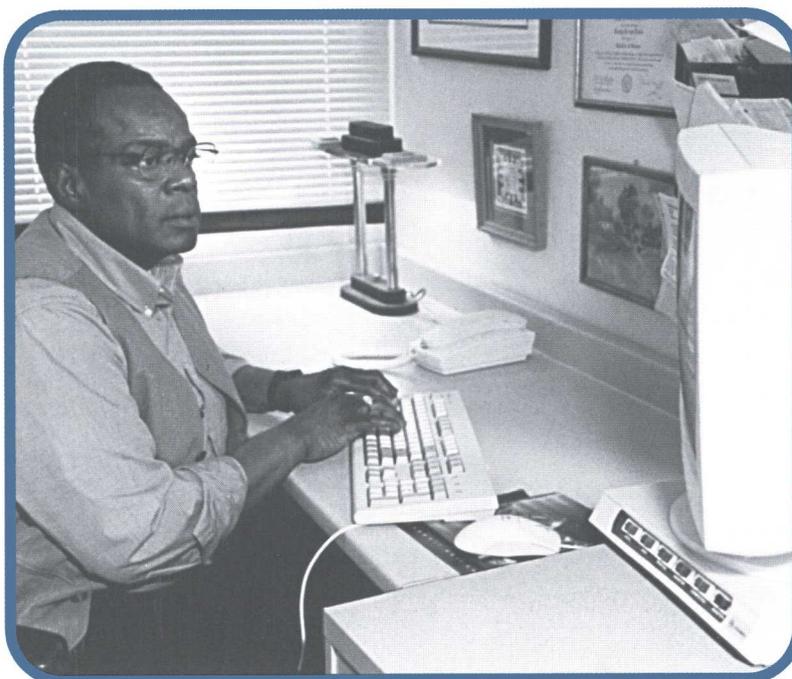
Other things like age, diet and family history place men at increased risk for prostate cancer. The vast majority of prostate cancer cases occur in men over the age of 65. In addition, men who eat a high fat diet have a higher risk of prostate cancer. Scientists aren't sure why. One reason may be that fat affects hormone levels that raise prostate cancer risk. We also now know that family history plays a strong role in prostate cancer. Men who have a close family member, like a father or a brother, who has had prostate cancer may also have a greater chance of getting prostate cancer.

All the Talk About Vasectomy

American Cancer Society, 1999

Some studies have suggested that men who have had a vasectomy (surgery to make men infertile) may have a slightly increased risk for prostate cancer, but this link has not been consistently found. Among the studies that noticed an increase in risk, some found that this risk is highest in men who were younger than 35 when they had a vasectomy. Research to resolve this issue is still in progress. However, most recent studies have not found any increased risk among men who have had this operation.

After having weighed all this information, you may have already come to some conclusions about prostate cancer check-ups and whether you wish to undergo a PSA test and digital rectal exam every year as part of your annual check-up. Whether you've decided or not, it is most likely that additional questions about check-ups and your health may arise. It's important to write these questions down and carry them with you to your next doctor's visit. In addition, you may want to discuss the information gathered and make final decisions with your health care provider. He or she can help you a great deal in understanding the information you've found.



"It Seems that there is more that we don't know about prostate cancer and the tests for it than we do know. How can this be?"

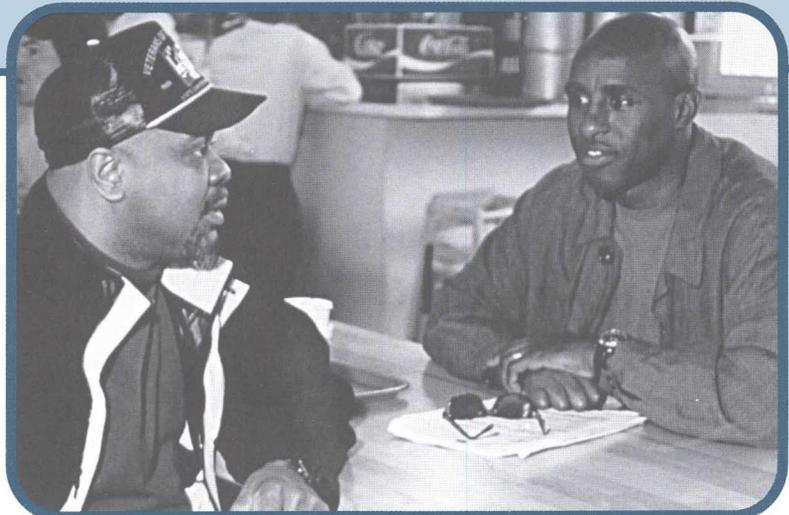
History Repeating Itself? Maybe - Maybe Not.

Reference: Collins, MM, & Barry, MJ (1996). Controversies in prostate screening: Analogies to the early lung cancer screening debate. JAMA, 276(24): pp. 1976-1979.

In 1948, chest x-rays were recommended for all adults to detect lung cancer early when it can best be treated. The media prompted people to be screened for lung cancer by having annual chest x-rays. In 1971 the findings of three major research studies failed to show that chest x-rays reduced the amount of lung cancer deaths. Given this finding, the American Cancer Society changed its policy on lung cancer screening, stating that to recommend annual chest x-rays would violate an essential ACS concern that “there must be good evidence that each test or procedure recommended is medically effective in reducing the harms and deaths from cancer.” In the case of lung cancer, the research studies showed that screening did not prevent lung cancer deaths.

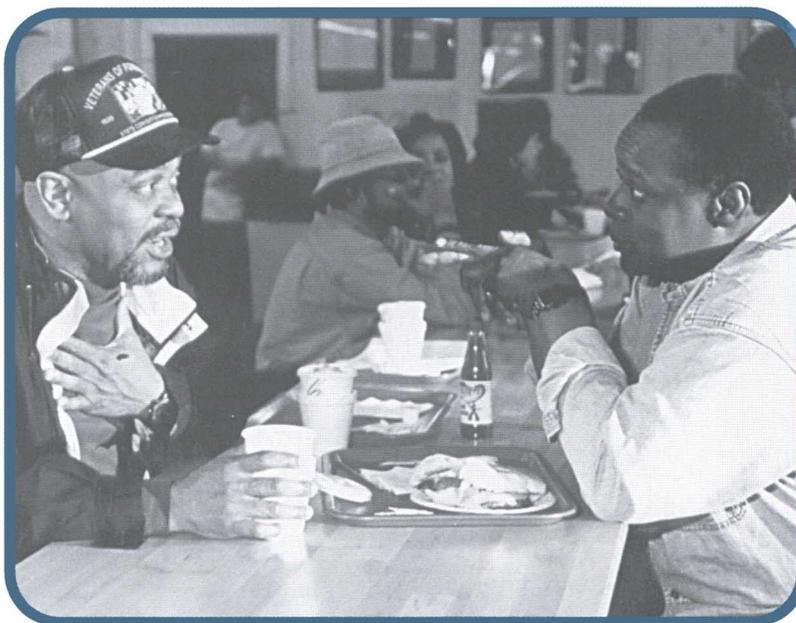
The debate on prostate cancer screening has been compared to the history surrounding lung cancer screening. Many feel that having healthy men suffer a potentially unnecessary prostate biopsy may be like exposing healthy people to radiation from chest x-rays used routinely in the past to detect lung cancers earlier. There are, however, other hotly debated cancer screening tests that have proven to save lives. For example, the Pap test and the mammogram have proven to be essential in preventing deaths in women due to cervical cancer and breast cancer.

The answer to the prostate cancer screening debate will not be available for several years. Until we can say, with certainty, that prostate cancer screening will or will not save lives, this educational magazine, and material like it, will help men learn more about the issues that are being debated and encourage men to seek the advice of their doctors in making the right decision for themselves.



One of the frustrating things about prostate cancer and check-ups for it is the uncertainty. Some organizations recommend that men begin annual check-ups for prostate cancer at age 40. Others do not support routine screening of men. Doctors are doing studies right now that will give us some of the much needed medical information about prostate cancer screening. However, it is unlikely that these studies will help us answer the important questions about prostate cancer in Black men. This is because African Americans, in general, are less likely than Whites to participate in the research studies designed to answer these questions. There are several reasons why they don't participate as much. These include lack of information, lack of trust, and a history of unethical treatment of Black people in research studies.

Despite these reasons, research studies are useful in answering major questions about health. Because of that, Black people should consider participating. Without increased participation, the critical questions about prostate cancer, as well as other health issues may not be fully understood.



TAKING ACTION

Apart from having check-ups for prostate cancer, there are many decisions you can make during this phase of your life to improve your overall health and enhance your life for years to come. Perhaps the same process used for deciding to be - or not to be - screened for prostate cancer can help you with many other decisions. Some of the most valuable decisions you may want to consider include: reducing the amount of red meat in your diet, making sure you eat at least five servings of fruits and vegetables everyday, quitting smoking, working to get at least 30 minutes of vigorous exercise 3 or 4 times each week, and spending substantial amounts of quality time on personal pleasures and with those you love. About these actions, doctors have much less disagreement. They have a good chance of improving your health. Taking charge of your health can only improve your quality of life in the years to come.

TEAR OFF QUESTIONS TO TAKE TO YOUR NEXT APPOINTMENT

1. If close relatives have had prostate cancer am I more likely to get it?

Yes, your family history plays an important role. If your father or brother has this disease, you are considered to be at an increased risk.

2. Do some of my daily habits affect my chances of getting prostate cancer?

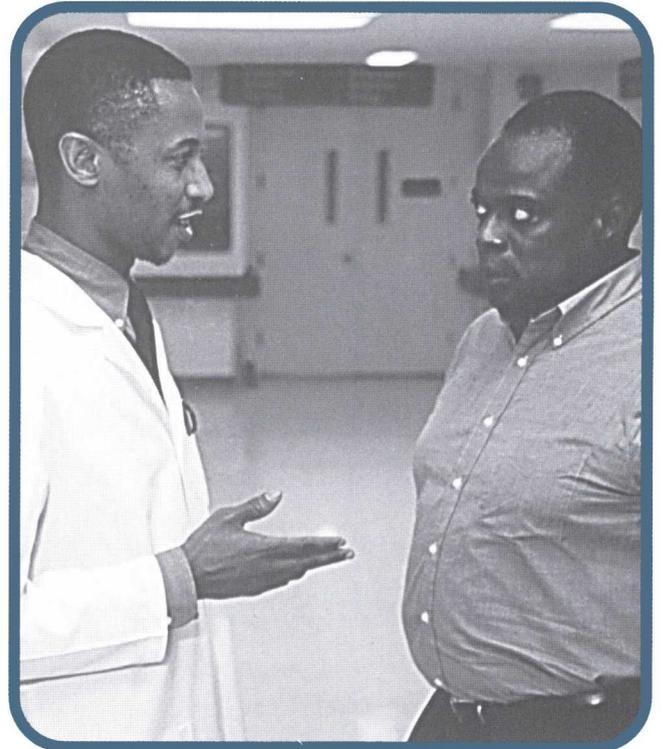
If you eat a diet high in fat you are considered to be at increased risk as well. Men who eat a high fat diet have a higher risk of prostate cancer. Scientists aren't sure why One reason may be that fat affects hormone levels that raise prostate cancer risk.

3. Is it possible to have a problem and not have any symptoms? Many men say they feel fine... so they see no reason to go to the doctor.

It is possible to have prostate cancer and be symptom free. That's why we try to educate men and their families about prostate cancer exams and tests.

4. If the PSA detects the presence of cancer, why do you have to do the rectal exam?

If you look at the picture of the prostate on page 5, you can see that there is really one way, physically, that a doctor can examine your prostate.



5. Can you explain why some men may not need these tests?

Testing men, without considering all the factors that might affect their health, could lead to needless worry. Factors like age, family history, and other general health concerns, always affect one's health decisions. Every individual is different and unique health circumstances should be discussed with one's doctor before making a decision about undergoing testing.

6. I've read that there is some disagreement amongst doctors about prostate cancer check-ups. Can you explain why doctors disagree?

No test is perfect. Medicine is not perfect and that's a fact. For prostate cancer screening, unfortunately, medicine has no exact answer. Even when we are able to detect a cancer early, it may not have an impact on your particular outcome. The key question on which doctors disagree is "do check-ups for prostate cancer save lives?" Some doctors believe they do and others believe they do not. This is because prostate cancer can be a slow growing cancer and therefore may not cause problems. On the other hand, prostate cancer does result in a substantial number of deaths each year and is a very serious disease... particularly for African Americans.

7. Do you think I need to be screened every year?

Remember, you are in charge of your own health. Doctors can give you information and answer your questions but the choice is yours and yours alone. Before making your decision - consider what you will do with the test results. This is true for any test you have. Your doctor can work with you to consider what the next steps might be if the results are positive. You may turn to your family get information from the library or Internet as you weigh all your options. But remember, consulting your doctor as you move toward these decisions is your best course of action.

GLOSSARY

Benign prostatic hyperplasia (BPH) - enlargement of the prostate. BPH is not cancer, but it can cause some of the same symptoms.

Cancer - a term for diseases in which abnormal cells divide without control. Cancer cells have the potential to invade nearby tissues and to spread through the bloodstream to other parts of the body.

Clinical Study or Research Study - a study that involved people and is designed to answer medical questions and to find better ways to prevent or treat disease.

Digital rectal examination (DRE) - with a glove on his hand, the doctor will insert his finger into the rectum to feel the prostate for anything not normal. Some tumors of the prostate can be felt during this exam.

Ejaculation - the release of semen through the penis during sexual climax.

Enzyme - a natural substance that affects the rate at which chemical changes take place in the body.

Erection - swelling and hardening of the penis in response to sexual excitement.

Family history - Prostate cancer seems to run in some families, suggesting an inherited or genetic factor. Having a father or brother with prostate cancer doubles a man's risk of developing this disease. The risk is even higher for men with several affected relatives, particularly if their relatives were young at the time of diagnosis.

Gland - an organ that produces and releases one or more substances for use by various parts of the body.

Informed decisions - a decision that is arrived at, once all of the information and possible different outcomes are examined.

Prostate specific antigen (PSA) - a protein produced by cells of the prostate gland. PSA circulates in the blood and can be measured with a simple blood test. PSA levels go up in the blood of some men who have prostate enlargement, inflammation, infection, or cancer.

Risk factor - something that increases a person's chance of developing a disease.

Screening - the search for disease, such as cancer, in people without symptoms. For example, screening measures for prostate cancer include digital rectal examination and the PSA blood test. Screening may refer to coordinated programs in large populations.

Semen - the thick, whitish fluid that is released through the penis during orgasm.

Symptom - a sign or indication that something is occurring.

Tumor - abnormal growths of tissue. Tumors can be either malignant (cancerous) or benign (noncancerous).

Urethra - the tube that extends from the bladder to the tip of the penis. It carries urine from the bladder and, during ejaculation, semen from the prostate gland, out through the penis.

Urologist - a doctor who specializes in disorders of the urinary system and the male reproductive system.

(Definitions from Understanding Prostate Changes: A Health Guide for All Men, National Cancer Institute, September, 1998. NIH Publication No. 98-4303 or the American Cancer Society's prostate cancer glossary at www.cancer.org.)

