10 MYTHS AND MISCONCEPTIONS ABOUT PROSTATE CANCER

Back to PCF Spotlight

By Dan Zenka, Senior Vice President, Communications

With the identification of more than 25 types of prostate cancer by PCF-funded scientists in the past 24 months, and the fact that it remains one of the least talked about cancers, it’s no wonder there remains a great deal of confusion surrounding this disease.

Ask any group of men about prostate cancer. If they don’t abruptly change the subject or take the opportunity to crack a few wise remarks, chances are you will get a wide variety of answers when it comes to what it is, how it should be treated and whether or not (and when) one should be screened for this disease. Against this reality, it is always a good idea to review some of the more popular myths and misconceptions about this disease that claims the lives of more than 32,000 men in the U.S. each year.

Myth #1: Prostate cancer is an old man’s disease.

While it may be true that the older you are, the more likely you are to be diagnosed with prostate cancer (65% of cases are diagnosed in men who are 65 or older), the fact remains that 35% of those diagnosed, or more than 76,000 each year, are diagnosed at an earlier age. I was diagnosed at age 51 and I have met many men who were diagnosed in their early 40s. Although only 1 in 10,000 men under age 40 will be diagnosed, the rate skyrockets up to 1 in 38 for ages 40 to 59, and 1 in 15 for ages 60 to 69.

There are many risk factors to consider. Your race, family history, physical health and lifestyle—even geographic location—are all factors that can increase your likelihood of developing prostate cancer.

Myth #2: If you don’t have any symptoms, you don’t have prostate cancer.

Wrong. Prostate cancer is one of the most asymptomatic cancers in oncology, meaning not all men experience symptoms. Many times symptoms can be mistaken or attributed to something else. Signs of prostate cancer are often first detected by a doctor during a routine check-up. Common symptoms include a need to urinate frequently, difficulty starting or stopping urination, weak or interrupted flow of urination, painful or burning urination, difficulty having an erection, painful ejaculation, blood in the urine or semen, or frequent pain and stiffness in the lower back, hips or upper thighs. If you experience any of these symptoms, be sure to tell your doctor.

Myth #3: Prostate cancer is a slow growing cancer I don’t need to worry about.

The answer to this one is sometimes, yes. Sometimes, no. With the 25 types of prostate cancer discovered by PCF-supported researchers, we can confirm that there are those prostate cancers a man may die with and not of, while others are very aggressive. Once a biopsy confirms the presence of cancer in the prostate, a physician uses the data contained in the pathologist’s report to characterize the potential aggressiveness of the cancer and make recommendations for treatment based on many factors, including a patient’s age and health status. There are many treatments available for patients and one approach does not fit all cases. Patients need to understand the complexity of this disease and make treatment decisions that are right for them in consultation with a trusted medical professional.

The good news is that we believe, with the accelerated pace of scientific discovery, we will soon be able to identify the specific cancer a patient has at time of their diagnosis and match the most effective treatments for their prostate cancer and their biological makeup. This will enable us to cure more and overtreat less.

Myth #4: Prostate cancer doesn’t run in my family, so the odds aren’t great that I will get it.

Wrong. While a family history of prostate cancer doubles a man’s odds of being diagnosed to 1 in 3, the fact remains that 1 out of 6 American men will be diagnosed with prostate cancer in their lifetime. This compares to 1 in 8 women who will be diagnosed with breast cancer. African-American men are 60% more likely to be diagnosed with prostate cancer and 2.4 times more likely to die as a result.

Family history and genetics do, however, play a role in a man’s chances for developing prostate cancer. A man whose father or bother had prostate cancer is twice as likely to develop the disease. The risk is further increased if the cancer was diagnosed in a family member at a younger age (less than 55 years old), or if it affected three or more family members.

In 2010, approximately 218,000 new cases were diagnosed in the U.S. and more than 32,000 men died as a result of this cancer. The number of new U.S. cases could exceed 300,000 per year by 2015.

Myth #5: The PSA test is cancer test.

Incorrect. The PSA tests measures levels of prostate-specific antigen in the prostate, not cancer. PSA is produced by the prostate in response to a number of problems that could be present in the prostate including an inflammation or infection (prostatitis), enlargement of the prostate gland (benign prostatic hyperplasia) or, possibly, cancer. Think of it as a first alert smoke alarm, instead of a fire alarm. The PSA test is the first step in the diagnostic process for cancer. It has made detection of cancer in its early stages, when it is best treated, possible. Experts believe the PSA test saves the life of approximately 1 in 39 men who are tested. Personally, I believe the PSA test saved my life and will continue to save it as we track my response to treatment.
Myth #6: A high PSA level means that you have prostate cancer and a low PSA means you do not have prostate cancer.

Although prostate cancer is a common cause of elevated PSA levels, some men with prostate cancer may even have low levels of PSA. PSA can also be diluted in men who are overweight or obese, due to a larger blood volume, and a biopsy should be considered at a relatively lower number (i.e. 3.5 instead of 4). Again, elevated levels can be an indication of other medical conditions.

Myth #7: Vasectomies cause prostate cancer.

Having a vasectomy was once thought to increase a man’s risk. This issue has since been carefully researched by epidemiologists. Vasectomy has not been linked to increasing a man’s chance of getting prostate cancer but has led to the prostate being checked by the urologist more often and prostate cancer consequently being detected in the clinic.

Myth #8: Treatment for prostate cancer always causes impotence or incontinence.

While erectile dysfunction (ED) and urinary incontinence are possibilities following surgery or radiation therapy for prostate cancer, it is not true that all men experience complications. These side effects can also be highly dependent on age and physical condition. Numerous therapies and aids can improve erectile function and limit incontinence following treatment and nerve sparing surgical procedures have improved outcomes for patients as well. When selecting a surgeon, patients should inquire about the surgeon’s outcomes for ED and incontinence as well as the number of surgical procedures (open or robotic) performed.

Myth #9: Sexual activity increases the risk of developing prostate cancer.

High levels of sexual activity or frequent ejaculation were once rumored to increase prostate cancer risk. In fact, some studies show that men who reported more frequent ejaculations had a lower risk of developing prostate cancer. Ejaculation itself has not been linked to prostate cancer.

Myth #10: You can pass your cancer to others.

Prostate cancer is not infectious or communicable. This means that there is no way for you to “pass it on” to someone else.

What men can do about prostate cancer.

The first step in dealing effectively with prostate cancer is knowing the facts and eliminating confusion. Recent studies have shown that lifestyle decisions such as maintaining a healthy diet and regular exercise, such as walking 30 minutes a day, may also play a pivotal role in reducing the risk of getting prostate cancer and surviving it if you get the disease. Talk to your family and friends about prostate cancer and, if you are over 40, talk to your physician to develop a prostate health and screening plan that is right for you.