


When is it time to think PROSTATE CANCER SCREENING?

About 1 in 9 men will be diagnosed with prostate cancer during his lifetime. Prostate cancer is the second leading cause of cancer death in American men, second only to lung cancer. If you are over 45 to 50 years of age, THINK PREVENTION...
GET CHECKED NOW!



Hey Fellas... WHAT TIME IS IT?

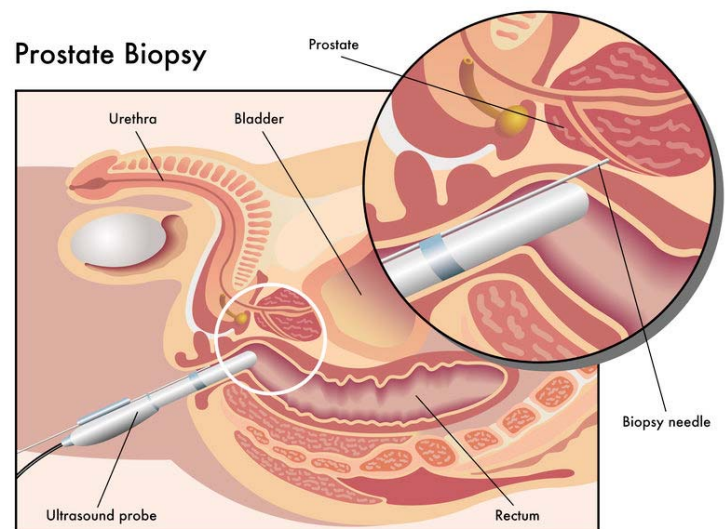
If you are with that age range of 45-50, it may be time to start a regimen of Prostate Cancer Screening as part of EARLY DETECTION. Staying regular with checkups greatly decreases the risk of getting malignant cancers, while improving the chances of success for those under treatment. In the ongoing battle against cancer, it is common knowledge that most cancers in their early stages are far more likely to be treated with positive results. Moreover, a thorough checkup of one's physiological analyses, heredity review and personal data gathering (from blood & genetic testing) are all strong info-gatherings for early warning signs that someone may be a candidate for cancer. Being PROACTIVE starts with AWARENESS, EDUCATION & SCREENINGS.

KEY POINTS of Prostate Cancer Screening

- Tests are used to screen for different types of cancer when a person does not have symptoms.
- There is no standard or routine screening test for Prostate Cancer: Digital rectal exam or Prostate-specific antigen test
- A prostate cancer gene 3 (PCA3) RNA test may be used for certain patients.
- Screening tests for prostate cancer are being studied in clinical trials.

Tests are used to screen for different types of cancer when a person does not have symptoms. Scientists study screening tests to find those with the fewest harms and most benefits. Cancer screening trials also are meant to show whether early detection (finding cancer before it causes symptoms) helps a person live longer or decreases a person's chance of dying from the disease. For some types of cancer, the chance of recovery is better if the disease is found and treated at an early stage. There is no standard or routine screening test for prostate cancer. Although there are no standard or routine screening tests for prostate cancer, the following tests are being used or studied to screen for it:

DIGITAL RECTAL EXAM (DRE) is an exam of the rectum. The doctor or nurse inserts a lubricated, gloved finger into the lower part of the rectum to feel the prostate for lumps or anything else that seems unusual.





According to the American Cancer Society, prostate cancer is the second most common cancer in American men. Estimates for prostate cancer in the United States for 2019 are estimated at about 174,650 new cases of prostate cancer and about 31,620 deaths are expected from prostate cancer. About 1 man in 9 will be diagnosed with prostate cancer during his lifetime. The average age at the time of diagnosis is about 66. Prostate cancer is the second leading cause of cancer death in American men, behind lung cancer. About 1 man in 41 will die of prostate cancer. Prostate cancer can be a serious disease, but most men diagnosed with prostate cancer do not die from it. In fact, more than 2.9 million men in the United States who have been diagnosed with prostate cancer at some point are still alive today.

Most prostate cancers found by screening are small and slow growing and may not be fatal. Some men may have a faster growing prostate cancer and will benefit from early treatment. Older men, African-American men, and men who have a family history of prostate cancer have a greater risk for developing prostate cancer. If you are concerned that you may have a greater risk for prostate cancer, talk to your doctor about screening. One screening test for prostate cancer is a blood test, which can be abnormal (not normal) for several reasons besides prostate cancer. The only way to know if an abnormal test is due to cancer is to do a biopsy. A biopsy is a surgery to get small pieces of the prostate to look at under a microscope. If the biopsy shows there are cancer cells, then your doctor will discuss treatment options. (Source: CDC.gov)

HOW RELIABLE IS PSA TESTING? (source: NIH/NCBI)

Prostate cancer, now considered the most common cancer in men, especially African-Americans (6-NIH), was rare until the 1950's. Earlier, a blood test identifying prostate specific antigen (PSA was developed for use in "rape kits" to provide criminal evidence in court) was never designed as the screening tool for prostate cancer that it has become today. Our national guidelines recommend screening with PSA for men age 55 to 69, a recommendation that 40% of men follow. But what happens after a PSA test is termed positive?



In 2012 the U.S. Preventive Services Task Force (USPSTF) recommended against routine PSA screening for prostate cancer due to the risk of over-diagnosis and over-treatment with most prostate cancer remaining asymptomatic. The panel concluded that the potential benefit of testing did not outweigh the risk of harm, arguing against continued screening except for those with known risk factors and a life expectancy greater than 10 years. Screening may have indeed reduced the rate of death from prostate cancer by an estimated 20%, but it was also associated with a high risk of overdiagnosis (diagnosis in men who would not have clinical symptoms in their lifetime). This means that PSA testing would have saved about 60,000 lives but some 900,000 men would have undergone the undue injury of an unnecessary surgical biopsy.

THE BIOPSY is an invasive procedure removing a small section of tissue and examination for cancer cells. It remains the gold standard in diagnosing prostate cancer. Biopsies are now performed in an office setting, using topical or sedation anesthesia. It involves using a needle to obtain tissue from the prostate through the rectum. Twenty five years ago the routine biopsy protocol called for six needle cores. Because it was performed without imaging, it missed many cancers deep within the prostate. The number of tissue samples taken was expanded to 12 and even up to 96 cores at some centers. Needle biopsies cause serious complications in 1% of patients - even fatal outcomes have recorded. Infection which can require prolonged antibiotic therapy is the most common problem. Nowadays biopsies are guided, meaning that doctors use imaging through ultrasound or MRI to direct the needles to areas of concern.

CALLING FOR A DIAGNOSTIC UPGRADE

The strategy of relying on a (PSA) blood test as the precursor to a biopsy required significant reassessment. Though approved by the FDA in 1986 as the gold standard for monitoring cancer relapses, increasing reports continue to indicate that elevated PSA levels in over 70% of men show a false positive reading- and does not conclude a malignant cancer. (NIH ref). Because of the inaccuracies of the PSA test and the risk of side effects, many centers are now using imaging solutions like ultrasound 3-D Doppler and MRI before considering a biopsy.

Inspiring a Global Upgrade in Diagnosing Occupational Cancers

It has been confirmed by toxicologists and medical reports worldwide that OCCUPATIONAL HEALTH DISORDERS are predominant in the fire service. First responders hold potential cancer risks from the most extreme toxic exposures in every fire rescue call. My diagnostic practice (in mid-town NYC) provided care for many first responders from 9/11 as well as current active duty firefighters. For those with low grade tumors, yearly monitoring with sonograms is a safe and easy solution- agreeing to be biopsied only when a significant change is noted in comparison. Thanks to non-invasive diagnostics, men relying on alternative treatments would come in to check if their “natural products” were helping. Experience showed over 50,000 scans since 1974 identified low grade cancer (Gleason 3+3) turns aggressive in less than 1% over a 10 year time frame.

Stay Proactive About Job-Related AIRBORNE HEALTH HAZARDS

GET CHECKED NOW! is sponsored by: The First Responders Health Resource/NYCRA, Firefighters Against Cancer Exposures (FACES), Movember.org, CousinSal.org, The Male Breast Cancer Coalition & Bard Diagnostic Imaging

GET CHECKED NOW!
www.FightRecurrence.com

Logos for: Fire Department, Firefighters, Fire Department, Fire Department, Bard Diagnostic Imaging

The radiology community took time to appreciate that pathologic cancer tissue under microscope can be clinically dormant with some patients. This means a biopsy that looks like malignancy can act like a chronic disease. New high resolution ultrasound units and computerized optical devices are now used instead of MRI for diagnosing Prostate Cancer in Europe and guiding biopsies without x-rays. MRI has shown to be less accurate in the upper and lower parts of the prostate gland and has a 33% false positive rate in the presence of inflammation. When the sonogram finds prostatitis, MRI is deferred until the infection is resolved.

From our experience working with the many first responder cases, we have been alerted to the greatly increased risk of cancer following toxic exposure. Surprisingly, first responders are developing prostate and skin cancers at a higher rate than lung cancer. New portable sonogram systems are able to find and quantify the heavy metal effects on the skin in a 5 minute exam which is now called ULTRASOUND BIOMICROSCOPY. This is important since tissue under a microscope is not living while sonogram technology gives a live tissue real-time virtual biopsy.

Does your profession REQUIRE a PROSTATE EXAM?

The best way to beat cancer is PREVENTION & EARLY DETECTION. Make it your business to schedule a your next checkup and stay proactive with regular Prostate Cancer Screenings.

GET CHECKED NOW!
www.ProstateScanNow.org

www.ProstateScanNow.org

“GET CHECKED NOW!” - This newsletter is distributed by the BARD CANCER IMAGING CENTER @ 121 E 60th St Suite # 6A New York, NY 10022 | (212) 355-7017 | www.CancerScan.com