

# TO YOUR HEALTH

Carleton-Willard Village Out-Patient Clinic—100 Old Billerica Road, Bedford MA 01730

Volume 17 Number 4

April 2012

## FOR MEN ONLY

by Barbara Chenoweth, NP

Prostate health has made the news lately, stirring up a great deal of controversy. The debate centers on the value of testing men for prostate cancer using the PSA test. This simple blood test measures an enzyme produced by the glandular cells of the prostate. Usually there are very few prostate cells found in the blood unless a man has a prostate problem, including prostate cancer.

According to the American Cancer Society, prostate cancer will strike 240,000 men and 34,000 will die in 2011, making it the second leading cause of cancer death in men after lung cancer. In addition, PSA testing has reduced cancer deaths by 40%, both in the US and Europe, where research has compared those who were screened by PSA testing with those who were not screened, (*Prostate Disorders*, Johns Hopkins Bulletins, winter 2011.) Because prostate cancer does not produce symptoms until it has spread to organs outside of the body, prior to the late 1980s, before PSA testing, men were not diagnosed until later stages of the disease.

On the other hand, PSA testing has its limitations: it cannot distinguish low-risk from high-risk cancer. An elevated PSA requires a biopsy in order to “stage” prostate cancer. Low risk prostate cancer can be safely watched and monitored, called “active surveillance.” This is a prostate cancer with a PSA score under 10 or a Gleason grade of 6 or lower. It is for this group of men that concern has been raised; they may seek treatment when watchful waiting can avoid unnecessary surgery

and other interventions, all having their own risks and side effects. Age is also a factor.

After the age of 75 or older, PSA testing is not likely to be helpful. Usually prostate cancer is slow growing and takes 10 years to have an impact, (*Men’s Health Advisor*, Cleveland Clinic, January 2012.) Especially if the PSA is below 3, it is reasonable to discontinue testing. For men between

ages 70 and 75 who are in excellent health, screening can be based on PSA values: if PSA exceeds 2 ng/ml, it can be repeated annually. PSA above 4, in healthy men, can trigger a consult with a urologist.

The recommended age for first PSA testing is age 40. This is important for all men but especially for those at high risk because they have a relative, father or brother, with prostate cancer, or who are Afro-American, an ethnic group with a high incidence of prostate cancer. If the PSA is below 0.6 ng/ml, the test can be repeated at age 45. At ages 50-69, PSA screening should be done annually. If it rises rapidly or reaches a level of 3 ng/ml, a urology consult is indicated.

Another concern with PSA testing is that the test is not specific for prostate cancer. Only a biopsy can distinguish cancer cells from normal cells. A certain number of men who have an elevated PSA will undergo biopsy and have inconclusive results. Sometimes the biopsy fails to capture cancer cells when cancer is present. Or, the elevated PSA is caused by other conditions. Older men often have a non-cancerous enlargement of the prostate called Benign Prostatic Hyperplasia or

*(For Men Only cont.)* lower the PSA, giving a false test result. In fact a group of medicines called the “5-alpha reductase inhibitors (Proscar/finasteride and Avodart/dutasteride)” reduce the PSA by 50% after six months of treatments.

Added to this complicated picture of PSA screening is the observation that men often do not talk about prostate troubles. Nor do they usually share their experiences with urinary symptoms or the dilemmas of treatment options. Because of their reluctance, men often do not seek or receive support when they are diagnosed with prostate cancer. While there are local and national organizations that offer information and support to men, these resources are not as visible as the networks that have grown to support women with breast cancer.

In addition to prostate cancer, other prostate disorders have emotional dimensions that may prevent men from disclosing their thoughts and feelings. For many, talking about urinary incontinence or sexual dysfunction can be stressful and anxiety provoking. Yet many treatments for prostate conditions can cause these side effects, and often men enter into treatment without a full awareness of the possible adverse side effects.

Despite the potential side effects of prostate treatments, enormous progress has been made in the development of treatment for both BPH and prostate cancer. Several medicines for BPH work by reducing the smooth muscles in the prostate, thereby relieving symptoms of urinary frequency and nighttime urination. Other medicines can improve urinary flow by shrinking the prostate by as much as 30%, (Partin, A., *BPH: Reviewing the Options*, Johns Hopkins Medicine Special Report on Prostate Disorders, 2011). Men with severe symptoms are often helped most by surgery. With the

TURP, the gold standard, the inner core of the prostate is surgically removed. Other minimally invasive treatments have been developed such as the microwave technology called “Cooled Thermo Therapy.” This latter intervention has less side effects than the TURP and is gaining increased attention.

Likewise, treatments for prostate cancer range from minimally invasive, nerve sparing surgery done by robotics to intensity modulated radiation that allows for a safer delivery of radiation doses to control localized cancer, (Goodman, ASCOPost, March 2012). The bad news is 20 to 30% of men who have had treatment for prostate cancer will see their PSA rise again. The good news is that developments in the treatment of advanced cancer through hormonal and chemotherapies have continued to grow.

Because of the complexity of prostate conditions, it is extremely important for men to be knowledgeable about their own health conditions and to seek consultation with a urologist for their symptoms and questions. Finding expert urologists for surgical interventions is essential. Many men have been surprised to find help for distressing symptoms that they were hesitant to talk about. In this rapidly changing world of men’s health, each year brings new treatments and new hopes.

## ANNOUNCEMENT

Dr. Carl Virusso will give a talk on “Chiropractor Services: the Basics.” Dr. Virusso is a Chiropractor at the Marino Center in Wellesley and is now offering services at the Clinic. Come and learn what a Chiropractor does, how it works and how it can help, on Wednesday, April 11th at 10:30 a.m. in the Auditorium Center.