

Chapter 1

Identifying Basic Realities of Prostate Cancer

In This Chapter

- ▶ Getting a better understanding of prostate cancer
 - ▶ Spotting prostate cancer imposters
 - ▶ Developing a treatment plan with your doctor
 - ▶ Coping with the effects of prostate cancer
-

prostate cancer is a malignant tumor that starts in your prostate. Some prostate cancers are very slow-growing, causing you no trouble unless you live a very long time. On the other hand, quick-growing prostate cancers — and I think most of the ones picked up by doctors are this kind — can kill you if the cancer spreads beyond the prostate, if the cancer isn't diagnosed in time, or if you take no action after your diagnosis. However, you can often be cured of prostate cancer if the cancer is *localized* (or confined) to the prostate. I had surgery for my own localized prostate cancer in 1999. The surgery cured me, causing no side effects.

But even if a cure isn't possible, you can always be treated to at least temporarily shut down the cancer. Sure, you may experience side effects from treatment, just like you may end up with a scar from a wound your doctor sews up. But you're alive, and you likely have good prospects for many years ahead. So read this book, talk to your doctor, decide what to do about your cancer, and then do it.

In this chapter, I discuss what prostate cancer is, who's most at risk for developing the disease, what you can do about the disease, and how to handle the emotions you and your family may feel after a diagnosis of prostate cancer.

10 Part I: Prostate Cancer: What It Is and Is Not

Understanding What Prostate Cancer Is and Who's at Risk

Any man can develop prostate cancer, but some men are at a greater risk for the disease. For example, if you haven't been diagnosed with prostate cancer, but your father, brother, or another male relative has (or has had) the disease, your risk for developing cancer increases, and you should have an annual screening for prostate cancer. Black men also have a higher risk for developing prostate cancer, although no one knows for sure why this is the case. Not to say that if you're not black, you don't have to worry about prostate cancer: All men are at risk for developing the disease. You can read more about the risks for developing prostate cancer in Chapter 3.



Prostate cancer isn't your fault. Experts really don't know what causes prostate cancer, so no one can blame you for making yourself sick. (And you shouldn't blame yourself, either.) At the same time, when you *know* that you have prostate cancer, you need to discover all you can about the disease and the treatment options. And then, with your doctor's help, you can select the best treatment for you.

Identifying Prostate Cancer Impostors

You may be experiencing some symptoms that may indicate prostate cancer, such as urinary frequency and urgency, or a poor urinary stream. Because men often don't experience any symptoms with prostate cancer, these same symptoms may indicate another illness altogether. The most common cancer impostors are

- ✓ **Benign prostatic hyperplasia (BPH):** The key word in BPH is *benign*. Benign is the opposite of cancer, and that has to be a good thing. However, BPH can be agonizingly painful for some men. BPH is a tissue overgrowth that can cause major pain and considerable trouble with urination. If you have symptoms of BPH, such as constantly having to urinate or having trouble urinating, you should see your doctor for treatment — which is often medication or sometimes surgery. Without treatment, BPH usually only gets worse, so don't try to ignore it.
- ✓ **Prostatitis:** This condition is characterized by inflammation and pain in the prostate. (When you find *-itis* at the end of a medical word, it usually refers to inflammation.) Prostatitis is sometimes caused by a bacterial infection that's treatable with antibiotics or other drugs. If you ignore the infection, it can spread to your bladder, kidneys, or other organs. See your doctor if you're having pain and trouble urinating.



✓ **Bladder infections:** As men age, they develop a greater risk for bladder infections. (This condition is also known as *cystitis*, another *-itis* word.) The symptoms of a bladder infection — difficulty with urination, for example — are similar to the symptoms that are characteristic of other *genitourinary* diseases (having to do with the kidney, bladder, prostate gland, penis, and testicles), including prostate cancer, BPH, and prostatitis.

If you have a bladder infection, your doctor usually prescribes antibiotics. Make sure that you take all the antibiotics your doctor orders. If you take your antibiotics for only two days when your doctor ordered medication for seven days, you only wipe out the weak germs. The stronger germs, which are still there, will continue to multiply. Bladder infections that are not treated properly can be dangerous, because the bacteria can spread to your kidneys.

Check out Chapter 4 for more detailed information on these medical problems, as well as on several others that may be confused with prostate cancer.

Working with Your Physicians

Working with physicians you trust is absolutely essential when you have prostate cancer. I say *physicians* plural because you usually deal with at least two different types: Your primary care physician, who usually performs your annual physical examinations, an important ritual that can help flag the early indicators of prostate cancer, and the specialist(s) who confirms and treats the cancer. You invariably need to see a *urologist* (an expert in treating diseases of the prostate, kidneys, bladder, and testes), but you may also need to work with urologic, radiation, or medical *oncologists* (physicians who specialize in treating cancer — some urologists subspecialize in treating cancers of the genitourinary system). See Chapter 6 for more about finding and working with specialists.

Discovering cancer

Your primary care physician may use several tests, including the rectal examination and the prostate specific antigen (PSA) blood test, to screen you for prostate cancer. (I describe the basics of the screening tests in Chapter 5.) If your primary care physician suspects you have prostate cancer, she recommends a biopsy. A pathologist analyzes the *biopsy* (excised tissue) of your prostate and determines, for sure, whether you have prostate cancer. Chapter 7 covers biopsies in great detail.

12

Part I: Prostate Cancer: What It Is and Is Not

A self-test: Could you have prostate cancer?

Only a doctor can determine for sure whether you have prostate cancer. A self-test, such as the one I provide here, can give you *possible* indicators, at best. Keep in mind that in most cases, early prostate cancer has no symptoms whatsoever, which is why an annual physical examination and prostate specific antigen (PSA) blood test are so very important.

Get some scrap paper and jot down your answers to the following *yes* or *no* statements. Then read my analysis at the end of the list.

1. My father and/or brother has been diagnosed with prostate cancer.
2. I'm having trouble with urination. (You have trouble going or you have to go a lot. Or — Ouch! — you have both problems.)
3. I notice some blood in my urine.
4. I have constant, severe back pain.
5. I'm tired all the time.
6. I lose weight, even when I'm not trying to take off the pounds.

Now here's an analysis of your answers. If you answered yes to even one of these statements, you need to see your doctor.

- ✔ Question 1: If you answered yes to this question, you have an increased risk for developing prostate cancer. You should be diligent about having an annual physical exam, which includes a rectal exam (I know, I know, nobody likes this test, but it can save your life) and a PSA blood test, as well as a discussion with your doctor about your general health.
- ✔ Question 2: Trouble with urination may just be a sign of an infection or another

correctable problem. See your doctor so that he can zero in on the culprit. If you have prostate cancer, you need treatment. If you have a bladder infection, you also need treatment, because it may get worse.

- ✔ Question 3: If you see blood in your urine (doctors call it *hematuria*), don't panic, but do see your doctor right away. Having blood in your urine is *not* normal, and the cause needs to be investigated. It may be a sign of an infection, prostate cancer, or cancer of the urinary system. Your doctor can determine the source of the problem.
- ✔ Question 4: Back pain has numerous causes, ranging from infection to a pulled muscle to a disc problem (and on and on). Prostate cancer is another possible cause of back pain. Don't suffer in silence and wait for your severe back pain to magically disappear on its own. See your doctor and ask him to rule out prostate cancer, as well as other possible causes.
- ✔ Question 5: Being tired all the time is a possible sign of prostate cancer. Any cancer, especially if it spreads, can cause unexplained fatigue. Fatigue is also often caused by something other than cancer (such as depression from job stress), but you need to see your doctor to rule out any serious causes, including prostate cancer.
- ✔ Question 6: If you've lost weight (more than 10 or 15 pounds) without trying, and your weight continues to go down, this could be an indication of prostate cancer, or it could mean that you may have depression or another medical problem. See your doctor.

The next aspect of diagnosing prostate cancer, after its presence is confirmed, is determining how aggressively the cancer cells are growing and how much the cancer has spread. Doctors perform two types of cancer classifications when it comes to prostate cancer. First, they *grade* the cancer by checking your biopsy to see how different the cancer cells are from healthy cells and each other. Then they *stage* the cancer, mostly by using a system called *Tumor Node Metastasis (TNM)*. Doctors may also use special tests, such as CT scans, MRIs, or bone scans, to help stage the cancer. I cover grading and staging in much more detail in Chapter 8.

Planning your treatment

Deciding which treatment is best for you can be difficult. You must take several personal factors into account, including your general health (other than having prostate cancer), your life expectancy, and your race. With these and other factors in mind, you can work with your doctor to create both a short-term and long-term treatment plan. The short-term plan helps you cope with your cancer now (whether the cancer is localized or advanced), and the long-term plan allows for treatments down the road should the initial treatments not work and your cancer resurfaces. Chapter 9 helps you formulate a treatment plan, and Chapters 11 through 15 give you straight facts about your treatment options, including surgery, radiation, and hormone therapy.

Getting diagnosed with prostate cancer also can be unnerving because of the specific problems that are associated with the disease, such as impotence, incontinence, and the fear of death. Chapter 10 covers the major fears (as well as the realities) that men may experience when diagnosed with prostate cancer, including how to manage problems at home and work.

Opting for surgery

If your cancer is localized to the prostate, you're in reasonably good health (other than the cancer), and you have a health expectancy of at least ten years or more, a *radical prostatectomy* (or surgery that removes the entire prostate gland) may be the first line of treatment your doctor recommends. Surgery can be a pretty scary prospect, but it may cure you. If your cancer isn't localized, surgery may be able to at least delay the spread of cancer, if not stop it in its tracks altogether. Ask your doctor if he performs *nerve-sparing surgery*, where the nerve bundles that control erections are saved whenever possible. With nerve-sparing surgery, you have a 50 percent or better chance of regaining your sexual potency within a year of surgery (or sooner). Without nerve-sparing surgery, you run an almost certain risk of becoming impotent after the prostatectomy. (Chapter 11 covers the prostatectomy in much more detail.)

14 Part I: Prostate Cancer: What It Is and Is Not

Considering radiation

Surgery isn't the one right answer for every man with localized prostate cancer. Some men do very well with radiation treatments. Two popular forms of radiation treatments are offered today:

- ✓ **Brachytherapy:** Radioactive seeds are implanted into the prostate gland in order to kill the cancer cells. (Don't worry — the radiation wears off after a few weeks.)
- ✓ **External beam radiation therapy (EBRT):** Given outside the body, this treatment focuses several beams of radiation on the cancerous prostate.

If you decide to have radiation therapy, your doctor will discuss whether brachytherapy or EBRT is the best treatment for you. (Some men receive both types of radiation treatment.) Read more about radiation therapy in Chapter 12.

Looking at hormone treatments

Your physician may recommend that you take hormones, which can slow the rate at which the cancer grows. Natural testosterone makes prostate cancer grow faster. Hormones put the brakes on your testosterone levels, slowing down the growth of the cancer. This approach often stops the cancer from spreading for many years. However, when hormone therapy is used as the only treatment, it doesn't cure the cancer.

Sometimes hormones are administered to decrease the size of the tumor before radiation treatments. If you have an advanced case of cancer when first diagnosed, hormones may be the only treatment option available to you. Hormones are also given to men whose initial treatments (usually surgery or radiation therapy) aren't effective at stemming the tide of the cancer.

The downside of taking hormones is that they can cause some nasty side effects, such as hot flashes, mood swings, and weight gain. You can rest assured that antidotes are available to help combat these side effects. I discuss everything you need to know about hormones and their side effects (of course, you need to talk to your own doctor, too) in Chapter 13.

Treating advanced cancer

Sometimes the cancer advances beyond the prostate gland, and surgery or radiation can't destroy it. Hormone therapy may also become ineffective after a certain period of time. Don't give up. You still have many good options to choose from, including using other forms of hormones, taking chemotherapy with cancer-killing drugs, and joining a clinical study. I cover these options in Chapter 15.

Discovering alternative therapies

Many people feel panicky after being diagnosed with prostate cancer. As a result, they may decide to turn to quick-fix remedies such as herbs, supplements, and special diets. Alternative therapies may help you feel better. For example, some herbs can help with the side effects of cancer treatments. Specifically, ginger may help with nausea caused by hormone therapy. And researchers are trying to determine more definitely whether supplements of vitamin E and selenium can help prevent prostate cancer, but already some studies indicate that they may be good for prevention.



But it's important to avoid relying on alternative therapies to treat prostate cancer because scientific evidence has not yet adequately proven their effectiveness. In Chapter 18, I discuss topics related to alternative therapy including what to watch out for when considering alternative remedies.

Making lifestyle changes

You can't cure cancer by dropping a few pounds or running around the block. But you can build up your overall stamina by making some lifestyle changes. In Chapter 17, I discuss the benefits of exercising and losing weight. I also talk about the effects of stress, and the actions you can take to reduce the stress in your life. (Yes, you can reduce stress even though you have one of the most stress-inducing problems on the planet — a diagnosis of prostate cancer.)

Coping with the side effects of treatments

You want to cure (or at least gain control over) your prostate cancer, so after discussing the best treatment options with your doctor, you go ahead and get treatment. Unfortunately, prostate cancer treatments sometimes cause side effects including frequent urination, diarrhea, hot flashes, fatigue, depression, weight gain, and muscle and bone loss.

Two of the biggest concerns for many men undergoing therapy for localized cancer, especially if they're considering having a prostatectomy, are impotence and incontinence, even though many men with prostate cancer never experience these problems, or they are only temporary problems for them. However, since they loom so large in most men's minds, I provide important details about these problems in Chapters 19 and 20. I'll give you the basics here.

- ✓ **Impotence:** If *impotence* (an inability to get or keep erections) becomes a problem for you after treatment, it may just be a short-term problem that time will resolve. But if the potency problem seems to be sticking around, don't worry: Solutions are available. You may want to try Viagra, the erection-inducing drug. Viagra isn't right for everyone, but it may do the job for you. You can also try vacuum devices (which can help you

16 Part I: Prostate Cancer: What It Is and Is Not

“pump up” an erection manually) or injectable drugs. If all else fails, and you’re still unhappy, you may want to consider a penile implant. (Many men are very pleased with the results of the penile implant.)

- ✓ **Incontinence:** Many men worry about developing *incontinence* (loss of control over the release of urine) after undergoing treatment for prostate cancer. Sometimes surgery or radiation treatments may temporarily cause incontinence or other voiding problems, but most men recover within six months to a year.

If you face either (or both) of these problems after treatment, don’t suffer in silence! Talk to your doctor. He can recommend the best road to success for you.

Dealing with the Effects of Your Cancer, at Work and at Home

A diagnosis of prostate cancer, even if you have no symptoms at all (and most men don’t), can be a hard thing to cope with; it can weigh you down big-time. You may struggle to keep your anxiety from affecting you at work and at home.

I talk about how to deal with people at work and at home in Chapters 22 and 23. In Chapter 24, I offer a chapter for people who love someone who has prostate cancer. I specifically offer advice for wives and significant others who live with a man who may feel like they’re imploding with emotions from being diagnosed with cancer and dealing with treatments. You may want to discreetly leave the book open to Chapter 24, where your loved ones will be likely to find it. Or you can just ask them outright to read it.