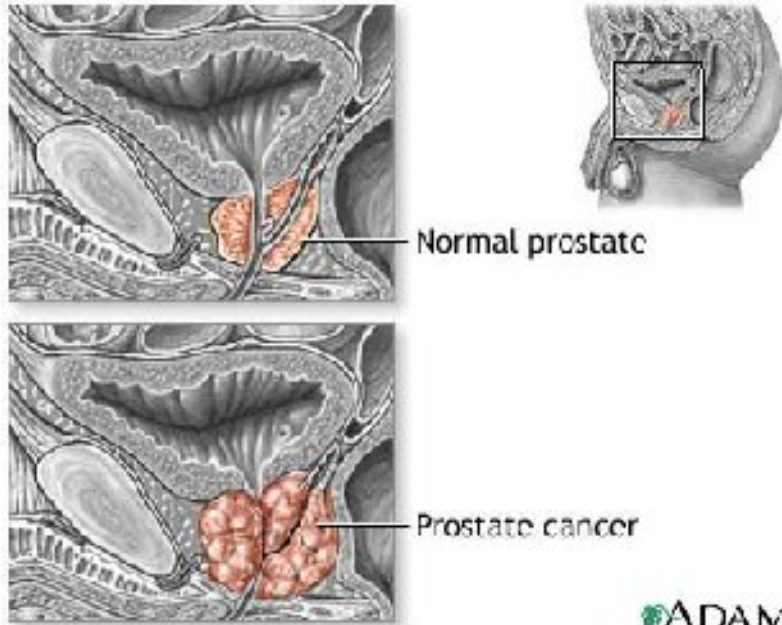


Screening for Prostate Cancer - making sense of muddy waters

by Dr. Delia Chiaramonte, [Baltimore Health Examiner](#)



ADAM

Who would think that the prostate would be so controversial? PSA screening for men age 75 and above has gotten the thumbs down from the U.S. Preventive Services Task Force. They assessed that the risks of screening this population are greater than the expected benefits. The panel did not recommend either for or against screening younger men.

Do all doctors agree with these recommendations? No.

Many physicians, especially urologists, believe that all men over 50 should be screened annually, and men at high risk of prostate cancer should be screened even earlier. Why are the recommendations so different, and what is a man to do?

The idea of screening for cancer makes sense to a lot of people. Finding cancer early seems to be a good idea, right?

But prostate cancer is tricky – there are two problems that muddy up the issue of finding and treating it. Firstly, while some prostate cancers are as deadly as any other cancer, others are slow-growing and extremely unlikely to take a man's life. So finding and treating the “bad” cancer is important but treating the “good” cancer doesn't do much good, and can even do significant harm. Here's the problem: we can't tell them apart.

OK, so let's just find all the cancers, the good with the bad, and treat them all just in case. Many doctors follow this plan. But here's the second problem: the treatments can have life-altering side effects. The treatment for prostate cancer involves mucking around near

the nerves that control erections and bladder control. Thus, prostate cancer treatment can result in impotence and incontinence.

No one wants to be impotent or incontinent. But if that was the cost of saving your life it might be tolerable. But suppose you became impotent or incontinent after treatment for something that wasn't going to kill you – the deal might not look so good.

So what is a man to do? There is no easy answer.

Some men, especially older men, are using the strategy of “watchful waiting.” This basically means observing the activity of the cancer to help figure out if it is a slow moving “good” guy or a fast-acting “bad” guy. At the first evidence that you have a bad guy on your hands, aggressive treatment starts.

It is worth noting that prostate cancer in younger men tends to be more aggressive, so there might be more benefit to screening younger men. And those with a family history of prostate cancer, especially African American men, may be at higher risk as well.

Until more research is available, the decision to screen, or not, will be a very personal one. Men who want to find and attack cancer at all costs might want to get screened, while those who live by the adage “if it ain't broke, don't fix it” might just choose to leave well enough alone.

If you do find yourself facing treatment for prostate cancer, you can minimize the risk of side effects by choosing doctors with extensive experience treating it. We have many such doctors here in Baltimore, including at least one world-renowned surgeon at Hopkins.

My fingers are crossed that the studies currently underway will make the path clearer for both doctors and patients. Until then, we must all muddle through these muddy waters.

Be well,

Dr. C.

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