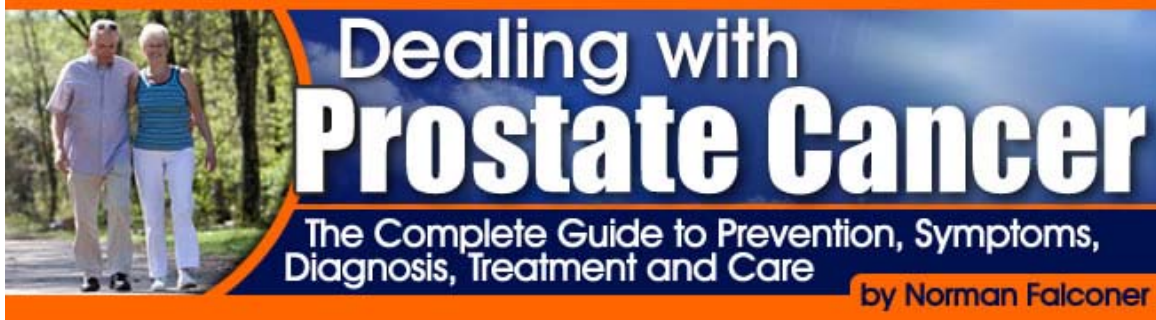


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Dealing with Prostate Cancer

The Complete Guide to Prevention, Symptoms,

Diagnosis, Treatment and Care

By Norman Falconer

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About the Author

Norman Falconer only realized the level of risk that men of his age faced from prostate and other cancers when a close friend was diagnosed with the disease.

The effect on his friend and, especially, the trauma and other problems that it brought to his family, gave Norman the incentive to learn as much as he could about the disease and the current methods of detection and treatment.

Norman feels it's very important that every man knows about the benefits of being tested for this deadly affliction.

He discovered that there was a lot of mis-information being spread about prostate cancer.

Norman hopes that his book will help get the right information to as many men and those close to them as possible, and perhaps even save a few lives.

Prostate Cancer – An Overview

Prostate cancer is the cancer of the prostate gland.

The prostate gland is part of the male reproductive system. Unusual and uncontrollable growth of cells within the prostate gland cause prostate cancer. In some cases, prostate cancer can spread very slowly from the prostate to other body parts.

It might start around the age of fifty, but detection may not occur until the patient is about the age of seventy or eighty.

The incidence of prostate cancer is not the same among men in all parts of the world. It is less common in South and East Asia. The highest incidence of prostate cancer is in the USA, followed by Europe.

It is responsible for the most deaths among American men after lung cancer. Black men have the highest incidence while Asians record the lowest incidence.

Genetic factors also seem to play an important role. If your father, brother, grandfather or uncle has had prostate cancer, you may have a higher than average risk of developing prostate cancer, even possibly before the age of fifty. Identical twins have twice the risk of developing prostate cancer compared to other men.

However, there is no single gene that has been directly linked with prostate cancer. Many genes work in different combinations and research is continuing to try to locate any specific gene that might cause prostate cancer.

Prostate cancer is more prevalent in men over the age of fifty. It occurs very rarely in men below the age of forty-five.

The average age for diagnosis of prostate cancer is seventy.

What is Prostate Cancer?

The Prostate gland is a small walnut-shaped gland, about three centimeters long and weighing around twenty grams in the male reproductive system. It makes and stores seminal fluid.

This gland is in the pelvic region in front of the rectum and under the urinary bladder. It surrounds the urethra - the tube that carries urine during urination and semen during ejaculation.

Prostate cancer is the growth of abnormal cells in the prostate gland. Prostate cancer is one of the most common types of cancer in men.

Normally, cancerous cells grow very fast. However, prostate cancer grows slowly and, initially, remains within the prostate gland.

If prostate cancer is detected while it is within the prostate gland, treatment can often be fast and most effective.

The prostate starts developing before birth and continues to grow until adulthood, due to male hormones or androgens. This gland produces the seminal fluid that nourishes and transports sperm.

The growth of prostate cancer may be very slow. As its early development does not have any signs or cause major problems for a while, maybe years, and detection can be difficult, it is often detected very late.

Normally, prostate cancer has hardly any symptoms. Diagnosis is often through routine checkups. In cases of benign prostatic hypertrophy, symptoms that may be present include:

increased urination, with greater frequency at night

blood in the urine

difficulty starting and maintaining a steady stream of urine, and painful urination.

Occurrence of prostate cancer can affect your sexual function with painful ejaculation or difficulty achieving erection. The mixing of prostate gland secretions and semen may cause problems during sexual intercourse.

Advanced prostate cancer is the stage where it spreads to other body parts. Prostate cancer in the spinal cord could compress the spinal cord. This could cause additional symptoms like vertebral pain and pain in the bones of the pelvis and ribs, and maybe fecal and urinary incontinence and extreme weakness in the patient's legs.

Types of Prostate Cancer

Prostate cancer is cancer of the cells of the prostate gland. There are different types of cells within the prostate gland.

The most common form of prostate cancer is adenocarcinoma, cancer of the glandular tissue of prostate gland. Around 95% of prostate cancer is adenocarcinoma. This cancer is at the surface of the prostate and can be felt through a digital rectal examination.

More rarely, prostate cancer occurs in the tissue surrounding the prostate gland. These types of prostate cancer include leiomyosarcoma and rhabdomyosarcoma.

Another type of prostate cancer can come from an abnormal change in the prostate cells, which later turn malignant. This is prostatic intraepithelial neoplasia or PIN.

In advanced stages, prostate cancer can spread to surrounding tissue and fatty cells, the neck of the bladder, seminal vesicles or to lymph nodes in the pelvic region.

Sometimes it could also spread to the bones of pelvis, spine, chest and hip.

Stages of Prostate Cancer

There are two main stages of prostate cancer. These are clinical staging and pathological staging.

Doctors conduct a digital rectal examination (DRE) and provide information about the status of prostate cancer. This is **clinical staging**.

Doctors usually conduct a more thorough examination after removal of the prostate or the lymph nodes. This helps doctors deliver an accurate prognosis. This is **pathological staging**.

Staging refers to the evaluation of the current stage that the cancer is at and whether it is likely, at its present stage, to travel to other parts of the body. Doctors do this staging in consultation with the pathologist that examines the sample(s).

Gradation of prostate cancer is according to the **TNM system**.

The **T** refers to **tumor**, **N** refers to **lymph node** and the **M** refers to **metastasis** (the process by which a cancer spreads to different parts of the body).

T1 and **T2** indicate early stages of cancer.

T3 and **T4** indicate advanced stages.

The notation **N** indicates metastasis to the lymph nodes and **M** indicates distant metastasis.

Doctors use a complex form of prostate cancer staging. Staging of prostate cancer is essential to detect the spread of prostate cancer and about how much it has affected other body organs.

The course of treatment for prostate cancer depends on these findings. Therefore, doctors use blood and imaging tests to detect location and spread of prostate cancer.

Doctors use either the Roman numbers I to IV or the letters A to D. The stages are:

Stage I (A) prostate cancer: The cancer is too small and cannot be felt by digital rectal examination. The cancer has not spread. Detection of prostate cancer might occur during surgery for another reason.

Stage II (B) prostate cancer: The cancerous growth is felt by digital rectal examination. However, it is within the prostate and it has not spread. Detection could be during a biopsy done due to high PSA level.

Stage III (C) prostate cancer: The cancer has spread outside the prostate to nearby tissues.

Stage IV (D) prostate cancer: The cancer has spread to lymph nodes and/or to other body parts.

Who Gets Prostate Cancer?

There is no conclusive evidence to suggest that a specific factor is the main cause for prostate cancer. However, there are certain risk factors. Some of these risk factors like diet and gaining weight can be controlled. Yet, family history, genetics, and race factors cannot be controlled or changed. Again, having a risk factor does not necessarily mean you will develop prostate cancer. Some men with many risk factors do not ever develop prostate cancer while some men with very few risk factors develop prostate cancer.

Predisposing Factors for Prostate Cancer

Every man is susceptible to prostate cancer. As the prostate gland is exclusive to the male reproductive system, this cancer affects only men. One in every six men could develop prostate cancer. However, only one in every thirty-four could die of it. Age is another contributing factor. Men over the age of sixty to eighty have the highest incidence of prostate cancer. It seldom affects men below the age of forty-five.

Prostate cancer is presently the most common cancer among American men. It is also the second most important cause for death among American men. The trend is predicted to increase with increase in population. Prostate cancer is fast becoming a major public health problem in the United States. Some men are at a higher risk of contracting prostate cancer.

There are various predisposing factors for the occurrence of prostate cancer like race, genetics, family history, and many others. These factors may contribute to the incidence and development of the disease, either individually or collectively.

Age: This is by far the most important factor for development of prostate cancer. This cancer is most common in men from the age of fifty to sixty. The highest incidence is among men aged sixty-five. Prostate cancer, in comparison to other cancers, increases faster with age although no specific reason has been found.

As the average mortality rate increases, there is every possibility of more cases of prostate cancer coming to the fore in the coming decades.

The aging process causes various biochemical reactions which may encourage abnormal cell growth.

Autopsy studies from different countries indicate that 15% to 30% of men older than 50 years have histological evidence of prostate cancer. Hence, by the age of eighty, around 60% to 70% of men depict carcinoma at autopsy.

But, more elderly men die of other causes, while only about 3% die of prostate cancer.

Heredity: Heredity is believed to have a direct influence over the occurrence of prostate cancer. If your father or brother has been clinically diagnosed with prostate cancer, chances of you developing it are more than three times the average.

You could even contract the cancer in your youth. This factor may be more important if your close relatives developed prostate cancer by the age of sixty or if more than one male family member has had this disease.

Another indicator may be that if female family members have had breast cancer, you may have a higher risk than average of developing prostate cancer sometime in your life. The onset of prostate cancer is quite early in such cases in comparison to the normal onset of the disease.

Men as young as forty can develop prostate cancer if their direct relatives have had it.

(III) Genetics: Studies have indicated the presence of various genes that increase prostate cancer risks. Genetic factors account for five to ten percent of the total prostate cancer cases. Very recent reports as of 11 Feb, 2008 indicate a major genetic breakthrough into the cause of prostate cancer. Australian and British scientists have discovered seven areas in human genome that could offer linkage to prostate cancer.

Dr. Ros Eeles has studied the genetic make-up of more than 10,000 men and has concluded that a specific gene, MSMB, could prove helpful in the

detection and screening of prostate cancer. Gene LMTK2 from another genome can provide deeper insight into better treatment options. Although these recent findings can offer a better approach into the occurrence and treatment options of prostate cancer, it would definitely take many years for these treatments to materialize and be available for use.

Clearly various genetic events help in the growth and development of a fully malignant prostate cancer cell. The initiation event occurs at the same rate independent of race or place of birth. This explains the differences in the rate of promotion or progression of prostate cancer among Japanese and American men although the initiation rate could be the same.

Genetics: Genetic defects could cause prostate cancer. Scientists are investigating certain genes like Hereditary Prostate Cancer Genes 1 and 2 (HPC1, HPC2) and HPCX. It is also held that genetically caused prostate cancer is different from that caused due to other factors. If women in your family develop breast cancer by the age of forty, it indicates certain genetic flaws. Such faulty genes could cause prostate cancer among male members of your family. Only 5% to 10% of cases could be due to an inherited altered gene running in the family.

Obesity: Obese men have a higher risk of getting prostate cancer. Rather, obese men record a higher incidence of advanced prostate cancer and often die of it. Regular physical exercise and high levels of physical activity can lower the risk of advanced prostate cancer.

Inflammation of the Prostate: Inflammation of the prostate gland could cause prostatitis. In some cases, sexually transmitted infections can increase the risk of prostate cancer.

Ethnic groups: People belonging to some specific race may show increased incidence of the disease while some other races show lower occurrences. African-American men show higher incidence of prostate cancer while its incidence is less among Asian-American and Hispanic or Latino men.

Non-Hispanic whites and African-Caribbean men may also have an increased risk of prostate cancer.

Prostate cancer is more common in America and north-western Europe and less common in China, India, and Japan. Scandinavian men report higher rates of prostate cancer than Asian men do.

The incidence of prostate cancer is highest among Blacks and the lowest among Asians.

Japanese and Africans living in their native countries seem to have a very low incidence of prostate cancer.

African-American men have a higher incidence of prostate cancer than do black men in Africa or Asia.

However, the other races show a tendency to develop prostate cancer once they immigrate to the United States. There is no specific reason to explain this occurrence. Some theories suggest the influence of environmental factors, socio-economic factors, diet, and lifestyles.

Diet: Prostate cancer occurs more in countries with a staple food of meat and dairy products than in countries with a staple food of rice, vegetables, and soybean products. Research also indicates that high dietary fat could be a major contributing factor for prostate cancer.

Fruits and vegetables contain antioxidant lycopene in high levels. Studies indicate that presence of lycopene reduces risks of prostate cancer.

Suggested vegetables and fruits include tomatoes, watermelon, and pink grapefruit.

High fat content, specifically animal fat, in diets is the primary cause for prostate cancer. Consuming fiber-rich food, and a daily intake of lots of yellow and green colored vegetables, consumption of beans, lentils, peas, tomatoes, raisins, dates, and dried fruit can reduce prostate cancer risks substantially. However, the relationship between prostate cancer and dietary factors is very complex.

Men who consume lots of red meat and dairy products may have a greater risk of prostate cancer. Normally, men consuming such a diet eat more dairy products and less vegetables and fruits.

Consuming a diet rich in vegetables, whole grains, soy, fish, nuts, and seeds is claimed by some to lower the risk of prostate cancer.

Smoking is another risk factor for prostate cancer. Inhaling of toxic substances and tobacco may affect the chance of getting prostate cancer.

Cadmium Exposure: Exposure to heavy metals like cadmium is also believed to be a risk factor for prostate cancer.

This mineral is normally found in alkaline batteries and cigarette smoke. People in the welding and electroplating occupations are exposed to high cadmium levels. Cadmium in combination with zinc poses a high risk for prostate cancer.

The element zinc is present in multiple intracellular metabolic pathways. The prostate also contains high amounts of zinc. Several enzymes like polymerases require zinc to function properly. Such combinations may prove to be a major factor for an increased risk of prostate cancer, although there is no conclusive medical evidences to support this currently.

Exercise: A sedentary lifestyle due to technological advances and increased economic and monetary power could be a possible cause for prostate cancer. If it does not have a direct relation, it may still contribute to increasing your risk.

That sedentary lifestyle restricts movements and your body slackens due to absence of any exercise. This in turn causes various changes in hormone and chemical balances in your body. This could reflect on your prostate gland and might encourage the growth of cancerous cells.

If you have a sedentary lifestyle with no physical exercise, you may have a higher chance of contracting prostate cancer.

Regular physical exercise is essential for everyone.

Vasectomy: Observations suggest that vasectomized men report higher incidences of prostate cancer. Vasectomized men have higher levels of circulating testosterone. Further, these men have undergone vasectomy one or two decades before detection of prostate cancer. Therefore, increased

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