Prostate cancer is one of the most common non-skin cancers among American men. Prostate cancer begins in the tissues of the prostate gland, which is located just below the bladder and in front of the rectum.

RISK FACTORS

Understanding the risk factors is important in planning any strategy to reduce the likelihood of prostate cancer.

- **Race**: African-Americans are about 70 percent more likely to develop prostate cancer than Caucasian men.
- **Age**: The risk of developing prostate cancer increases with age. Men over age 80 are about twice as likely to develop prostate cancer as men in their 50s.
- **Family History**: Men whose father or brother, who has had prostate cancer are twice as likely to develop the disease.
- **Diet**: A diet high in saturated fat, such as a diet that is high in red meat, is associated with an increased risk of prostate cancer.
- **GENOME CHANGES**: Certain genes have been associated with prostate cancer. Men who carry certain mutations in the BRCA1 and BRCA2 genes have an increased risk of prostate cancer.

TREATMENT OPTIONS

Choosing the best treatment depends on both the stage and grade of the cancer, as well as the man’s overall health and preferences. The main treatment options are:

- **Surgery**: Men who require treatment typically choose between surgery or radiation therapy. But many also opt for active surveillance as a first step.
- **Radiation Therapy**: Radiotherapy uses high-energy radiation to destroy cancer cells, shrink tumors and contain prostate cancer.
- **Hormone Therapy**: Hormone therapy uses drugs to lower testosterone and other hormones, which may help you stay strong throughout treatment.
- **ImmunoTherapy**: ImmunoTherapy and targeted therapy are more advanced options. ImmunoTherapy helps the immune system fight against cancer; treatment may be used alone or in conjunction with other treatments.
- **Chemotherapy**: Uses targeted energy to kill cancer cells, shrink tumors and provide relief of certain symptoms. Used to target cancers that have spread beyond the prostate gland.
- **Immunotherapy**: Typically used in patients with advanced or metastatic disease. Can safely combine immune drugs designed to work and stop the growth of deadly spreading cancer cells.

PREVENTION AND SCREENING GUIDELINES

Early diagnosis is key to effective treatment. Talks to your healthcare provider about the benefits and risks of prostate cancer screening.

- **PSA Test**: A blood test that checks for prostate cancer or conditions that may look like prostate cancer. May be used along with other screening tests, such as digital rectal exams.
- **Digital Rectal Exam**: A simple test that involves the doctor’s hand going up the man’s rectum to feel for any changes.

The American Cancer Society recommends that men who are at average risk of developing prostate cancer, and do not have a family history of prostate cancer, begin PSA screening at age 50. If you are at higher risk of developing prostate cancer, you may begin PSA screening at age 45 or 50.

- **PROSTATE INTRAPROSTATIC NEOPLASIA (PIN)**: PIN is a condition in which prostate cells begin to act like cancer cells. PIN is not cancer, but it can lead to cancer.
- **URINARY SYMPTOMS**: Urinary symptoms can be associated with prostate cancer.
- **BONE PAIN**: Painful bone metastases is one of the most common signs of advanced or metastatic prostate cancer.
- **Erectile Dysfunction**: Many men have sexual problems due to advanced prostate cancer.