



# FOR YOUR SONS

*Promoting Awareness Within The Family*

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September – Prostate Cancer Awareness Month – is upon us once again. The PCAM campaign is a great opportunity to get involved at some level in the effort to promote PC education and awareness. Whether you assist with a free screening program, donate money to your favorite charity, or simply spread the word to one person, you are a meaningful part of Prostate Cancer Awareness Month.

On a more personal level, we all have “one person” somewhere within our family that we would like to help. Perhaps he needs to get a PSA, but won’t. Perhaps his diet could be better, but he doesn’t want to hear what you have to say. As a mother, the one person I want to help most is my son, who may be at greater risk because of his father’s prostate cancer.



While I have helped my husband through his battle with PCa these past several years, it occurred to me recently that I have a substantial interest in empowering my son. What an investment into his life – and mine.

Perhaps you have felt the same way. So - what do you know about helping your family - your sons, your brothers? Have you wanted to help, but didn’t know where to start? Do you feel equipped with the tools you need? Perhaps PCRI can help.

Here’s a self-check Q&A to get you started (*don’t worry – no one’s looking...*)

1. At what age does PCRI recommend that men start testing/screening for prostate cancer if there is a family history? (circle one) • 35 • 40 • 45 • 50

2. At what age does the AUA (American Urologic Association) policy recommend that men in general start testing/screening for prostate cancer? (circle one)
  - 35 • 40 • 45 • 50
3. PCRI encourages men and/or their advocates to keep actual copies of all medical records including PSA results.
  - T • F
4. What tests do PCRI and AUA suggest for prostate cancer testing/screening? • PSA • DRE • PSA+DRE
5. What is a DRE?
  - Direct Relative Education
  - Digital Rectal Exam
  - Deliberate Resistance to Everything
6. PCRI encourages men to observe the pattern of the PSA over time, known as PSA velocity, and PSA doubling time. • T • F
7. A prostate-healthy diet is usually a heart-healthy diet.
  - T • F
8. Can prostate cancer be prevented? (check one)
  - It is impossible.
  - It is possible, but the risks outweigh the benefits.
  - It is possible, and one should research this and discuss it with their physician(s). The decision is ultimately theirs.

*Answers on page 20.*

Cancer is a family affair. Whether we like it or not, the emotional impact and hereditary implications run throughout the generations, especially with cancer of the prostate. Although the impact may seem negative at first, many find the hidden treasures of love, support, and even empowerment. Certainly the desire is for love to conquer all, and for something frightening to become something an opportunity for victory. As a researcher, the (Continued on Page 18)

wife of an advanced patient, and the mother of an only son, I have studied and reflected on these realities for over nine years now. This article is based on lessons learned from personal family experiences, interaction with my fellow PCRI staff members, interaction with callers, with physicians, and my own scientific research.

So, let's look in detail at each item from our "test".

**(1&2) At what age should I encourage screening for my son, or family members?**

This issue has always been debated, and probably always will be. Freedom of speech gives us the freedom to debate. PCRI took a stance in 1999 in favor of early detection, and has remained there for ten years. In our July 1999 Insights Newsletter (Vol 2, No. 3), it was discussed that prostate cancer can be passed from father to son; a judicious statement was made that men whose fathers had prostate cancer were at an increased risk, and thus should initiate screening at age 35 to 40. PCRI soon tightened that stance to age 35, and took the same position for men of African American descent. PCRI's views on the appropriate time to begin prostate cancer screening have remained consistent for years:

- **Age 35** – for those have a family history of prostate cancer or who are of African American descent.
- **Age 40** – for all other men.

Interestingly, this year the AUA (American Urologic Association) dramatically changed their policy (called Best Practice Policy) recommending the time that a man should get his first screening for prostate cancer. Regardless of the recent flurry of media coverage which has been confusing men about the importance of the PSA blood test, and even discouraging men from getting a PSA, the AUA released this statement in April 2009:

“The report is an **update of the previous AUA PSA Best Practice Policy 2000**. There are 2 notable differences in the current policy. **First, the age for obtaining a baseline PSA has been lowered to 40 years.**”<sup>1</sup> It should be noted that this policy change is for virtually all men, not just men with increased risk factors of family history, or African American descent.

For those of you who are new to the world of prostate cancer, the AUA is the association to which virtually all urologists in the United States belong, especially those who specialize in prostate cancer. Your urologist is likely a member of AUA, and he probably adheres to their policy recommendations.

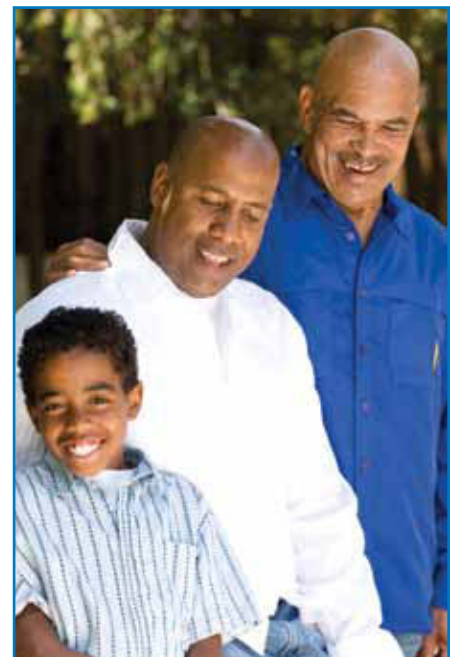
In terms of approaching your family members about screening for prostate cancer, I chose the word “encourage”

because that word seems to work best for me. I have tried the other techniques – nag, complain, worry, and suggest – to no avail. If you can find an approach that works for you, use it. If your approach isn't working, change it. If your approach isn't working, it's possible another family member might have more success. For example, your son may listen to his wife, or his brother, more than he listens to you. If that's the case, don't be afraid to “pass the baton”, so to speak. The only goal here is to help someone you really love, no matter how it gets done.

**(3) Do I really need copies of my PSA tests? I remember them, plus my doctor keeps copies of my PSAs.**

Speaking from nine years of personal experience and seven years of helpline experience, I cannot emphasize this reality enough – **ask for, and keep copies of all your personal medical records.**

First of all, it is impossible to evaluate important information from memory. We don't do it with our money, our taxes, or our children's report cards. Let's not do it with medical information. Get an actual copy and keep it. I've had a few callers who were convinced they remembered their PSA results from multiple tests, only to find



they didn't know the actual date of the PSA. That made it impossible to calculate their personal PSA pattern, not to mention the possibility of transposing a number or two.

Second, when making an appointment with a new physician, it is impossible to know if they received your medical records in advance. Since there are often problems in transferring records from one doctor's office to another, and it makes for a better appointment to simply carry the records in yourself. Offer them to the physician to make his own copies, but ask for the originals back, and keep them.

A third benefit to keeping all medical records is that your adult children will need to know your medical history at some point. At the very least, they need to have access to your records to make decisions regarding what they should screen

themselves for based on family history. Remember, screening for disease or cancer means testing for it BEFORE you have any symptoms. You can help your adult children understand that “feeling fine” is the perfect time to screen for disease.

When your son or other family members get their PSA results, have them get a copy, and then call you with the result. The PCRI Helpline **(800) 641-PCRI** is always here to help you evaluate the PSA and PSA pattern.

#### **(4&5) My son might get a PSA, but he won't get a digital rectal exam. What should I do?**

PCRI recommends both PSA and DRE (digital rectal exam) for screening for prostate cancer. So does the AUA. The studies are clear that it is better to screen with both, as opposed to relying solely on PSA. However, as a mom and a wife, I am also from the camp of “pick your battles”. Agreeing to get just a PSA, if that's all they're willing to do for now, beats getting nothing at all. It is always beneficial to make whatever progress you can, especially if someone in your home thinks that DRE *does* means “deliberate resistance to everything”. Those of you who have one of these in your family know what I mean.

Regarding the digital rectal exam, plenty of folks have poked fun at this necessary test. Actor/comedian Brad Garrett had the boldness to allow a digital rectal exam by a physician, live on television during Katie Couric's StandUp2Cancer telethon in 2008.

Chevy Chase did a scene in the movie *Fletch* where he made a doctor's appointment to question a physician about another patient. He ended up getting a DRE as part of his physical, and the doctor concluded that he found nothing wrong. Chevy's response was, “Well, I'm sure it's not for a lack of looking”.

My husband always says, “You need the right tool for the right job.” It's a great quote. In this case, it translates into “it's never too late to rent the movie ‘Fletch’ one more time”. Let everyone laugh about something they're tired of being serious about.

Remember that when a digital rectal exam is performed, ask for an estimation of the size or “volume”. The size should be calculated in grams (g) or cubic centimeters (cc). They are interchangeable in this situation. Also, the AUA considers these 3 different findings (from DRE) to be flags for cancer, and reason alone to biopsy, no matter what the PSA is: **(1) Nodule, (2) Hardness, (3) Asymmetry**. These are 3 distinct words that usually have nothing to do with an enlarged prostate. <sup>2</sup>

The bottom line is: small progress is still progress. And if the tool you're using isn't working well, try another one. The goal is to help someone you love in any creative way you can.

#### **(3 & 6) How do I interpret what my son's PSA means?**

There is no quick and easy answer to this question, but the pattern or behavior of the PSA over time always tells more than a single PSA result. Specifically, PSA has been studied as “PSA velocity” and “PSA doubling time” for over 10 years in the medical literature. <sup>3,4,5</sup>

PSA velocity has been validated in the medical literature more as a measure for understanding PSAs in men who are screened for prostate cancer – or pre-diagnosis. PSA doubling time has been validated in the medical literature more as a measure for understanding PSA's after diagnosis and treatment – or post-treatment. The overall message is that evaluating the pattern and behavior of the PSA provides better information than the evaluation of a single PSA measurement.

Remember – PSA does not “diagnose” prostate cancer; it never has. PSA helps patients and physicians to make the decision to biopsy – or not. Biopsy produces pathology, and pathology is the only thing that can be used to “diagnose” prostate cancer.

For a better understanding of **how to understand PSA and screening issues**, see PCRI's article, *The PCRI Views Regarding Testing for Prostate Cancer: Using PSA as a Principal Marker* from August 2005 Insights, or online at [www.PCRI.org](http://www.PCRI.org). Also online under PCRI Papers, consider reading *What Every Doctor Who Treats Male Patients Should Know*, from May 2005 Insights. PSA velocity and PSA doubling time are discussed in both of these articles.

Lastly, feel free to call the PCRI Helpline at **(310) 743-2110** to discuss your questions about understanding PSA results, and develop questions to ask your physician(s).

#### **(7 & 8) Can I help my family members prevent prostate cancer? Should we try?**

Prevention is always harder to measure than response. In other words, how do you know you prevented a disease? If it never appears, maybe it never would have. On the other hand, once disease appears, you can treat it and measure the response. Perhaps this is one reason we see so much science and medicine focused on treating disease as opposed to preventing it.

Still we know that prevention is better than treatment. There is no explanation needed. If early detection is the “key”, then perhaps prevention is the unlocked door. It is the reason you never need a key.

So what tools do we have to work with? What do we know? What do we *not* know? *(Continued on Page 20)*

The most evidence we probably have in prostate cancer prevention would be with Proscar (finasteride). Many of you may be familiar with the Prostate Cancer Prevention Trial (see also page 21) using the 5-alpha reductase inhibitor (5-ARI) finasteride vs placebo in over 18,000 men over age 55 who did not have prostate cancer. The results were published in 2003, and showed that finasteride prevented prostate cancer at a rate of over 24%.

What's most significant in 2009, is that the ASCO (American Society of Clinical Oncology) and the AUA came together to issue a joint statement regarding 5-ARI's (both Proscar and Avodart) and their role in preventing prostate cancer. Their new Guideline included this clear statement: "Chemoprevention with finasteride is a choice for men who are being regularly screened for prostate cancer and who are looking to lower their risk of prostate cancer."<sup>6</sup>

[The prefix, "chemo" simply means "of, with, or by chemicals". So chemoprevention is simply prevention with chemicals, just as chemotherapy is therapy with chemicals.]

Two other key points in this 2009 ASCO / AUA Guideline were the following:

- Talk with your doctor about your risk of developing prostate cancer and whether you should be screened for prostate cancer.
- Talk with your doctor about the benefits and risks of taking a 5-ARI to lower your risk of prostate cancer.

Note that the recommendation is not necessarily for the doctor to initiate the conversation. It is suggested that YOU initiate the conversation. This is one more validation that YOU are the primary decision-maker in your health care, which has been the ongoing message of the PCRI since 1997. Although PCRI has published extensively on the benefits of 5-ARI's, this is the first time

oncology and urology have published such clear prevention recommendations.

For an in-depth discussion of the Prostate Cancer Prevention Trial with the 5-ARI, finasteride, and **prevention in general**, see PCRI's articles *What We Should Have Learned About Prostate Cancer (PC) in the Last 10 Years – PART 1* from February 2008 Insights, and *PART 2*, from May 2008 Insights. These 2 articles can also be found online at [www.PCRI.org](http://www.PCRI.org).

Regarding the use of diet and supplements to prevent prostate cancer, many of you have likely evaluated this subject because of your own prostate cancer diagnosis, or your husband's. Perhaps you already know that you will find differing opinions between physicians, but that a prostate-healthy diet is probably a heart-healthy diet, and both diet and supplements can have some impact on prostate cancer cells.

As you pursue this subject with your sons and family members, it may be helpful to simply think in terms of risk and benefit. In reality, risk and benefit is what the FDA rules on – all day long. In more scientific terms, risk is called safety, and benefit is called efficacy. So in the absence of scientific "level one evidence" regarding diet and supplements, and in the presence of being the primary decision-maker in your own health care, try to not only ask "why should we attempt prevention with dietary changes or with supplements?". But also ask yourself "why not?".

In addition, whatever prevention strategy you may consider, be sure to look for ways to measure success. Monitoring PSA, other blood markers, DRE, size of prostate, urinary symptoms, or any imaging you might be using, give you the means to evaluate success. Discuss all of these issues with your physician(s).

For a better understanding **diet** and prostate cancer, see PCRI's article, *Can Diet Really Control Prostate Cancer?*

on-line at [www.PCRI.org](http://www.PCRI.org), or from February 2006 Insights. See also *Beating Prostate Cancer with Hormonal Therapy [and Diet]*" online or from May 2007 Insights.

For a better understanding of **supplements** and prostate cancer, consider reading *Can Natural Dietary Supplements Really Impact Prostate Cancer?* on-line at [www.PCRI.org](http://www.PCRI.org), or from February 2007 Insights, and *Advances in Holistic PC Chemoprevention and Treatment* from November 2008 Insights.

I hope this article gives you one more set of tools to use in your quest to make a difference with your family, and what you've already learned from prostate cancer. Since I know you are already keeping copies of those medical records, consider keeping this article in that folder which contains your son's medical records. If you're like me, you will read something once, but also try hard to find it later...

## REFERENCES

1. Prostate-Specific Antigen Best Practice. Carroll P, et. al., American Urologic Association Education Research, Inc.®; Copyright © 2009.
2. Transrectal Ultrasound and Biopsy in the Early Diagnosis of Prostate CA: Indications for Prostate Biopsy. Applewhite J. et. al., Cancer Control. 2001;8(2) © 2001 H. Lee Moffitt Cancer Center and Research Institute, Inc. © Copyright by H. Lee Moffitt Cancer Center & Research Institute. All rights reserved [http://www.medscape.com/viewarticle/409038\\_7](http://www.medscape.com/viewarticle/409038_7)
3. Natural history of changes in prostate specific antigen in early stage prostate cancer. Carter HB, et. al, 1994 Nov;152(5 Pt 2):1743-8.
4. The role of prostate-specific antigen in the chemoprevention of prostate cancer. Crawford, ED, et. al, J Cell Biochem Suppl 1996;25:149-55.
5. Prostate-specific antigen velocity and repeated measures of prostate-specific antigen. Carter HB, et. al, Urol Clin North Am. 1997 May;24(2):333-8.
6. Use of 5 $\alpha$ -Reductase Inhibitors for Prostate Cancer Chemoprevention: American Society of Clinical Oncology/American Urological Association 2008 Clinical Practice Guideline. Kramer B. et. al., The Journal of Urology, Volume 181, Issue 4, 1642-1657.

**Quiz Answers:** (1) 35, (2) 40, (3) T, (4) PSA+DRE, (5) Digital Rectal Exam, (6) T, (7) T, (8) It is possible, and one should research this and discuss it with their physician(s). The decision is ultimately theirs.