

Public Lecture by Dr. Vibha Bhatnagar
“Update of Prostate Cancer”
September 17, 2003 at 6:00 p.m. in the Garren Auditorium, Basic Science Building
University of California, San Diego
Sponsored by the Sam & Rose Stein Institute for Research on Aging

Introduction

- About 180, 000 men are diagnosed with prostate cancer in the US each year.
- About 40, 000 men die from prostate cancer in the US each year.
- The median age of diagnosis is 69 (for African American men, the median age of diagnosis is 67).
- Although many men are diagnosed with prostate cancer, not all men will die from prostate cancer.
- Because prostate cancer does not always affect longevity or quality of life, many patients and providers have concerns about the effectiveness of screening for prostate cancer.

Prostate Cancer

- Prostate cancer starts in the prostate gland. It usually does not cause symptoms until it is of a more advanced stage.
- Because the prostate sits below the bladder and around the urethra, the most common symptom is difficulty urinating. This is, however, a very common symptom in many men who do not have prostate cancer.
- Prostate cancer tends to spread to bone – especially the spine and hip. Thus, the most common symptom for patients with advanced cancer is low back pain or hip pain.

Types of Prostate Cancer

- Prostate cancer may be slow growing (well-differentiated), moderate growing (moderately differentiated) or fast growing (poorly differentiated).
- Most patients with slow growing cancers will not die from prostate cancer.
- Conversely, most patients with fast growing cancers will die from the prostate cancer if left untreated.

PSA Screening

- Prostate specific antigen (PSA) is produced by the prostate gland.
- A PSA over 0.4 ng/ml is generally considered high.
- PSA can be high in patients who simply have a large prostate (this is called *benign prostatic hyperplasia or BPH*).
- PSA can also be high in patients who have cancer.

- About 30% of patients with a high PSA are found to have a cancer.
- Several modifications have been made to the PSA test in order to make it more specific to detecting prostate cancer. Recently, data has shown that simply repeating the PSA can be helpful in determining which patients may be at a higher risk for cancer.
- Because of PSA screening, more patients are diagnosed when the cancer is still confined to the prostate gland.
- Also, the majority of cancers diagnosed by PSA screening grow moderately fast.

Treatment

- Once diagnosed with prostate cancer, it is not easy for patients to make decisions about the best treatment.
- The first randomized trial comparing surgery to conservative management was published in September 2002. This trial found that patients were less likely to die from prostate cancer if they had surgery. However, there was still little difference in overall survival because many patients died from other causes.
- Trials based on patients who have been diagnosed by PSA screening are under way but results will not be available for several years.
- Patients with slow growing cancers may do better without treatment. This is because these patients are more likely to die of other natural causes. Treatment is also associated with long –term complications that can significantly decrease quality of life.
- Likewise, elderly patients or patients with multiple other serious illnesses may not opt for treatment as they are unlikely to benefit from treatment.
- Surgery or prostatectomy is an option for cancer that is confined to the prostate.
- About 50% of patients will have long-term sexual dysfunction and about 20% will have long-term urinary symptoms (such as leakage).
- Radiation is about equally as effective as surgery. In addition to sexual and urine symptoms, about 7% of patients will have chronic bowel symptoms.
- Interstitial seed therapy or brachytherapy is offered at some centers. It appears to be about as effective as standard radiation with less (but not negligible) long-term complications.
- Hormone ablation is used to treat advanced cancer. It may also be used for a longer period of time in some patients who have a rising PSA after surgery or radiation.

Recommended Websites

www.cdc.gov

www.acs.org