# TAKE CHARGE
## OF YOUR PROSTATE HEALTH
***Talk to Your Doctor***

AdMeTech FOUNDATION

the manogram® project
a whole new look at prostate cancer

## PROSTATE CANCER: KEY FACTS

- Prostate cancer is a major public health problem
- Striking as many as 1 in 7 American men, this disease is:
  - The most common internal male cancer; and
  - The second most common cause of cancer deaths in men
- Prostate cancer is a leading health care disparity:
  - Black (including Hispanic) men are:
    - 1.6 times more frequently diagnosed; and
    - 2.5 times more likely to die
- Screening includes a blood test for prostate specific antigen (PSA). Some doctors may also perform a digital rectal exam (DRE).

## KNOW YOUR RISK

- The majority of screened men have normal test results, indicating low risk of cancer
- If prostate cancer is detected during screening:
  - In many individuals, it grows slowly and may be harmless;
  - In a smaller proportion of men, it may be life-threatening (aggressive)
- Your risk of having prostate cancer, including aggressive disease, increases:
  - As your age increases above 50
  - If you are a Black man with African or Hispanic roots.
  - If your family members (brother or father) had this disease
  - If your doctor finds a firm lump on DRE
  - If your PSA level is above normal for your age

## BENEFITS OF SCREENING

- The best evidence shows that screening improves early detection of prostate cancer and reduces the risk of death.[1]
- Men are more likely to benefit from screening, if they are at a higher risk of aggressive prostate cancer.
- Early detection of aggressive prostate cancer makes it possible to offer curative treatment and save lives.
- The benefits of treatment (and therefore screening) are limited for men above the age of 75 and individuals in poor health.

## RISKS OF SCREENING

- Only a small proportion of all screened men are found to have prostate cancer each year. However, if cancer is detected, there is an important risk of harmless disease, which is not likely to cause problems in a man's lifetime.
- Historically, most men with harmless cancers have nonetheless had invasive treatment, such as surgery or radiation, which may cause incontinence, erectile dysfunction, and bowel problems.
- Recently, harmless cancers are being safely managed with careful observations, known as "active surveillance", which has replaced or delayed invasive treatments as the initial approach to patient care in a significant number of men.
- Active surveillance is under-used, and many men with harmless cancers are still at risk of undergoing invasive treatment.

## KEY HOME MESSAGES

- The goal of screening is to detect aggressive cancer early, when curative treatment can be offered.
- If you are at a higher risk of aggressive prostate cancer, you are more likely to benefit from screening, early detection and treatment.
- If you choose to be screened, there is a chance that you may be diagnosed with harmless cancer that can be safely managed by active surveillance. Nonetheless, you may face pressure from your doctors and family members to get treatment.[2]
- If you are older than 75 and in poor health, you should not be routinely screened.

## PERSONAL DECISION: ARE YOU A GOOD CANDIDATE FOR SCREENING?

- You are most likely to benefit from screening, if you are at a higher risk of prostate cancer.
- Your risks of screening are lower, if you are confident that you will seek treatment only for aggressive disease and will not be unduly worried about living with harmless cancer. [2]
- Screening may not be right for you, if you will be uncomfortable knowing you have harmless cancer without asking for immediate and invasive treatment.[2]

## WHAT YOU CAN DO: TALK TO YOUR DOCTOR

- Make fully informed and shared decisions with your doctor by discussing:
  - *Your risk of prostate cancer; and*
  - *If screening is right for you.*
- Leading experts recommend for all men to initiate conversation with their doctors at age 45. [1]
  - *For men at a higher risk of prostate cancer, it has been also recommended to start this discussion at age 40 and make decisions based on personal preferences.* [3-5]

**SOURCES**: 1. National Comprehensive Cancer Network, consisting of top 23 cancer hospitals. 2. Vickers AJ, et.al. Annals of Internal Medicine 2014 (161): 441
3. National Medical Association (50,000 African-American physicians). 4. American Urologic Association 5. AdMeTech Foundation's Independent Expert Panel.

AdMeTech Foundation | One Boston Place, 26th Floor | Boston, MA 02109 | Phone: 617-523-3535 | www.admetech.org | contact@admetech.org