

Prostate cancer is the second-leading cancer among men. Here's what to know about it

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Cancer rates, especially among young people, are on the rise. There's expected to be 2 million new cancer diagnoses in the United States in 2024.

Among these diagnoses is a rise in prostate cancer.

Prostate cancer is one of the most common cancers in the United States, making up about 29% of cancer cases diagnosed among men in 2023 and 11% of cancer deaths. It's also the second-leading cancer among men.

Prostate cancer originates in the prostate, a gland located between a man's bladder and rectum. It is responsible for producing fluid in semen and helps with its ejection. This organ is only found in men.

Doctors test for prostate cancer in one of two ways. One is through a rectal exam in which a doctor feels the gland and for any issues with it. The other way to test for prostate cancer is through prostate-specific antigen testing, a [blood test](#) commonly known as PSA.

Screenings can be uncomfortable

However, one of the barriers is getting men to these screenings.

"They're uncomfortable," says Susan Mello, an associate professor of communication studies at Northeastern University who specializes in health communications. "They can be embarrassing. If you know what's involved, (that can be) a barrier to going and getting screened."

Health literacy can also be a barrier, Mello says.

"People not understanding what they should be screening for," she says, "or if they should be getting tested. If they're not going for a regular annual physical ... they're not getting those traditional reminders."

Mello added that many men also don't know the risk factors for cancer and whether those weigh into when they should be screened.

What are the risk factors?

Risk factors for prostate cancer include older age (cases before 40 are rare), [family history](#) and race. Black men are at a higher risk of developing prostate cancer with one in six Black men being diagnosed in his lifetime versus men of other races who are diagnosed at a rate of one in eight.

"Having an understanding of what your personal [risk factors](#) are can be tricky," Mello says.

The [American Cancer Society recommends](#) men at an average risk for prostate cancer begin being screened at 50, while Black men and men with a family history (a father or brother diagnosed before age 65) be screened at 45. Men with more than one first-degree relative diagnosed at an early age should be screened as early as 40.

Prostate cancer overall has a strong five-year survival rate, thanks in part to these treatment methods. If the cancer hasn't spread to other parts of the body, the chance of recovery is about 99%.

The usual approach to treating cancer is to remove it from the body, whether through surgery, radiation, or chemotherapy.

This is often the case with prostate cancer, says Asieh Golozar, director of clinical research at Northeastern's Observational Health Data Sciences and Informatics Center. Doctors can remove the gland and treat the patient with radiation to ensure there are no tumors in the surrounding organs. Hormonal therapy is also an option.

Diagnosis can be a double-edged sword

Diagnosis through PSA testing allows for early cancer detection. This can be a double-edged sword. With early detection come challenges when it comes to the treatment of prostate cancer.

"There's questions about how to treat them," says Golozar, who has done research into prostate cancer treatment options. "When it comes to cancer, it's scary. You got to treat fast and you've got to take it out. ... (With prostate cancer), you get a lot of patients that are diagnosed way, way early on because they had an abnormal PSA. Some of them could have just lived with their [prostate cancer](#) until they die without the disease causing them any problem. And that happens quite a lot."

Not only are these treatment methods painful, but they can also affect the patient's ability to function sexually and can also cause incontinence.

"Being radical means there's consequences for the patients," Golozar says. "You have to go through surgery. Radiotherapy is extremely painful. ... It's not the easiest thing. ... A good proportion of these patients when they're diagnosed early on, they're young. They might be diagnosed in their 50s and 60s. Theoretically, they could live with that minimally growing tumor for decades without being symptomatic."

Negative side effects vs. risk of spread

Older patients who are diagnosed when they're already in poor health face the same dilemma: doctors have to decide whether the negative side effects from treatment outweigh the risk of the tumor spreading and becoming symptomatic.

Prostate cancer symptoms include trouble urinating, blood in the urine or semen, weight loss, bone pain and erectile dysfunction.

Golozar says that often patients with later-stage disease benefit from

treatment, but very young patients and very old patients benefit from "active surveillance" where doctors monitor the prostate and act if there are signs of it worsening.

"The idea of active surveillance (is) ... so if we catch the cancer at the time that it's becoming something dangerous," Golozar says. "That might be 20 years or something that this patient can be treatment-free."

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