



PROSTATE CANCER *Info Sheet*



BY AGE
50
 cancerous prostate cells are present in about half of American men.

however
 not all prostate cancers need to be diagnosed or treated.

WHAT YOU SHOULD KNOW

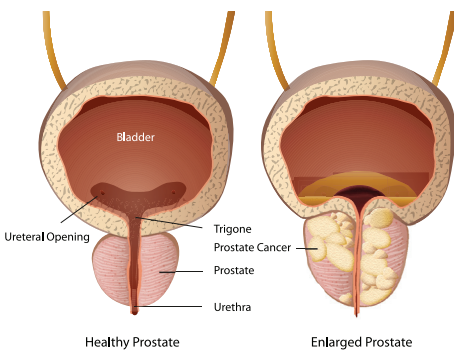
The **prostate** is a walnut-sized gland in men that makes some of the fluid found in semen. Cancer cells that begin in the prostate can multiply to form a tumor, which may spread to nearby tissues.

WHO HAS INCREASED RISK?

Some men face higher risk for prostate cancer due to these factors:

- ✓ African-American race
- ✓ Family history (a father or brother diagnosed with prostate cancer)
- ✓ A known genetic mutation such as BRCA1, BRCA2, ATM, HOXB13, MLH1, MSH2 or MSH6

IF TREATMENT IS NEEDED
90% of men treated for early-stage prostate cancer are cured.



Prostate cancer comes in two types: **aggressive** and **indolent (inactive)**. Most men with indolent prostate cancer can be monitored and begin treatment only if their cancer grows.

SYMPTOMS TO TELL YOUR DOCTOR

Prostate cancer typically does not cause signs or symptoms in its early stages. As it advances, patients may experience:

- ✓ Difficulty urinating
- ✓ Decreased urine flow
- ✓ Blood in the urine
- ✓ Swelling in the legs
- ✓ Pelvic area discomfort
- ✓ Bone pain

These symptoms are most commonly due to benign conditions—such as an **enlarged prostate** or an **infection**. If you have any of the above symptoms, see your doctor to determine the cause.

PROSTATE CANCER EARLY DETECTION

Men should have a discussion with their primary physician about early detection testing, which involves these two steps:

- ✓ **Digital rectal exam** allows the doctor to feel the prostate and detect unusually firm or irregular areas.
- ✓ **PSA test** measures your level of prostate-specific antigen (PSA) in your blood.

WHO SHOULD HAVE A PSA TEST?

If you decide that **Prostate Cancer Early Detection** is right for you, the National Comprehensive Cancer Network (NCCN) recommends PSA testing as follows:

- ✓ **Men at high risk** (African-American, genetic mutation, or family history) begin PSA testing regularly at age 40, or 10 years before the earliest prostate cancer case in your family.
- ✓ **Men at average risk** should have baseline testing at age 45 to compare with later years' results.
- ✓ **Continue regular testing** at 1- to 4-year intervals, depending on your baseline or previous PSA level, your age and your risk factors.
- ✓ **Men over age 75** may discontinue PSA testing unless they are very healthy with a life expectancy of 10 years or more.



WHAT IS *Active* SURVEILLANCE

Most men with low-risk prostate cancer do not need cancer treatment right away. With active surveillance, we carefully monitor your cancer with timely exams, PSA testing, prostate MRI and biopsy (if needed) and proceed to treatment only if necessary. This allows many men (who would never need cancer treatment) to avoid the side effects of surgery or radiation.

WHY ROSWELL PARK FOR PROSTATE CANCER?

- ✓ **Nationally recognized** as one of a select group of comprehensive cancer centers designated by the National Cancer Institute, and a member of the National Comprehensive Care Network (NCCN).
- ✓ **Multidisciplinary care approach** by a team of prostate cancer experts including oncology-focused urologists and medical and radiation oncologists, plus psychologists, social workers, dietitians and others who work together – under one roof.
- ✓ **Surgeons with high-volume experience** in robot-assisted surgery for prostate cancer. 100% of prostatectomies are performed robotically.
- ✓ **Success above national average.** We consistently perform above the average for preserving erectile function and urinary continence after surgery, reducing side effects that greatly impact quality of life.
- ✓ **Radiologists with special expertise** in 3-Parameter MRI to distinguish aggressive from indolent cancer.
- ✓ **Access to the latest treatments** including the newest drugs, immunotherapy and other options that may not be available from other providers.

GET A SECOND OPINION

If you have a cancer diagnosis, you need a second opinion. We can arrange for our prostate cancer experts to review your scans and pathology and schedule a consultation.

WHY IT MATTERS

In about 30% of prostate cases we review, the risk group assessment or diagnosis is changed, impacting your treatment options, decisions and the way forward.



MEET OUR DOCTORS

Urology

1. James Mohler, MD, FACS
Chair, NCCN Prostate Cancer Panel
2. Khurshid Guru, MD
3. Eric Kauffman, MD
4. Qiang John Li, MD, PhD
5. Thomas Schwaab, MD, PhD

Medicine

6. Gurkamal Chatta, MD
7. Amy Early, MD, FACP
8. Saby George, MD, FACP
9. Ellis Levine, MD, FACP

Radiation Oncology

10. Michael Kuettel, MD, PhD, MBA
11. Anurag Singh, MD

Radiology

12. Craig Hendler, MD