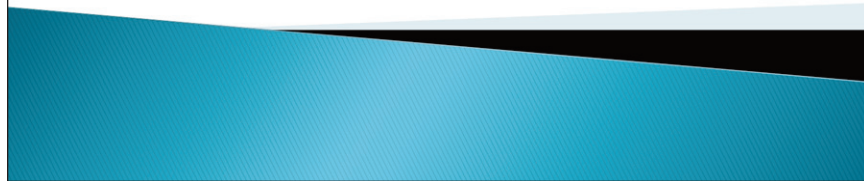




Prostate Health Screening

A pro-active approach



Prostate Cancer

1 in 6 men will be diagnosed with prostate cancer in his lifetime.

As many as 100% of prostate cancer cases can be effectively treated or managed, when detected early.

Prostate cancer's most common symptom is NO SYMPTOM AT ALL!

Prostate screening is currently the only known method of detecting prostate cancer during its early silent stages.

Prostate Health

The prostate is an important organ in both the male reproductive and urinary systems. The health of the prostate is very important to a man's quality of life. When something is wrong with the prostate, it can impact ability to control urination and ability to achieve and maintain an erection.

Proactive Screening

Prostate screening can help identify several non-cancerous conditions that can become uncomfortable if left untreated. It is also currently the only known method of detecting prostate cancer during its early silent stages, when more treatment options are available.

Risk Reduction

Maintaining prostate health may also have some preventative benefits. There are some studies that indicate a reduced risk of prostate cancer for men undergoing treatment for an *enlarged prostate*. Studies also indicate a possible connection between *chronic inflammation* and prostate cancer. For men who undergo routine screening, these conditions can sometimes be identified and treated before they become uncomfortable.

What is the prostate?

The prostate is a walnut-sized gland located between the bladder and pelvic floor in men. The urethra (tube that carries urine from the bladder to exit the body) passes through the middle.

The prostate is also the sex gland that produces the milky white fluid that helps carry and nourish sperm.



How Prostate Screening Works

Step 1: The PSA Blood Test

Part of the milky white (prostatic) fluid that helps carry and nourish sperm is prostate specific antigen (PSA). Some PSA naturally leaks into the blood stream. An elevated PSA can be an indicator of a prostate health concern.

Step 2: The DRE

Due to the location of the prostate, it can only be physically examined by a digital rectal exam (DRE). Similar to a clinical breast exam, the DRE allows the physician to feel if the prostate is enlarged, has lumps, or abnormal texture.

2008 Prostate Screening Guidelines

Referring patients to a urologist based on these guidelines will improve the ability to provide effective treatment.

- A full prostate screening includes both a PSA blood test and digital rectal exam (DRE).
- All men in high risk groups (men with a family history of prostate cancer and African-American men) should receive a full prostate examination annually beginning at age 40. By age 50, all men are considered high risk and should be receiving a full prostate examination annually.
- All men with an abnormal DRE should be referred to a Urologist regardless of PSA results.
- Based on 2007 National Comprehensive Cancer Network (NCCN) and American Urological Association (AUA) clinical practice guidelines, best practices standard of care for the use of the Prostate Specific Antigen (PSA) blood test to promote prostate health and the early detection of prostate cancer include the following recommendations:



- Men who are not in high risk groups may want to consider having a baseline PSA test at 40 and 45. If a patient's baseline PSA value is ≥ 0.6 ng/mL, he should begin annual prostate screening.
- Men with an average annual PSA value of ≤ 2.5 ng/mL, should be referred to a Urologist if they have a PSA velocity (absolute numeric change over a period of 12 months) of > 0.35 ng/mL/y. All other men should be referred to a Urologist if their PSA velocity is > 0.75 ng/mL/y.
- Men who are clinically obese or who are taking medication for Benign Prostatic Hyperplasia (BPH) such as Proscar™ or Avodart™ should be screened annually for prostate cancer starting at age 40. The PSA may be artificially lowered in these instances.
- Age/race adjusting can be a valuable tool for promoting early detection. The following age adjusted chart reflects appropriate PSA readings from the American Urological Association (AUA) Best Practice Policy on PSA Testing. Men who have values above these numbers should be referred to a Urologist.

Age Range	Asian (normal baseline value)	Caucasian (normal baseline value)	African-American (normal baseline value)
40-49	0-2.0 ng/mL	0-2.5 ng/mL	0-2.0 ng/mL
50-59	0-3.0 ng/mL	0-3.5 ng/mL	0-4.0 ng/mL
60-69	0-4.0 ng/mL	0-4.5 ng/mL	0-4.5 ng/mL
70-79	0-5.0 ng/mL	0-6.5 ng/mL	0-5.5 ng/mL

These recommendations have been reviewed and supported by Judd Moul M.D., F.A.C.S., and Professor and Chief of the Division of Urology at Duke University Medical Center and Duke Prostate Center physicians and professional staff, Durham, Cully C. Carson, III, M.D., F.A.C.S., Rhodes Distinguished Professor, Professor and Chief of Urology at UNC School of Medicine, Chapel Hill, Chris M. Teigland, MD, Chairman, McKay Department of Urology, Carolinas Medical Center, Charlotte, Andrew Griffin MD, Carolina Urological Associates, Winston-Salem, Hector H. Henry II, M.D., M.S., M.P.H., F.A.C.S., F.A.A.P., Clinical Professor, Urology, WFUBMC, Chief, Urology Service, Salisbury VAMC, and Medical Director, Cabarrus Health Alliance Prostate Outreach Program for Screening, Concord.



POSSIBLE CAUSES OF ABNORMAL RESULTS

Prostatitis

Prostatitis is inflammation in the prostate. It is a potentially debilitating disease that affects men of all ages.

There are some studies underway that indicate a possible connection between chronic inflammation and development of prostate cancer.

Benign Prostatic Hyperplasia (BPH)

Between 25-56% of patients with BPH have elevated PSA levels. BPH causes clinically significant urinary problems in roughly 25% of all men over 60. There are some studies that indicate a reduced risk of prostate cancer for men undergoing treatment for BPH.

Ruling Out Prostatitis & BPH

Men with abnormal results from both PSA and DRE have a 60% chance of prostate cancer. The chances for cancer if only one test is abnormal are lower. Urologic follow-up may include:

- Re-screening or re-screening after treatment for prostatitis (usually antibiotics)
- Urine or prostate secretion tests
- Use of a refined version of the PSA blood test.



Diagnosing Prostate Cancer

Only a biopsy can diagnose prostate cancer. Prostate cancer is found in about 1 in 5 men who undergo a prostate biopsy. About 1% of the prostate is sampled in a typical prostate biopsy. The entire procedure takes 20 to 30 minutes and modern techniques greatly lessen discomfort. Tissue samples from the biopsy will be examined by a pathologist who confirms whether or not cancer is present in the core samples.

If your physician recommends a biopsy, you may want to request that your biopsy be performed in accordance with current American Urological Association guidelines (AUA) Guidelines.*

- Request a local anesthetic.
- At least 10 to 12 biopsy cores (a cylinder of prostate tissue approximately 3/4 inch in length and 1/16 inch in width) should be taken.
- Ask that the 10-12 cores be stored in at least 5 to 6 containers and the samples in each container be analyzed separately. The containers should be labeled to indicate from which part of the prostate the sample was taken.

* Note: confirm health coverage for these AUA guidelines prior to biopsy to avoid unforeseen cost.

BIOPSY RESULTS

If your biopsy is negative:

- This does not rule out the possibility of cancer.
- Talk to your doctor about appropriate follow-up.

If your biopsy is positive:

- Visit pccnc.org for more information.



*See your doctor every year
for a general check-up.*

*Request a Prostate Screening
(both PSA & DRE).*

*Keep track of your results
from year to year.*

