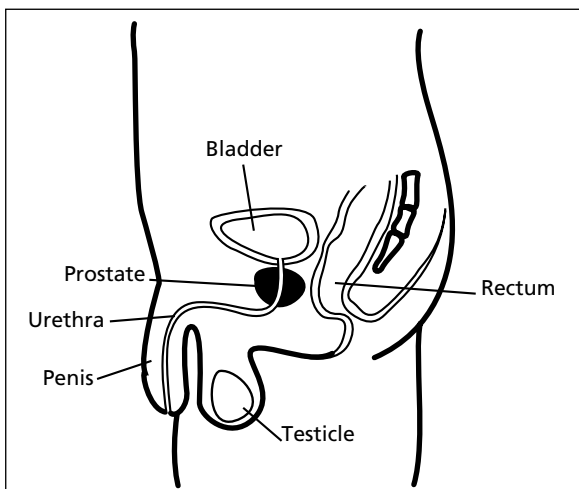


## ► PROSTATE PROBLEMS AND PROSTATE CANCER ◀

Men usually develop prostate problems only when they're older. Fortunately, most prostate problems are not life-threatening. However, prostate cancer is serious and can be fatal if left untreated. Currently, a man dies from prostate cancer every 15 minutes. Your doctor can do a simple annual exam and blood test that can detect prostate cancer early. Below are answers to some frequently asked questions about prostate problems.

### What is the prostate gland?

The prostate gland is located inside the body, right beneath the bladder and in front of the rectum (*see illustration below*). The urethra is the tube that carries urine from the bladder. The urethra passes through the center of the prostate. The prostate gland is one of the male sex glands. It produces semen, the substance that carries sperm.



### What are signs of prostate problems?

Some prostate problems can cause trouble with urination. That's because the prostate gland is near the bladder and urethra, the tube that carries urine out of the body. Visit your family doctor as soon as possible if you:

- Are unable to urinate
- Need to go to the bathroom more often, especially at night
- Have difficulty starting or stopping the stream of urine
- Have a weak stream of urine
- Feel pain or burning when you urinate
- Have blood in the urine
- Have painful discharge of semen (ejaculation) during sex
- Feel pain in the lower back, pelvis or upper thighs that does not go away

These symptoms may mean you could have a prostate or other urinary tract problem that may or may not be cancer. However, in most cases, prostate cancer presents without any symptoms.

### What are some of the prostate problems men may have that are not cancer?

Prostate problems that are not cancer include infections (prostatitis) or an enlarged prostate. Prostate infections affect men of all ages. Bacteria from infections in the urinary tract may cause this condition. Inflammation or congestion of the prostate may be due to

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aging or a buildup of prostate fluid in the gland.

An enlarged prostate, also known as benign prostatic hypertrophy (BPH), is quite common in older men. That's because the prostate gland usually grows larger as a man gets older. As the prostate grows, it may push against the bladder or close around the urethra. This can cause problems with urination. Urinary problems or an enlarged prostate should not be considered a normal sign of aging, though. You should seek treatment. Without proper treatment, an enlarged prostate sometimes can interfere with a normal lifestyle, and sometimes can cause severe bladder or kidney damage.

### **Are some men at greater risk for getting prostate cancer?**

Men get prostate cancer more than any other type of cancer. Men who are over 50 are more likely to have the disease than younger men. Men with a father or brother who had prostate cancer are also at greater risk than men with no family history of the disease.

### **What about African-American men and prostate cancer?**

African-American men have a higher risk of developing prostate cancer than white men, and more African-American men die from this disease. The reason is not clear, but when prostate cancer is found in African-American men, it's usually late-stage cancer, which is hard to cure. But African-American men who have regular screening exams and who are diagnosed with prostate cancer have a better chance of surviving. Regular screening exams can catch tumors when they're smaller and more curable, and should start at age 40 if you are African-American.

### **How can I tell if I have prostate cancer or a benign prostate condition?**

You can't make a diagnosis on your own. Early-stage prostate cancer usually has no symptoms, which is why regular screenings are so important. Urinary difficulties could be a sign of either prostate cancer or a benign condition. That's why you should see your doctor as quickly as possible if you have any urinary-related symptoms.

### **How is prostate cancer detected?**

Prostate cancer screening is done by a rectal exam and a prostate specific antigen (PSA) blood test. During the rectal exam, your doctor places a gloved finger in the rectum and feels the prostate, checking its size and shape. A prostate with a hard spot may indicate cancer. The PSA blood test measures the level of a protein produced by the prostate. A high PSA level could be a sign of an enlarged prostate or inflammation of the prostate, or it may indicate the presence of cancer.

These tests are quick and easy and can help find prostate cancer early when it's more treatable. Prostate cancer can only be diagnosed by a biopsy of the prostate. Your doctor may recommend a biopsy to make the diagnosis. Discuss with your physician at what age you should begin having yearly screenings, including the risks and benefits.

### **What causes prostate cancer?**

No one knows what causes prostate cancer. Researchers are looking at heredity, diet (especially fatty foods), hormones, and environmental factors. Since it is not yet possible to prevent prostate cancer, early detection is key.

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## **What are the stages of prostate cancer?**

Once prostate cancer has been found, more tests must be done to determine if cancer cells have spread outside the prostate gland. The size of the cancer and the extent to which cancer cells have spread are described in terms of “stages.” Stage A (T1) and Stage B (T2) are early stages which mean the cancer is probably within the gland and has not spread. Stage C (T3a-T4) means the tumor has grown beyond the prostate gland but is confined within the surrounding areas. Stage D (N0-N2, M0-M1) means the cancer has spread, usually to distant sites. This process is called metastasis. You and your doctor need to know the stage of your disease to plan treatment.

## **How is prostate cancer treated?**

There are four common treatment approaches: careful observation, surgery, radiation therapy and hormone therapy.

**Careful observation** may be an option if your cancer is very minimal, you’re older, and/or your chances of dying from prostate cancer are very small.

**Surgical treatment** options include radical prostatectomy or cryosurgery.

- Radical prostatectomy removes the prostate, which contains the tumor, and some of the tissue around the gland. During the prostatectomy, your doctor may do surgery to take out lymph nodes in the pelvis to see if they contain cancer. This is called a pelvic lymph-node dissection. Impotence (the inability to get an erection) may be a side effect of the surgery. Incontinence (the leakage of urine from the bladder) is not common using contemporary surgical techniques.
- Cryosurgery kills the cancer by freezing it. This procedure is not considered a

standard primary treatment at present but may be more useful if the cancer returns after radiation therapy.

**Radiation therapy** uses high-energy X-rays to kill cancer cells and shrink tumors. Radiation may be delivered to the prostate by an external X-ray machine once a day for six to seven weeks.

Jefferson Hospital radiation oncologists use a revolutionary type of external beam radiation therapy called Intensity Modulated Radiation Therapy (IMRT) that delivers a high, tightly conformal (targeted) radiation dose to a tumor, while restricting the dose to and thereby sparing surrounding normal tissues. IMRT accomplishes this by regulating the beam intensity or strength and more precisely targeting radiation where it is needed. We have successfully shown that patients with prostate cancer benefit from this new technology. Patients with recurrent tumors who have already received “high dose” radiation therapy may also benefit from IMRT treatment.

If your prostate cancer is early stage and you do not have severe urinary problems, your doctor may recommend brachytherapy (or radioactive seed implants). This one-time procedure is performed under anesthesia. Men treated with radiation therapy may experience impotence and irritation of the bowels or bladder.

**Hormone therapy** slows the growth of prostate cancer. Hormones are most often used when the cancer has spread outside the prostate. Some doctors prescribe it for selected patients in order to shrink the cancer size before surgery or radiation. Hormones are really drugs that decrease the body’s production of male hormones. Some men experience hot flashes or undergo loss of sexual desire from hormone therapy.

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## **What is the outlook for prostate cancer patients?**

The outlook for prostate cancer patients has improved steadily over the years. The death rate has fallen by 16 percent over the last few years. Doctors now have a better understanding of how to diagnose this disease early. Better treatment methods have improved survival rates. Today, many men with prostate cancer can be treated effectively and resume their normal lifestyles.

## **What are clinical trials?**

When laboratory research shows that a new treatment method has promise, patients with cancer have the opportunity to receive the treatment in clinical trials or protocols.

By participating in a clinical trial you may have the first chance to benefit from improved treatment methods and the opportunity to make an important contribution to medical science.

To find out more about current clinical trials that you may be able to participate in, ask your doctor or call 215-955-1661 or 1-800-JEFF-NOW.

Jefferson's Kimmel Cancer Center GU Multidisciplinary Center allows patients with prostate cancer to consult with our team of prostate cancer experts during one visit. The Center has been in operation since 1996 and serves as a model for other cancer centers around the United States.

*For an appointment with a Jefferson physician, more information or health information and education programs, please call **1-800-JEFF-NOW** (1-800-533-3669) or visit our Web site at **[www.JeffersonHospital.org](http://www.JeffersonHospital.org)***

*Jefferson also offers a number of cancer support and education programs as well as a Buddy Program in which survivors of cancer provide support and encouragement to patients who are newly diagnosed and an active cancer advocacy group. You'll find information on the Jefferson Web site about these programs or by calling 1-800-JEFF-NOW.*

*Speech- or hearing-impaired callers can access JEFF NOW® by calling 1-800-654-5984*