



PROSTATE CANCER *Info Sheet*




1 man in **8** will be diagnosed with prostate cancer during his lifetime.

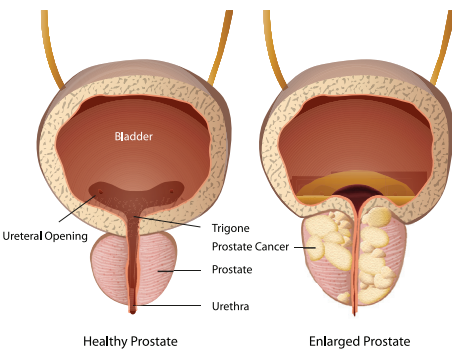
WHAT YOU SHOULD KNOW

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 a 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



SYMPTOMS TO TELL YOUR DOCTOR

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.

- ✓ Increased frequency of urination, day or night
- ✓ Difficulty urinating
- ✓ Weak urine flow
- ✓ Sense of incomplete emptying

These symptoms may occur in advanced prostate cancer if it grows to surrounding organs or spreads to distant sites:

- ✓ Body pains
- ✓ Blood in urine or inability to urinate
- ✓ Unexplained weight loss
- ✓ Muscle weakness in legs and feet

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.

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** to allow the doctor to feel the prostate and detect unusually firm or irregular areas.
- ✓ **PSA test** to measure the level of prostate-specific antigen (PSA) in your blood.

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

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) should begin PSA testing regularly at age 40.
- ✔ **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

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, in addition to psychologists, social workers, dietitians and others who work together – under one roof.
- ✔ **Surgeons with high-volume experience** in robot-assisted surgery for prostate cancer. All 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 multi-parameter MRI to distinguish cancers.
- ✔ **Access to the latest treatments**, including the newest drugs, immunotherapy and other options that may not be available from other providers.

Most men with low-risk prostate cancer do not need cancer treatment. 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 to avoid the potential side effects of curative treatment.

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 20% 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. Khurshid Guru, MD
2. Eric Kauffman, MD
3. Qiang John Li, MD, PhD
4. Ahmed Aly Hussein Aly, MD
5. Thomas Schwaab, MD, PhD

Medicine

6. Gurkamal Chatta, MD
7. Saby George, MD, FACP
8. Dharmesh Gopalakrishnan, MD
9. Ellis Levine, MD, FACP

Radiation Oncology

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

Radiology

12. Craig Hendler, MD