Prostate health

Being proactive for prevention

BY JANE LANGILLE

WHY DID Costco member Patrick Sullivan, president and CEO of the Halifax Chamber of Commerce in Nova Scotia, don a kilt and make a video about prostate cancer awareness in June of this year? He was keen to promote Prostate Cancer Canada's Plaid for Dad campaign among the 65,000 employees working in the chamber's member businesses. He knows that diagnosis and treatment have saved the lives of many of his friends and business associates, including Phillip Crawley, publisher and CEO of *The Globe and Mail*.

Because September is Prostate Cancer Awareness Month, it's a good time to take a look at this disease, its symptoms and how it's treated.

Part of the reproductive system, the prostate gland is the size of a walnut and produces the fluid that combines with semen. Prostate cancer is the most commonly diagnosed cancer among men: One in eight Canadian men will be diagnosed with the disease in their lifetime. In 2016, 21,600 men were diagnosed and 4,000 died from the disease.

Common signs and symptoms may include difficult, urgent, painful, frequent urination (especially at night), the inability to urinate or to start or stop urine flow, painful ejaculation and blood in urine or semen. But many men have no symptoms and are unaware they have prostate cancer. If caught early enough, though, the survival rate at five to 10 years out can be 100 per cent.

Who's at risk?

The risk of developing prostate cancer increases starting at the age of 50. Most prostate cancers are found in men over 65. The risk is higher for men with a first-degree relative (father or brother) who has had prostate cancer, who are of black African or black Caribbean descent, who are overweight and/or who eat a low-fibre, high-fat diet.

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Screening tests

The PSA test is a blood test that measures the level of prostate-specific antigen (PSA), a protein produced by the prostate gland. Higher PSA levels may indicate cancer. "The PSA test is important, but it is only one indicator that needs to be considered together with other risk factors that may indicate further follow-up," says Dr. Stuart Edmonds, vice-president of research, health promotion and survivorship with Prostate Cancer Canada.

The organization recommends a baseline PSA test for all men in their 40s. The results should inform the development of a total risk profile and a plan for gathering additional information as required. For some, that will mean not repeating the test for another 10 years; for others, it may indicate a need to repeat the test sooner or to have a biopsy to see if cancer is present.

tatecancer.ca (click on the "Prostate Cancer" and "Supporting You" tabs).

• Canadian Cancer Society: cancer.

The common test, the digital rectal exam (DRE), is also not perfect, but it may detect lumps or hard or irregular surfaces located where most, but not all, prostate cancers can occur. Edmonds says, "If a tumor is reachable in a DRE, you will find it; but if it's not, you won't."

New treatment options

It's difficult to distinguish slow-growing from life-threatening, aggressive prostate cancer without further investigation. "The good news is that we have made tremendous gains in survival with early detection and a variety of treatment options available," says Edmonds. "We are researching the use of magnetic resonance imaging as a diagnostic tool that's less invasive than biopsy."

New understanding about the genetic mutations driving prostate cancer's growth is providing opportunities to research targeted treatment options. "Recent research funded by Prostate Cancer Canada found that men with a defect in the BRCA2 gene, which is implicated in breast and ovarian cancer, have a greater likelihood of developing aggressive prostate cancer," Edmonds says. "We are conducting clinical trials with ovarian cancer drugs specifically targeted to this DNA damage repair mechanism." $\boldsymbol{\varepsilon}$

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