

More aggressive treatment not necessary for men with a family history of prostate cancer

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Approximately 10-20 percent of prostate cancer patients have a family history of the disease. There are three major factors that are used to evaluate the extent and aggressiveness of prostate cancer, help make treatment decisions, and estimate prognosis: the Prostate Specific Antigen Level (PSA), Gleason score (GS) from the biopsy, and the digital rectal exam findings (DRE). However, men with a family history of prostate cancer have often been feared to have a more aggressive form of the disease not otherwise represented by these three factors and therefore are sometimes urged to undergo more aggressive treatment.

Now, Mark Buyyounouski, M.D., M.S., a [radiation oncologist](#) at Fox Chase, reports that men with a family history of [prostate cancer](#) should expect equally good outcomes following radiotherapy for prostate cancer as patients without a family history. Buyyounouski will be introducing the new data at the 53rd annual meeting of the American Society of [Radiation Oncology](#) on Wednesday, October 5th.

PSA, GS, and DRE are well established risk factors for prostate cancer that are used everyday to help make decisions about what treatment option may be best for a patient with the disease. These factors appear in both the American Joint Cancer Commission (AJCC) and National Comprehensive Cancer Network (NCCN) model to stratify risk of recurrence and guide treatment. Yet, in some instances, physicians use a family history of prostate cancer to evaluate the degree of risk associated with the cancer and recommend more aggressive treatment.

In the study, Buyyounouski and his team of collaborators examined 1,711 men who received three-dimensional conformal (3DCRT) or intensity modulated radiotherapy (IMRT) between 1989 and 2007 at Fox Chase Cancer Center in Philadelphia. A positive family history was defined as any prostate cancer in one or more first-degree relatives. Twenty-eight percent of the patients had a positive family history for prostate cancer. The median follow-up from completion of treatment was 71 months.

"What we learned was that whether the men had a history of prostate cancer or not, all had equivalent PSA controls, freedom from metastasis, recurrence-free survival, and overall survival," says Buyyounouski.

"Patients should feel comfortable knowing that when they receive radiotherapy having a history of prostate cancer in the family doesn't compromise the results. This is important because patients, especially those with a family history, might assume that radiotherapy might not work as well and opt for surgery when it may not be necessary."

Interestingly, Buyyounouski and his colleagues also learned that men with a family history of prostate cancer were more likely to be younger, have a lower PSA, and non-palpable disease.

"This study shows that patients with a [family history](#) are being screened and diagnosed with prostate cancer earlier. Careful screening may have contributed to the good results we observed."

Provided by Fox Chase Cancer Center

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