

## Getting The Facts About Prostate Cancer

by Paul Arco

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September is National Prostate Cancer Awareness Month. Once thought to be a disease that mostly impacted older men, the numbers tell a different story. All men are at risk for prostate cancer.

According to the American Cancer Society, prostate cancer is the second leading cause of cancer death of men, second only to lung cancer. This year alone, there will be nearly 192,000 new cases of prostate cancer and more than 33,000 deaths. One out of every nine men will be diagnosed with prostate cancer during his lifetime. But it's not an automatic death sentence. More than 3.1 million men in the U.S. have been diagnosed with prostate cancer and are still alive today.

"It tends to be slow growing, maybe even lingering for the older gentlemen, to the point where even doing nothing is an option after monitoring it to see what's going on sometimes take action when there is a rapid rise which is what we call velocity," said Dr. William Hook, Family Medicine,

OSF HealthCare. "It tends to be more aggressive in younger men when they get prostate cancer in their 50s and 60s, we tend to take more action on that."

Some men have a greater risk for prostate cancer, including African-American men or those with a family history of prostate cancer. Not all men exhibit the same symptoms, and some have no symptoms at all. But here are some to keep an eye out for.

Difficulty starting urination.

Weak or interrupted flow of urine.

Frequent urination, especially at night.

Difficulty emptying the bladder completely.

Pain or burning during urination.

Blood in the urine or semen.

"Signs and symptoms can be very confusing for any particular person because a symptom that may reflect a problem with the prostate often is not a cancer," said Dr. William Hook, Family Medicine, OSF HealthCare. "It could be a prostatitis, which is an infection, or it could be prostate enlargement, so a presenting symptom may be something like blood in the urine or blood in the ejaculate, but that doesn't mean there's a cancer there."

As far as testing goes, the American Cancer Society recommends that men make an informed decision with a health care provider about the pros and cons of testing for prostate cancer, starting at 50. If there is a family history, speak to a physician about testing even earlier.

"Have the conversation," said Dr. William Hook, Family Medicine, OSF HealthCare. "It even varies in the ages to have the conversation. So to get an annual screen, for example, starting at the age 50 or 55 is an older recommendation, but it may not be right for you so you have to have that conversation."

There are many treatment options available for prostate cancer, including surgery, hormone therapy, radiation therapy and chemotherapy. Because prostate cancer often grows slowly, some men might not need treatment. Instead, observation or active surveillance might be recommended.

"The best person to talk to is either your oncology team or the urologist who will do the work," said Dr. William Hook, Family Medicine, OSF HealthCare. "It's not a cookbook. It's not here are the options, pick one. No, it really takes some discussion to pick out which one is best for you. Every individual is unique so the circumstance and the approach may be unique too." For more information on cancer care, visit OSF HealthCare.

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