

TIP SHEET Prostate Cancer

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.

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

Symptoms to 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

Routine screening involves two steps: **Digital rectal exam** allows the doctor to feel the prostate and detect unusually firm or irregular areas. **PSA test** measures your level of prostate-specific antigen (PSA) in your blood.

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.

By age **50**, cancerous prostate cells are present in about half of American men.

But, not all prostate cancers need treatment.





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 2014-15 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. We offer the newest options available, including the Provenge immunotherapy vaccine, chemotherapy, hormone therapy and clinical trials.

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) Amy Early, MD, FACP
- 7) Ellis Levine, MD, FACP
- 8) Saby George, MD, FACP

Radiation Oncology

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

Pathology

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

Radiology

- 14) Craig Hendler, MD
- 15) Nicholas Perry, MD

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

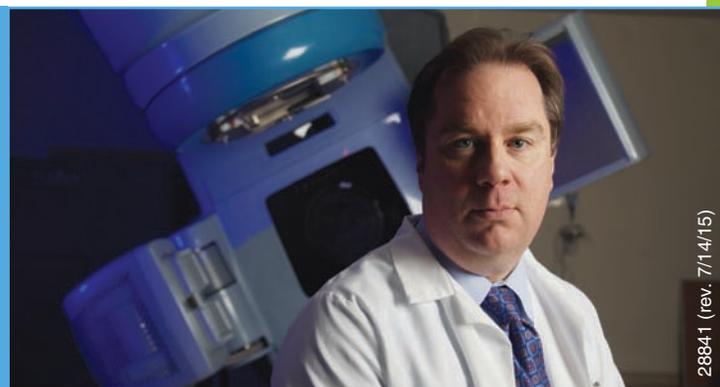
GET A SECOND OPINION

Second opinions are important in cancer care. We can arrange for RPCI's 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.*

Treatment the RPCI Way

- **A multidisciplinary care approach** by a team of genitourinary oncologists plus psychologists, physical therapists, social workers, dieticians 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.
- **Radiologists with special expertise** in 3-parameter MRI to help distinguish aggressive cancer from indolent.
- **Active Surveillance treatment plan.** If you choose this “watchful waiting” approach, we will provide an appropriate schedule for monitoring your cancer with timely exams, PSA tests and biopsy 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.



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