

CONTINUING PROSTATE CANCER CONTROVERSY

Radio host Don Imus says he was recently diagnosed with stage two prostate cancer.

On The Early Show on Tuesday, March 17, 2009, Dr. Ezekiel Emanuel, an oncologist and director of bioethics at the National Institutes of Health, discussed ongoing controversy surrounding the disease:

Emanuel says prostate cancer is a "common sign" of aging. He says more men will likely die with it than from it. Dr. Emanuel says he's fought with his own urologist over screening procedures. He discussed what men should know about screening, treatment, and the possible side effects:

WHAT DOES STAGE TWO PROSTATE CANCER INDICATE?

It has not spread outside the prostate to other parts of the body. It can be detected with a digital rectal exam.

WHAT SHOULD MEN KNOW ABOUT PROSTATE CANCER?

Lots more men get it than die from it - it's pretty unusual. They should also ask themselves - does screening help or not help it? I personally had a fight with my urologist over screening. 1 in 6 men will have a chance of diagnosing. 1 in 33 will die of prostate cancer. Men have to understand - it's a normal process of aging. If the tumors grow slowly, more likely the prostate cancer will die with them, rather than from it. Because we do have technology, the PSA test, they have been getting more reports of lots of tumors ... but it's not clear if they're good or bad. Getting hysterical from prostate cancer screening is not very helpful.

WHAT ARE THE RISK FACTORS?

- Smoking
- Race - African Americans are more likely to get it.
- Diet: Red meat/high fat dairy diets

WHO AND WHEN SHOULD THEY GET SCREENED?

If there's a reason - if you have family history, then yes, you should look into screening ... but out there, there's a notion that once you turn 50, it's time to get a colonoscopy and a PSA. The answer to that, from the two main sources, the American Cancer Society and the US Preventative Services Task Force is no. Most groups do not recommend it while most doctors do it -- even insist.

By 80 years of age, 70-90% of men will have prostate cancer, but it will not affect them. We way overtreat the disease.

WHAT SHOULD YOU ASK YOUR DOCTOR ABOUT WHEN THEY SUGGEST YOU GET SCREENED?

You should ask them, "Is there a reason why they think I am at increased risk?" Otherwise, there's not a good reason to get a test; you're starting down a path that gets you into risk of being impotent and incontinent.

WHAT CAN MEN DO TO LOWER THEIR RISKS?

Change diet - most important element that is in the man's control. Not clear that exercise and eating less that can have you a lower risk for prostate cancer.

WHAT ARE THE KEY TAKE-AWAYS THEN FOR MEN?

1. PROSTATE CANCER IS EXTREMELY COMMON - it is not really life threatening. It's not to say no one dies from it ... but, for the average man, this likely not one of those that is going to immediately impact the longevity of your life.
2. SCREENING IS NOT RECOMMENDED FOR PEOPLE WHO DON'T HAVE SYMPTOMS. You can have downsides like impotence and incontinence
3. DON'T SMOKE AND CHANGE YOUR DIET.

Reducing intake of red meat and dairy products can reduce the risk ... it doesn't hurt to exercise and eat less either, even though we don't know if it does reduce your risk in this instance. The virtue of this, it helps reduce risk for a lot more things. It's all good for all sorts of effects.

More:

- Last week, a study from the Netherlands, published in Journal of National Cancer Institute suggests that as many as two of every five American men whose prostate cancer was caught through a PSA screening test have tumors too slow-growing to ever be a threat.

- Most men who undergo a biopsy for an abnormal PSA test don't turn out to have prostate cancer; high PSAs often signal a benign enlarged prostate. Of those who do have cancer, there's no proof yet that early detection saves lives as most prostate tumors grow so slowly that had they not been - as most prostate tumors grow so slowly that had they not been screened, those men would have died of something else without the anxiety.

- National health guidelines issued last year said men over age 75 shouldn't undergo PSA screening, while younger men should make an individual choice after hearing the pros and cons and weighing their own cancer risk.

- Why is overdiagnosis such a concern? Because finding an early tumor forces men to choose among contested treatments - "watchful waiting," surgery, hormone therapy, radiation. And because some treatments can cause incontinence and impotence, men whose tumors wouldn't have been a threat can suffer serious side effects for no gain.