

Q. I have a family history of prostate cancer. At what age should I start screening for it? Is it based on the age of my father at the time of his diagnosis?

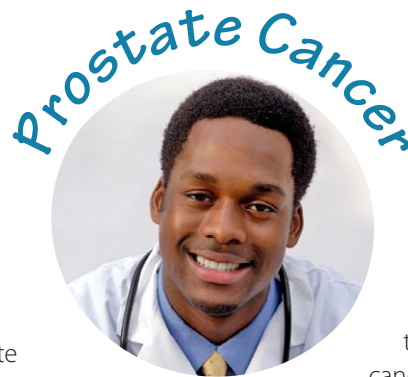
A. Considering your family history of prostate cancer, your concern is important – and possibly life-saving. Prostate cancer is the most commonly diagnosed cancer in the United States (other than skin cancer). And it is second only to lung cancer as a cause of cancer death in American men. It's good to know that approximately 70% of prostate cancers are diagnosed in men older than age 65, but it can occur in some men at younger ages.

What Age to Start Screenings?

These are the American Cancer Society's screening recommendations for prostate cancer:

- A man who has no known risks for prostate cancer could start screening for it at age 50.
- If a man has a strong family history of the disease – that is, having one or more first-degree relatives (father, brothers) who were diagnosed before age 65 – he could begin screening for the disease at age 45.
- But if a man has multiple first-degree relatives who got prostate cancer at an early age, he is at an even higher risk for the disease and could be screened as early as age 40. Once done, it's possible that no further testing will be needed until age 45.
- Because African American men have the highest prostate cancer incidence rates in the world, they could also be screened early starting at age 40.

If your father or a brother has had the disease, your risk of getting prostate cancer is double that of the general population. But if you have two first-degree relatives with prostate cancer, your risk for the disease is increased five times. Also, the earlier the onset in your family member, the greater the risk is for you.



The Pros and Cons of Screening

The two most common screening tests for prostate cancer are the *prostate-specific antigen (PSA) blood test* and *digital rectal examination (DRE)* performed by a doctor.

The DRE can detect up to 68% of prostate cancers in men who have no symptoms of the disease. A PSA test result greater than 4 ng/dl can detect up to 80% of prostate cancers. When these tests are combined, they can detect prostate cancer more often than either test alone. But note these important facts:

- 1) *Not all elevated PSA test results are accurate.* “False positive” results can cause a lot of undue stress, and possibly unnecessary surgery.
- 2) *Not all elevated PSA levels mean that cancer is present.* The PSA protein can be elevated due to an enlarged prostate or for other reasons.
- 3) *Measuring the percentage of “free” vs. “bound” PSA levels improves the accuracy of the test.* (The percentage of bound PSA is higher when prostate cancer is present.) But scientists don't yet agree about what percentage denotes cancer.
- 4) *Not all prostate cancers are aggressive enough to ever become a health problem.* Some prostate cancers are so slow growing that a man can live a long life with it and never be troubled by it.

Because of the mix of risks and benefits associated with prostate cancer screening, the American College of Preventive Medicine (ACPM) does not recommend routine screening for men of average risk, at least not at this time. Researchers are now looking for more reliable ways to test for this disease.

The ACPM does acknowledge, however, that high-risk groups for prostate cancer, such as men with a family history of the disease, might more seriously consider prostate cancer screening.

Your best bet is to thoroughly discuss the pros and cons of early screening with your doctor.

Next page: Preventing Prostate Cancer

Preventing Prostate Cancer

It's important to keep in mind that, according to research, the majority of prostate cancers are caused from environmental factors (diet, exercise, etc.) rather than just by hereditary influences. The American Cancer Society recommends several lifestyle practices that can lower the risk of developing prostate cancer, including⁴:

- **Getting regular physical activity.** Aim for at least 30 minutes (45-60 minutes are preferable) of moderate activity such as brisk walking, 5 or more days per week.
- **Maintaining a healthy weight.** Excess body fat increases the risk for aggressive prostate cancer.
- **Lowering intake of some foods.** Several studies found that eating large amounts of red meats or dairy products (or a high intake of calcium supplements) might increase your risk of prostate cancer.



- **Increasing intake of other foods.** Other studies show that eating certain foods might reduce your risk of prostate cancer. Foods to eat include tomatoes, tomato sauce, cabbage family vegetables, soy, beans, foods high in selenium (such as Brazil nuts, 1-2 per day meets your daily need), and foods high in vitamin E such as hazel nuts, sunflower seeds, almonds, and whole-grain breads and cereals. It's best to get your vitamin E from foods. The form of vitamin E thought to be most protective is gamma-tocopherol (commonly found in food) which is different from the form of vitamin E (alpha-tocopherol) most commonly found in pill form. In a 5-year prostate cancer study of nearly 300,000 men, those who took vitamin E in pill form had no protective benefit. But the group with the highest intake of dietary gamma tocopherol had 32% fewer cases of advanced prostate cancer.⁵

Sources:

1. American Cancer Society. *What are the risk factors for prostate cancer?* Accessed: March 14, 2008. Available at http://www.cancer.org/docroot/CRI/content/CRI_2_4_2X_What_are_the_risk_factors_for_prostate_cancer_36.asp?sitearea=.
2. Genetics of prostate cancer: Role of family history. Accessed: March 14, 2008. Available at http://www.medschool.lsuhs.edu/genetics_center/louisiana/article_prostatecancer2_p.htm.
3. Heber D. Feasibility of a low-fat/high-fiber diet intervention with soy supplementation in prostate cancer patients after prostatectomy. *European Journal of Clinical Nutrition*, March 28, 2007. Accessed: March 17, 2008. Available at <http://www.nature.com/ejcn/journal/vaop/ncurrent/abs/1602743a.html>.
4. American Cancer Society. *Nutrition and physical activity guidelines for cancer prevention.* Accessed March 17, 2008. Available at http://www.cancer.org/docroot/PED/content/PED_3_2X_Diet_and_Activity_Factors_That_Affect_Risks.asp.
5. Wright ME, et al. Supplemental and dietary vitamin E intakes and risk of prostate cancer in a large prospective study. *Cancer Epidemiology Biomarkers & Prevention*; 2007 June; 16(6):1128-35.
6. Recommendations and Rationale Screening for Prostate Cancer. U.S. Preventive Services Task Force (USPSTF). Accessed: March 18, 2008. Available at <http://www.ahrq.gov/clinic/3rduspstf/prostatescr/prostaterr.htm>.
7. Lim LS, et al. Screening for prostate cancer in U.S. men: ACPM position statement on preventive practice. *American Journal of Preventive Medicine*; 2008 Feb; 34(2):164-70.

