

Prostate cancer test still holds value: Urologist addresses common myths about the disease

December 23 2011, By Amanda Harper

(Medical Xpress) -- Earlier this year, the U.S. Preventive Services Task Force announced recommendations that surprised the medical community: Healthy men should no longer have the prostate specific antigen (PSA) test to screen for prostate cancer. An article published in the Dec. 6, 2011, issue of the *Annals of Internal Medicine* concluded that PSA tests resulted in little or no reduction in the number of prostate cancer deaths.

Local urologists—including Nilesh Patil, MD—say encouraging men to avoid the test all together may result in men dying unnecessarily, particularly for those in increased risk categories.

"There has been a 40 percent decline in prostate cancer-related deaths since the [PSA test](#) was introduced," says Patil, an assistant professor at the UC College of Medicine and UC Health physician. "The test could be improved, but it can provide important clues that [prostate cancer](#) may be developing. If the patient waits until he has symptoms, the cancer may have advanced to a less treatable stage."

The National Cancer Institute estimates that 240,890 men will be diagnosed with prostate cancer and 33,720 will die from the disease in 2011. Here, Patil addresses some of the common myths about prostate cancer.

MYTH: If I don't have symptoms, I don't need to have a check up or a blood test.

Most localized or early prostate cancers are asymptomatic. Prostate cancers arise from the periphery of the prostate, hence they are asymptomatic. If you are having symptoms of prostate cancer, then more likely than not, you are not going to be cured of prostate cancer as it will have been detected in an advanced stage.

MYTH: If you have surgical treatment of prostate cancer, you will be incontinent, i.e. leak urine.

Patil: Surgical treatment of prostate cancer, removes the prostate, not the control mechanism of urinary control. Most men are completely continent after surgery, when they relearn the use of the external sphincter, a muscle that controls leakage of urine. With current available modalities of surgery and technology (robotic) and the vision and precision with which these structures are preserved over 96 percent of men undergoing surgery are completely continent.

MYTH: If you have surgery, you will be impotent, i.e. lose sexual function

Patil: Sexual function of an individual is based on the pre-operative sexual function, stage and extent of cancer and the surgical procedure one undergoes. Broadly speaking there are two nerves in very close proximity to the prostate which are responsible for the sexual function of the men. If these nerves are spared and if an individual is young, the recovery of sexual function is very good. These nerves are spared in low grade and low volume cancer. Hence earlier detection will allow for sparing of these nerves and better recovery of [sexual function](#) post

operatively.

MYTH: Prostate biopsy is a painful procedure.

Patil: [Prostate biopsy](#) is not a painful procedure Typically it is done as an office procedure and when done appropriately it is pain free. A nerve block is given and sample tissues are taken from the prostate. But the procedure requires a probe in the rectum which is uncomfortable, not pain inducing.

MYTH: If your PSA is normal, you don't have prostate cancer:

Patil: The suspicion of prostate cancer is based on a digital rectal examination and a blood test (PSA). It is the combination of these tests that determine if you need a prostate biopsy. If there is one thing we know from the prostate cancer prevention trials, it is the fact that there is no range of PSA that rules out prostate cancer. Even people with PSA

Provided by University of Cincinnati

Citation: Prostate cancer test still holds value: Urologist addresses common myths about the disease (2011, December 23) retrieved 18 April 2024 from <https://medicalxpress.com/news/2011-12-prostate-cancer-urologist-common-myths.html>

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