

# Prostate Cancer

Prostate cancer is second only to skin cancer as the most common male cancer in the United States. Each year more than 200,000 men are affected by this disease. Men aged 50 and older, African American men and men with a family history of prostate cancer are at higher risk. Fortunately, most prostate cancers are slow growing and can be detected at an early stage, when most can be cured.

## Risk Factors

Factors that may increase your risk of prostate cancer include:

- Family history – having a brother, father, grandfather, son or cousin with prostate cancer
- Age – 90% of prostate cancers are diagnosed in men 50 and older
- Race – African Americans are at greater risk
- Diet and lifestyle – obesity and/or a diet high in saturated fats, sugar and red meat may increase risk, while eating fruits and vegetables, especially broccoli and cauliflower, may decrease risk. Lycopene, found in tomato products, and selenium, soy and Vitamins D and E, also may be beneficial.

Please note that an enlarged prostate (benign prostatic hyperplasia or BPH) does not increase your risk of prostate cancer.

## Symptoms and Screening

Early stage prostate cancer often has no warning signs, making regular screening tests such as PSA and digital rectal exams critically important.

Men are more likely to detect prostate cancer early when they have two simple screening tests—a digital rectal exam (DRE) and a prostate-specific antigen (PSA) blood test. During the DRE, your physician will insert a gloved finger into your rectum to feel the size, shape and texture of your prostate. The PSA test determines the level of PSA in a blood sample; high levels may indicate prostate cancer, an enlarged prostate or prostate infection. Men with normal levels of PSA also may have prostate cancer.

These tests are recommended yearly for all Caucasian men starting at age 50; African American men and anyone with a family history should be tested yearly starting at age 40. Many urologists recommend that even men without risk factors get a baseline PSA at age 40 to 45.

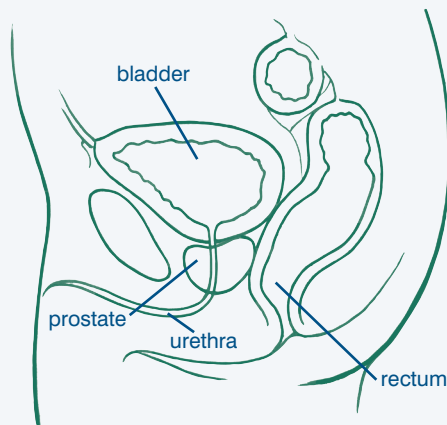
## Diagnosis and Staging

If further evaluation is needed after the screening tests, a prostate biopsy may be

recommended. In this test, using a local anesthetic and ultrasound guidance, your urologist will insert a tiny needle into the prostate and withdraw small amounts of tissue to be examined in a laboratory.

If prostate cancer is found during the biopsy, additional testing such as a bone scan or a CT scan may be recommended.

In its early stages (T1 and T2), prostate cancer is usually confined to the prostate itself. As the cancer advances, it may move outside the prostate to surrounding tissues, lymph nodes, bones or other parts of the body (Stage T3 or T4). Your tissues also will receive a “Gleason Score” that helps your doctor predict how the cancer may progress.



## Treatment

Many effective treatments for prostate cancer exist today. With early detection, many patients can be cured. The most appropriate treatment for you will depend on factors such as your age, health, lifestyle and the characteristics of your cancer. Your treatment options include:

- **Watchful waiting** (active surveillance) – men with slow growing, early stage cancers or those with serious health problems or advanced age may be advised to monitor the cancer rather than actively treating it. Many men will “outlive” their prostate cancer.
- **Surgery** – a surgical procedure called a radical prostatectomy removes the

cancerous prostate gland. The highly skilled surgeons of Chesapeake Urology Associates use the latest techniques to remove cancerous tissue while minimizing side effects. These techniques include the da Vinci robotic prostatectomy, a state-of-the-art robotic-assisted laparoscopic removal of the prostate.

- **Radiation therapy** – our new Prostate Center offers state-of-the-art Image-Guided Intensity Modulated Radiation Therapy (IG-IMRT) in a luxurious, comfortable setting. This therapy offers highly targeted radiation to maximize tumor shrinkage while minimizing damage to surrounding tissues.
- **Brachytherapy** – tiny radioactive “seeds” are placed into the prostate to release radiation over the course of several months, providing targeted treatment to the cancer.
- **Hormone therapy** – in some cases, your physician will inject a medicine called LHRH to block the release of testosterone, the male hormone that fuels the growth of prostate cancer.
- **Cryotherapy** – in an outpatient procedure, a very thin needle is inserted into the prostate to freeze and destroy the cancer cells it contains. It can be used as primary therapy or as an alternative if other treatment is not successful.
- **Chemotherapy** – chemotherapy is sometimes recommended for men who have progressive prostate cancer or cancer that is not responding to other therapy.

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