

Do You Understand Prostate Cancer?

IF YOU'RE A MAN—OR HAVE A MAN IN YOUR LIFE—
IT MAY BE TIME TO CLEAR OUT THE COBWEBS
IN YOUR KNOWLEDGE OF THIS COMMON,
POTENTIALLY DEADLY DISEASE.



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Quick, pop quiz—What are the four most common types of cancer worldwide? According to the World Health Organization, they're breast, lung, colon-and-rectum and prostate. Prostate cancer is so widespread, in fact, that one in every eight men will be diagnosed with it in his lifetime, per the American Cancer Society (ACS).

"Prostate cancer is the most commonly diagnosed non-skin cancer in American men," says Sandip M. Prasad, M.D., a urologist and both the surgical director of genitourinary oncology and the vice chair of urology at Morristown Medical Center. "Upwards of 313,000 men will be diagnosed in 2025. It is critically important for men to see their doctors to screen for prostate cancer and understand if they're at risk. The process is about more than just identifying cancer. It's also an opportunity for men to regularly check in with their physicians about other men's health issues."

It is perhaps men's hesitancy to discuss their health—and ask questions—that has helped to allow misconceptions about prostate cancer to flourish. To mark Men's Health Month in June, MORRIS & ESSEX sat down with Dr. Prasad to clear up a few of them:

• **"It's an old man's disease."**

Though your chances of getting prostate cancer increase as you get older, it's not unheard of—or even terribly uncommon—for it to be diagnosed in early middle age. "Forty percent of prostate cancer diagnoses in the United States are in men under 65," says Dr. Prasad. "As men's life expectancy improves, early diagnosis and treatment of prostate cancer becomes more and more important." (Life expectancy did dip briefly in the era of the pandemic, but it's rising again.)

National guidelines backed by the ACS suggest that men start screening at age 50. Other risk factors, such as a family history of the disease, bump it down to 45, or even 40. "I believe that we should continue to screen men over age 70 who are in good health, as they would also benefit from screening and early detection of an aggressive cancer," adds the doctor. If something looks "off," keeping a close eye on it is imperative.

"There is also a narrative that prostate cancer is always slow-growing, and that men will die *with* the disease rather than *because* of it," says Dr. Prasad. "That's misleading. While many prostate cancers are slow-growing and can be observed with active surveillance, there is a wide range of behavior of the disease. Screening is critical."

Such screening involves both a physical exam by a doctor and a blood test that's looking for prostate-specific antigen, or PSA. "The blood test is the key initial test," says Dr. Prasad. "I do believe there is still value for the prostate exam, but this is not necessary in all cases." Once a baseline PSA is known, clinicians should offer screening every two to four years. It's also important to know that someone can have a high PSA reading for reasons other than prostate cancer—including an infection or an enlarged prostate. However, any change in PSA is a good reason for a specialist to take a closer look.

• **"If I have no family history, I'm safe."**

As with many diseases, your chances of developing prostate cancer go up if others in your family, such as a father, uncle or grandfather, have also been diagnosed with it. When tracking family history, it's also important to look beyond just prostate cancer. To understand your risk factors, check any history of "adenocarcinomas"—that is, cancers that start in the glands that line your organs, such as breast, esophagus, lung and colon or rectum. In addition, the doctor flags certain gene mutations like BRCA ("the breast cancer gene") as increasing risk. (Tests can identify these gene mutations.) But there's no assurance that a lack of family history clears you of risk. "Most men who develop prostate cancer have no prior family history of the disease," says Dr. Prasad. This means, he says, that all men in good health in the target age group should undergo prostate-cancer screening.

Family history is not the only risk factor considered. "Men of African and Caribbean descent are more likely to have prostate cancer and more likely to have aggressive prostate cancer," says the doctor. For this reason, it's advised that Black men start screening for the disease earlier than others.

• **"If I have no symptoms, I don't need to worry."**

This is inaccurate. "Early-stage, organ-confined prostate cancer does not generally have symptoms," says Dr. Prasad. "Occasionally we see this disease cause blood in the urine or semen, urinary frequency, difficulty voiding or a change of nighttime urinary frequency." Symptoms tend to manifest when the cancer has already metastasized, or spread from the prostate to other parts of the body. Once that happens, a full cure becomes more difficult. "More advanced prostate cancer can be associated with pain in the bones and weakness," says the doctor. "Fortunately, most cases of prostate cancer are detected at earlier stages," he says.

Adds Dr. Prasad: "Today's therapies are very effective at curing prostate cancer while it is still confined."

• **"Treatments are always extremely invasive."**

"Prostate-cancer treatment continues to evolve rapidly to achieve improved cure rates while minimizing the side effects of treatments," says Dr. Prasad. Now, even when the prostate needs to be totally removed, the procedure can be much less invasive than it used to be. "Surgical treatments have improved with the adoption of robotic technology," adds the doctor. "Many men who undergo surgery will be home the same day, either with small keyhole incisions or even occasionally with no incisions at all. Radiation for prostate cancer has also improved. Some men can complete their entire course of radiation treatment within one week."