



## Prostate Cancer Fact Sheet

### Introduction

This year, an estimated 238,590 men will be diagnosed with prostate cancer, and an estimated 29,720 will die from the disease. Most prostate cancer is diagnosed in men older than 65.

### At Risk

- All men over age 50
- Men who are African American
- Men with a family history of prostate cancer

### Risk Reduction and Early Detection

You might lower your risk of prostate cancer by maintaining a healthy weight, exercising and never smoking or quitting, if you do smoke. More research is needed to determine whether certain foods or supplements lower the risk of prostate cancer.

- **At 50, start talking with your health care professional about the pros and cons of getting tested—or not getting tested. There is no question that in some cases early detection of prostate cancer followed by prompt treatment saves lives. It is also clear that some men are treated for cancers that will never cause them harm, and they must live with the side effects and complications of this treatment. Currently available tests are useful but are not 100 percent accurate. Sometimes a test indicates cancer where none exists, and sometimes it does not indicate cancer where it does exist. A PSA (Prostate-Specific Antigen) blood test may be done every one or two years, depending on the results. Over time, if a PSA level goes up, the chances of having prostate cancer also go up. Another test, the DRE (Digital Rectal Exam), is optional. Researchers are working to improve screening methods and to determine which cancers are likely to be life-threatening.**
- **If you are an African American man, or if you have a close relative (father or brother) who had prostate cancer before age 65, start talking to your doctor about prostate cancer when you are 45. If more than one of your close male relatives had prostate cancer before 65, start that talk when you turn 40. The American Cancer Society (ACS) has a guide to help you decide about getting screened for prostate cancer. This guide can be viewed or downloaded at <http://www.cancer.org/acs/groups/content/@nho/documents/document/acspc-024618.pdf>.**

### Symptoms

In the early stages, there are usually no symptoms. Some men experience symptoms that include:

- Urinary problems (not being able to urinate, having trouble starting or stopping urine flow, having a weak or interrupted urine flow, feeling pain or a burning sensation while urinating)
- Blood in the urine
- Painful or difficult erection
- Pain in lower back, pelvis or upper thighs

Urinary symptoms may also be caused by other health problems, including BPH (benign prostatic hyperplasia).

### Treatment

Current treatment options vary, depending on the stage of the cancer and other medical conditions of the individual.

- Treatments include surgery, radiation or hormone therapy. Sometimes treatments are combined.
- Some prostate cancers grow very slowly and do not require immediate treatment. In these cases, men and their doctors may decide on “active surveillance” with regular follow-ups, usually every three to six months. This option should be open to reassessment, as a man’s condition or concerns may change.

Researchers are working to improve current treatment methods and develop new ones.

Updated 04/2013

**Stop Cancer Before It Starts!**

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For more information about prostate cancer, visit  
[www.PreventCancer.org](http://www.PreventCancer.org)

*This fact sheet features information from the following sources:*

*American Cancer Society. Cancer Facts & Figures, 2013.*

*"American Cancer Society Guideline for the Early Detection of Prostate Cancer: Update 2010." CA: A Journal for Clinicians, 2010.*

*American Cancer Society. Web site [www.cancer.org](http://www.cancer.org).*

*Agency for Healthcare Research and Quality. Web site [www.ahrq.gov](http://www.ahrq.gov).*

*"Mortality Results from a Randomized Prostate-Cancer Screening Trial." The New England Journal of Medicine, 2009.*

*National Cancer Institute, National Institutes of Health. Web site [www.cancer.gov](http://www.cancer.gov).*

*"Screening and Prostate-Cancer Mortality in a Randomized European Study." The New England Journal of Medicine, 2010.*

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