



**WE  
CAN'T  
LET  
CANCER  
WIN.**

**THAT'S WHY RPCI  
PIONEERED THE PSA  
TEST TO SCREEN  
AND MONITOR MEN  
FOR PROSTATE  
CANCER. SINCE  
THEN, THE OVERALL  
CURE RATE HAS  
CLIMBED FROM  
4% TO ABOUT  
80% TODAY.**

By age

**50,**

**cancerous  
prostate cells  
are present  
in about half  
of American  
men.**

By age

**80,**

**most men  
have cancer  
in their prostate.**

# TIP SHEET Prostate Cancer

**T**he 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.

While many prostate cancers grow slowly, early detection and careful observation is essential to distinguish a slow-growing prostate cancer from a more aggressive form.

## Symptoms You Should 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 Screening is quick and easy—a **digital rectal exam** allows the doctor to feel the prostate and detect unusually firm or irregular areas and a blood test measures your **prostate-specific antigen (PSA)** level.

## When Should You Be Screened?

RPCI follows the Prostate Cancer Screening Guidelines established by the National Comprehensive Cancer Network (NCCN) that advise:

- A baseline PSA test and digital rectal exam at age 40 for comparison with future tests. If PSA measures 1.0 ng/mL or greater, seek an annual follow-up. If PSA is less than 1.0 ng/mL, have a follow-up screening by age 45.
- If you are at high risk—African-American, have a family history (a father or brother diagnosed), or have a confirmed BRCA1 or BRCA2 genetic mutation—begin annual screening at age 40 (or 10 years prior to age of earliest prostate cancer case in family).
- Regular screening should be offered to all men beginning at age 50.
- Men over age 75, or those with a life expectancy of less than 10 years, should discontinue PSA screening.



# Why Roswell Park Cancer Institute?

## Setting the National Standards.

RPCI experts, urologist James Mohler, MD, and radiation oncologist Michael Kuettel, MD, PhD, MBA, serve on the National Comprehensive Cancer Network (NCCN) panels that create the national guidelines that specify the best ways to prevent, detect and treat prostate cancer. Dr. Mohler chairs the treatment panel.

**Nationally Recognized Urology Program.** RPCI was named to Best Hospitals for 2013-14 by *U.S. News & World Report*, receiving special recognition for High Performance in the area of Urology.

**Success Above the National Average.** We consistently perform above average for preserving erectile function and urinary continence after surgery, side effects that greatly impact quality of life.

**Access to the Latest Therapies.** The newest treatments, available through clinical research studies, are important options for many patients. About 50% of RPCI patients are eligible for a clinical study. Whether or not you choose to participate is entirely your choice.

## Treatment the RPCI Way

We believe every patient is unique, and we approach cancer treatment on an individual and personal basis, treating the whole person, not just the cancer. We offer the highest level of cancer care, including:

- **A multidisciplinary care approach** by a team of urology experts, surgical, medical and radiation oncologists plus psychologists, social workers, dietitians and others, who work collaboratively to provide comprehensive and integrated care—all under one roof.
- **Genitourinary surgeons with high-volume expertise** in robot-assisted surgery for prostate cancer.
- **Specialized radiation therapies**, including low-dose and high-dose brachytherapy (internal radioactive seeds) and Stereotactic Radiosurgery, one-to three-sessions of precise and personalized high-dose radiation treatment.
- **The latest treatments available**, including the Provenge immunotherapy vaccine, chemotherapy, hormone therapy and clinical trials.
- **Active Surveillance treatment plan.** If you choose this “watchful waiting” approach, we will provide an appropriate schedule for monitoring your cancer with timely prostate exams, precise PSA measurements and prostate biopsies when indicated.

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.



## Meet the Doctors

(above from left to right)

### Urology

- 1) James Mohler, MD, FACS
- 2) Khurshid Guru, MD
- 3) Thomas Schwaab, MD, PhD
- 4) Willie Underwood III, MD, MPH, MSCI
- 5) Eric Kauffman, MD

### Medicine

- 6) Donald Trump, MD, FACP
- 7) Roberto Pili, MD
- 8) Ellis Levine, MD
- 9) Saby George, MD, FACP

### Radiation Oncology

- 10) Michael Kuettel, MD, PhD, MBA
- 11) Anurag Singh, MD

### Pathology

- 12) Gissou Azabdaftari, MD
- 13) Norbert Sule, MD, PhD
- 14) Bo Xu, MD, PhD

If treatment is needed,  
**90%**  
of men treated for early-stage prostate cancer are cured.

## GET A SECOND OPINION

Second opinions are important in cancer care. We can arrange for RPCI's prostate pathologists to review your biopsy and set up a consultation with a member of our prostate cancer team. *If you seek a second opinion at RPCI, you are under no obligation to receive your care here.*

