



Prostate Cancer

When Should You Test?

PAID PROMOTIONAL FEATURE

Prostate cancers tend to grow slowly. Some tumors never become a problem, but this is not always the case. One monitoring tool is a blood test for prostate-specific antigen, or PSA.

PSA is released into the bloodstream from cells in the prostate, a walnut-sized gland that makes seminal fluid for carrying sperm. Elevated PSA levels can mean cancer is present. Ejaculation can temporarily increase PSA, so avoid it before any PSA test. A digital rectal exam is also used to check for prostate cancer.

Early-stage disease usually has no symptoms, but they can show up later. Symptoms include:

- Having to pee more often, especially at night, or straining to empty your bladder.
- Blood in your urine or seminal fluid.
- New onset of erectile dysfunction.
- Discomfort or pain when sitting (caused by an enlarged prostate).

- Pain or burning during urination (less common).
- Other symptoms can occur if cancer has spread beyond the prostate gland.
- Should you get screened if you have no symptoms? There's no easy answer, because tumor growth is hard to predict. Discuss your risks with your doctor.

What Are Your Risks

Risk factors for prostate cancer include:

- Being 50 years or older.
- Having a first-degree relative (a father, brother, or son) with prostate cancer.
- Inheriting gene changes, such as having a BRCA1 or BRCA2 gene mutation or Lynch syndrome.
- Being African American.
- Having a history of smoking.

If Your PSA is Elevated

An elevated PSA reading does not necessarily mean cancer is present. Elevated PSA readings can also mean:

- Prostatitis (inflammation of the prostate).
- Benign prostatic hyperplasia (BPH, or enlargement of the prostate).
- Urinary tract infection (UTI).

A digital rectal exam, prostate biopsy, or prostate surgery can also cause elevated readings. So can a disturbance to the prostate from certain ordinary activities, like bike riding. Your doctor may recommend another PSA test to confirm the original finding, as well as continued monitoring.

BPH and prostatitis are not risk factors for prostate cancer.

What If You Need More Tests?

After performing a physical exam, digital rectal exam, and PSA blood test, your doctor may recommend the following:

- Transrectal procedures, where an instrument is inserted into the rectum, include ultrasound, magnetic resonance imaging (MRI), or biopsy. The ultrasound and MRI form images of the prostate and can also guide a needle to take biopsy tissue samples.
- PSMA PET scan, another imaging procedure, looks for prostate cancer cells that have spread outside the prostate.

If cancer is found, the pathologist will assign a Gleason score. This grade describes how abnormal the cancer cells look under a microscope and how quickly the cancer is likely to grow and spread.

by the numbers

299,010

Estimated new cases of prostate cancer in the U.S. in 2024

0.9%

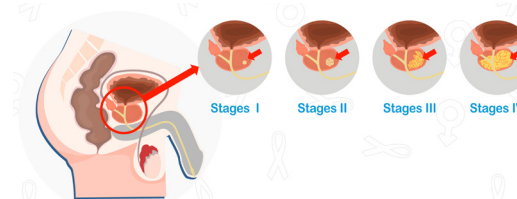
Average increase per year in new prostate cancer cases in the U.S. from 2012-2021 (age-adjusted)

About **1 in 8**

U.S. men who will be diagnosed with prostate cancer during their lifetime

More than **3.3 million**

U.S. men diagnosed with prostate cancer at some point who are alive today



What to Do After Diagnosis

Treatment options for prostate cancer include:

- Monitoring only, especially for early stage, slow-growing prostate cancer.
- Surgery and/or radiation therapy (external beam or brachytherapy, the insertion of radioactive seeds).
- Hormone therapy (androgen deprivation therapy or ADT), especially if the tumor is large or cancer is more likely to return.
- Chemotherapy or immunotherapy if prostate cancer no longer responds to ADT.

Side effects may include incontinence, bone pain and weakness, and sexual problems, but these can often be prevented or managed.

RBOI's support services are available to the community free of charge, from before diagnosis through treatment and afterward, regardless of where you are being treated. Give us a call.



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