

## **PROSTATE CANCER SCREENING INFORMATION SHEET FOR PATIENTS WITH LOW TESTOSTERONE**

### **WHAT IS MY RISK FOR PROSTATE CANCER WHEN I TAKE TESTOSTERONE?**

Men who have been diagnosed with low testosterone will often use testosterone replacement to restore normal testosterone levels. Because testosterone is known to cause prostate cancer to grow, this has raised concern that testosterone replacement might cause prostate cancer. However, this has not been seen in practice. It currently appears that men with low testosterone have a reduced risk of prostate cancer, and that testosterone replacement brings a man's risk of prostate cancer back up to normal (the same risk as if he did not have low testosterone in the first place).

This information sheet is designed to help men on testosterone replacement decide if they should have prostate cancer screening.

### **WHAT IS CANCER SCREENING?**

Cancer screening is a process that involves performing tests to look for cancer at a very early stage, even before there are any symptoms.

### **HOW LIKELY IS A MAN TO BE DIAGNOSED WITH PROSTATE CANCER?**

About 10% of men will be diagnosed with cancer of the prostate gland at some point in their lives. However, only 2-3% of all men will eventually *die* because of prostate cancer. This is because, unlike *other* common types of cancer, many prostate cancers grow very slowly and never become a serious problem. In fact, the average 50-year-old man is much more likely to die from other types of cancer, heart disease, or stroke than from prostate cancer.

### **WHAT ARE RISK FACTORS FOR PROSTATE CANCER?**

Some men are at higher risk than others of developing prostate cancer. Men with a family member who has had prostate cancer and African American men are at increased risk of getting this disease.

### **HOW IS SCREENING FOR PROSTATE CANCER PERFORMED?**

Screening for prostate cancer most commonly uses the combination of two tests, the digital rectal exam and the prostate specific antigen (PSA) test. In men who choose to have screening, these two tests are performed once each year. To perform a **digital rectal examination**, your doctor will insert a gloved, lubricated finger through the anus into the rectum so that part of the prostate gland may be felt. Your doctor will feel for hard areas or bumps in the prostate gland which *might* be cancerous. The **PSA test** is a simple blood test that is able to detect many prostate cancers.

### **WHAT DOES IT MEAN IF THE DIGITAL RECTAL EXAM OR THE PSA IS ABNORMAL?**

An abnormal rectal exam or an elevated PSA *do not* necessarily mean that cancer is present. Conditions such as benign prostatic hyperplasia (BPH) or an infection of the prostate gland are common reasons for an abnormal PSA. While additional testing is necessary to determine if cancer is present, the majority of patients with abnormal screening tests actually *do not* have cancer (these are called "false positive" results).

### **DO A NORMAL RECTAL EXAMINATION AND PSA TEST GUARANTEE PROSTATE CANCER IS NOT PRESENT?**

A small number of patients will have a normal rectal examination and a normal PSA test even though they actually do have prostate cancer (these are called "false negative" results). Thus, a normal rectal examination and normal PSA do not absolutely guarantee that cancer is not present, although it would be much less likely in this situation.

### **WHAT HAPPENS IF THE DIGITAL RECTAL EXAM OR THE PSA IS ABNORMAL?**

If you *do* have an abnormal result, most doctors will recommend a test called a **trans-rectal ultrasound** – which is a safe sound-wave test using a probe inserted into the rectum – and a **needle biopsy of the prostate gland**, also done through the rectum. These tests are quite safe, but can cause discomfort or minor bleeding.

### **HOW IS PROSTATE CANCER TREATED?**

If cancer of the prostate is found by these tests, and it has not spread, the two treatment choices are either surgery to remove the cancerous prostate gland or radiation treatments to destroy the cancer. Because prostate cancer often grows slowly and may not cause any problems, doctors may recommend *no* treatment (called "watchful waiting") for older men who aren't bothered by their cancer, or for men with other serious medical problems where treatment may be particularly risky.

## WHAT ARE THE COMPLICATIONS OF TREATMENT FOR PROSTATE CANCER?

Surgery or radiation treatments are each effective treatments for prostate cancer if the cancer has not spread outside the prostate gland. However, each method of treatment is associated with complications. The most frequent side effects of these treatments are *erectile dysfunction* (the inability to have an erection), *incontinence* (leakage of urine), or *urethral stricture* (blockage in the tube that drains urine from the bladder out through the penis).

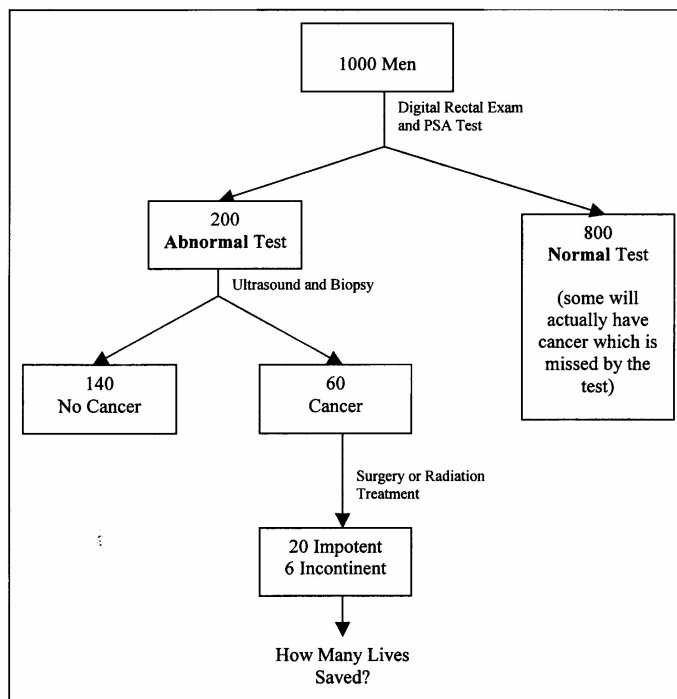
The option of no treatment, or “watchful waiting,” also has complications. While some men who do not have their cancer treated will never have problems, in others the prostate cancer may spread to other parts of the body. There is still treatment available to slow the cancer once it has spread, but it can no longer be cured once it has spread. Therefore, some men who choose “watchful waiting” may miss the opportunity to cure their prostate cancer.

## WHAT MIGHT HAPPEN TO ME IF I DECIDE TO HAVE PROSTATE CANCER SCREENING?

Look at the diagram and consider what might happen to 1000 men like you who undergo digital rectal examination and the prostate blood test, or PSA. The results will be normal in about 800 of the men. Of these, most do not have prostate cancer. However, a very small number of these men actually do have prostate cancer that was not detected by the screening tests (“false negatives”).

The results of these tests will be abnormal in about 200 of the men. In these 200 men, about 60 will actually have prostate cancer. The other 140 represent “false positives”; that is, abnormal results that are not due to prostate cancer.

For the 60 men who are diagnosed with prostate cancer, surgery or radiation treatment has a very good chance to cure the prostate cancer. However, some of these men will experience side effects – about 20 will not be able to have an erection, about 8 will have a urethral stricture, and about 6 will have permanent leakage of urine. It is not known how many of these men’s lives will be saved because their prostate cancer was treated early.



## WHY IS THERE CONTROVERSY ABOUT PROSTATE CANCER SCREENING?

The biggest controversy about prostate cancer screening is that no one knows whether men are better off having the tests done or not. Right now, there is no evidence that having the test will allow men to lead longer lives or improve their *quality* of life. Some doctors believe that prostate cancer screening will be helpful, by finding prostate cancer early and potentially curing it. However, other doctors believe that prostate cancer screening may actually be harmful, because most men with prostate cancer found by cancer screening would never have developed a problem from it and will therefore be treated unnecessarily, *and* because there is no evidence yet that any treatment currently available for prostate cancer allows men to live longer. In particular, many doctors believe that men aged 70 years and older should *not* have prostate cancer screening because it is unlikely that the benefits of finding cancer outweigh the risks of treatment in older men. There are currently studies being performed to help settle this controversy, but results will not be available until at least the year 2005.

## SHOULD I HAVE TESTS FOR PROSTATE CANCER SCREENING?

In summary, it is not known if prostate cancer screening is beneficial for men. Prostate cancer screening likely helps some men and likely hurts other men. Your doctor may discuss prostate cancer screening with you and ask you if you would like the tests. **With your doctor’s help, you should decide if you would like to have prostate cancer screening.** When making a decision about whether or not to have the digital rectal examination and PSA test, you should consider how you would feel about finding cancer that may or may not cause problems in your lifetime and how you would be affected if you had a complication like impotence or incontinence after treatment for prostate cancer. For men who choose to have prostate cancer screening, testing is recommended yearly beginning at age 50. For men with a close relative (father or brother) with prostate cancer and African-American men, those who choose to have screening should begin yearly testing at age 45. If you still have questions about prostate cancer screening or the PSA test in general, or questions about whether or not you would like prostate cancer screening, please discuss these with your doctor.