

Myths and Facts about Prostate Cancer



About Prostate Cancer

MYTH: Prostate cancer will ruin my sex life.

FACT: During some prostate cancer treatments, the nerves that surround the prostate and control the ability for erections may be affected. The extent to which they may be affected depends on a number of factors, such as the location and size of the cancer and the type of treatment you undergo. Your ability to regain control of erectile function also depends on your age and whether you had erectile problems prior to surgery. Your previous erectile dysfunction is unlikely to improve after undergoing prostate cancer surgery. Many cases of post-treatment erectile dysfunction can be managed by a urologist. Talk to your doctor about the specific details of your condition, including your treatment options and their possible side effects, as well as speed and degree of recovery with each treatment option.

MYTH: Prostate cancer is common, but few men actually die from it.

FACT: Prostate cancer is the most common non-skin cancer affecting men in the United States. According to the American Cancer Society, more than 192,000 men were diagnosed with prostate cancer in 2009 in the United States. Prostate cancer is the second leading cause of cancer deaths among men in the United States, and is expected to claim more than 27,000 lives in the United States this year. Approximately 1 in 35 men will die of prostate cancer; African American men are more than twice as likely than Caucasian men to die of the disease, according to the American Cancer Society.

MYTH: Prostate cancer only affects elderly men.

FACT: While it is true that prostate cancer is more common with increasing age, men of all ages should be vigilant about their personal risk factors and talk with their physicians about getting tested for the disease. The American Urological Association (AUA) and the AUA Foundation recommend that men ages 40 and older with a life expectancy of at least 10 years talk with their doctor about prostate cancer testing with the prostate-specific antigen (PSA) test and a simple physical exam.

MYTH: If you have a high PSA score, you have prostate cancer.

FACT: Prostate-specific antigen (PSA) is a substance produced by the prostate gland. With prostate disease, inflammation, or trauma, greater amounts of PSA enter a man's bloodstream. This elevated blood PSA level has become an important marker of many prostate diseases including benign prostatic

hyperplasia (BPH), prostatitis (an infection of the prostate) and prostate cancer. An elevated PSA does not always mean cancer is present; this can only be determined with a biopsy of the prostate. The decision to proceed to prostate biopsy should be based not only on PSA and physical exam results, but should take into account multiple factors including patient age, family history, ethnicity, more specific PSA tests, prior biopsy history and other illnesses.

MYTH: If I am over 70, I do not need to be tested for prostate cancer.

FACT: The decision to test for prostate cancer should be based on life expectancy, not age. The AUA and the AUA Foundation recommend that early detection of and risk assessment for prostate cancer should be offered to asymptomatic men 40 years of age or older with a life expectancy of at least 10 years. Men who wish to be screened should have both a prostate-specific antigen (PSA) test and a physical exam (DRE). Men should discuss screening with their doctors.

MYTH: All prostate cancer cases require treatment.

FACT: Not all prostate cancer cases require treatment immediately. Some cases of prostate cancer are slow growing. More aggressive cases of cancer require treatment. While regular prostate cancer screenings, including a baseline screening at age 40, can help your doctor determine the cancer's progression and the need for treatment, there is a risk that screening for prostate cancer will detect a slow growing cancer that may not need immediate treatment. Men should discuss the benefits and risks of prostate cancer testing with their doctor, including the risk of detecting slow-growing cancer. In some cases, a doctor may choose to monitor a man's cancer over time – a treatment known as “active surveillance,” which will allow the doctor to intervene only if medically necessary.

MYTH: Vasectomies cause prostate cancer.

FACT: The American Urological Association (AUA) and the AUA Foundation are aware of the recent controversy surrounding prostate cancer risk following vasectomy. However, the AUA feels that vasectomy is a safe method of surgical sterilization and men need not worry about an increased risk of developing prostate cancer after the procedure. Numerous studies have shown no increased risk of prostate cancer in men who have undergone vasectomy.

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