

Prostate Cancer Screening



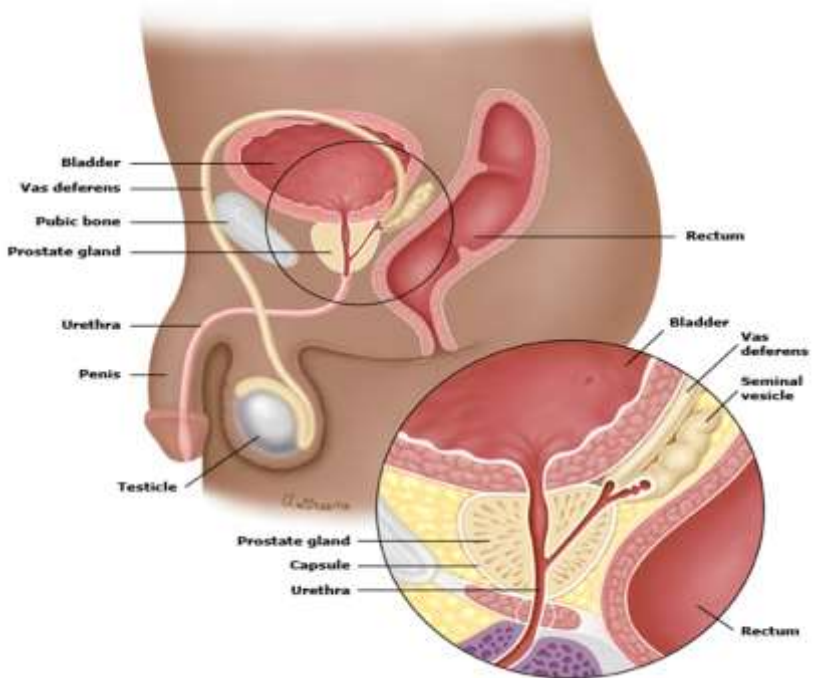
Family Medicine Department

What is prostate cancer screening?

Prostate cancer screening is a way in which doctors check the prostate gland for signs of cancer. The prostate gland is part of the male anatomy. It sits below the bladder and in front of the rectum. It forms a ring around the urethra, the tube that carries urine out of the body.

Prostate Gland

This drawing shows male internal organs and a close-up of the prostate gland.



The main test used to screen for prostate cancer is a blood test called a "PSA test."

Who should be screened for prostate cancer?

Prostate cancer screening is done in people who have no symptoms of the disease. It is not clear whether getting screened for prostate cancer can extend life or prevent symptoms or problems. For this reason, doctors do not know who – if anyone – should be screened for prostate cancer.

Most experts recommend working with your doctor to decide whether screening is right for you. In most cases, this discussion should start around the age of 50. If you have any risk factors for prostate cancer, you might want to begin screening at age 40 to 45. Your risk is higher if you are Black, have a father or brother with prostate cancer, or have certain genetic mutations such as "BRCA1" or "BRCA2."

Most doctors recommend against screening if you are age 70 or older, or have serious health problems.

Why do doctors offer screening?

Doctors offer screening in the hopes of catching prostate cancer early – before it has a chance to grow, spread, or cause symptoms. With many cancers, catching the disease early is an important part of effective treatment. But prostate cancer is not like many other cancers. It usually grows slowly and does not usually lead to death. The problem is that a small number

of prostate cancers are serious and can lead to death. Doctors do not have an ideal way to tell which prostate cancers are deadly and which ones would never cause any problems.

Certain tests can suggest which prostate cancers might be more likely to cause problems. But the tests are far from perfect. Also, different studies have come to different conclusions about the benefits of screening and whether or not it lowers the risk of dying from prostate cancer.

What are the drawbacks to getting screened?

PSA tests have 2 main drawbacks:

- PSA tests sometimes give "false positives." This means they suggest cancer when there is actually no cancer. This can lead to unneeded worry and to further tests. One of these tests, a biopsy, can be briefly painful.
- When PSA tests lead to the discovery of cancer, there is very often no way to tell whether the cancer is one that could do harm. That means you could get treated for cancer that would never have done you any harm. That's a problem because treatment for prostate cancer has risks and often causes problems of its own. For instance, prostate cancer treatment can cause you to leak urine and to have problems with sex.

How do I decide if I should be screened?

Work with your doctor or nurse to decide if screening is right for you. This will involve thinking about how



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likely it is that you will get prostate cancer. If you have a high risk of prostate cancer, screening might be a good idea.

You will also need to think about how you feel about the possible benefits and harms of being screened.

Ask yourself:

- Do I want to know if I have prostate cancer, even if the cancer might never do me any harm?
- Would I be treated if I learned that I had prostate cancer?
- How do I feel about the risks of being treated for prostate cancer?
- How do I feel about the risks of getting a deadly or aggressive form of prostate cancer?
- Would I be willing to accept a high risk of side effects from treatment in return for a small chance of living longer?



What is a PSA test?

PSA stands for "prostate-specific antigen." PSA is a protein made by the prostate. Levels of this protein usually go up when a person has prostate cancer. The protein also goes up for reasons that do not involve cancer. For example, PSA levels rise if you:

- Have a condition called benign prostatic hyperplasia (BPH), sometimes called an enlarged prostate
- Have a prostate infection, also called prostatitis
- Hurt your prostate, for example while riding a bike
- Ejaculate

What if my PSA level is too high?

If your PSA level is high, try not to panic. It's possible your PSA is high for reasons unrelated to cancer. If your PSA level is only somewhat high, often the next step is to have the PSA test

again. For 2 days before the second test, avoid ejaculating and bike-riding. If your doctor thinks you have a prostate infection, you might also need to take antibiotics for a while before you repeat the test.

If your PSA is still high on the second test, or if it was very high the first time, you will probably need more testing. This might include a biopsy or other test. A biopsy means that a doctor will insert a needle into your prostate to take tiny samples of tissue. Those samples will then go to the lab to be checked for cancer. If it turns out you do have cancer, remember that prostate cancer is not usually deadly. It usually grows slowly, so you probably have time to decide what to do. There are treatments that can sometimes cure prostate cancer. You might also choose to hold off on treatment and wait to see if your cancer shows signs of progressing.

How often should I be screened for prostate cancer?

If you do decide to be screened, experts recommend repeating screening every 1-2 years.

Doctors recommend stopping screening when you turn 70 or if you develop serious health problems. In these cases, the benefits of screening are not worth the possible harms.



Contact us:



APPOINTMENT:
SWITCHBOARD:

(+973) 1775 7600
(+973) 1775 3333



WHATSAPP:
INSTAGRAM:
FACEBOOK:
E-MAIL:
WEBSITE:
LOCATION:

(+973) 3687 7600
awalihospital
Awali Hospital
awali.hospital@bapcoenergies.com
<https://www.awalihospital.com>
Bldg. 115, Road 4504, Block 945,
Awali Kingdom of Bahrain