

## Prostate Cancer Surveillance

Since the publication of the United States Preventive Services Task Force (USPSTF) condemning the routine use of PSA testing to detect early prostate cancers in 2008, options for prostate cancer surveillance has devolved into one of two extremes:

1. Test early and run the risk of unnecessarily invasive surgery and it's all too commonly associated side effects (sepsis from trans-rectal biopsies, impotence, urinary incontinence, or,
2. Refrain from testing until obvious symptoms arise, risking the chance of more advanced and potentially fatal cancer.

Given these equally undesirable alternatives, routine PSA screening has often been discouraged (and may well not be a covered benefit under current and future health insurance programs). However, recent advances and some pertinent observations that have transpired since the USPSTF's 2008 recommendation bear careful consideration by both patient and doctor.

- A British man diagnosed with prostate cancer is at least twice as likely to die of the disease as is his American counterpart.
  - Cancer death rates were the same in British and American prostate cancer patients until the year 1994, when PSA screening was initiated in the United States but was not in Great Britain.
  - Death rates declined four times more in the United States compared to Britain in the years that coincided with higher PSA screening in the United States.
  - This is even more significant when considering there are five times more men of African descent in the United States compared with Britain (prostate cancer is both more common and more aggressive in men of African descent).
  - Other factors contribute to this disparity besides the lack of PSA testing (such as delayed treatment in a socialized medical system), but not enough to account for the British system's screening and early treatment tactics resulting in 49% of British prostate cancer victims dying within five years compared to less than 9% in the United States.
- Obesity has been linked to an increase incidence of both benign and malignant prostate disease.
- The type of diet consumed has been shown to positively or negatively affect a man's risk of developing prostate cancer (healthy lifestyle choices can help impede prostate cancer growth and development).
- Blood levels of certain nutrients have been associated with lowering PSA levels.

- The development of newer and more accurate (and less invasive) diagnostic tools for detection and staging of prostate cancer makes earlier detection (via PSA and digital rectal exam monitoring) more important.
  - Currently available procedures exist which have demonstrated better accuracy without the risk and limitations of trans-rectal biopsy.
  - Such evaluations are now allowing for optimized *focal* therapy for prostate cancer (somewhat like doing a “lumpectomy” for breast cancer, sparing the greater part of the breast).
- Focal ablation therapy for prostate cancer has, to date (additional confirmatory studies are both needed and are currently under way), shown equally good results in early prostate cancer and better outcomes for moderate to later stage cancers, all with fewer adverse outcomes secondary to treatment (such as impotence and/or urinary incontinence).

### Recommendations

1. Given the preceding discussion, it seems prudent at this time to definitely include routine PSA blood studies and digital rectal exam on a yearly basis (more often if levels are found to be rising)
  - a. Routine screening should start at age 40 for all males.
  - b. If there is family history of prostate, breast, or colorectal cancer, start at age 35.
2. If PSA levels are found to be higher than desired (over 1.0 ng/mL) or are rising in value, institute a lifestyle that will minimize or hopefully negate worsening.
  - a. Lose weight if BMI is above ideal, but particularly if over 30.
  - b. Learn more about and institute an Anti-inflammatory Diet
    - i. Emphasis on fruits, vegetables, fish, legumes, and whole grains.
    - ii. Eat the right kind of fats—omega-3 fats as found in fish, grass fed beef, range raised chickens, omega-3 fortified eggs, etc.)
  - c. Nutrients that have been demonstrated to be particularly helpful:
    - i. Cruciferous (cabbage family) vegetables and/or extracts
    - ii. Fish oil
    - iii. Curcumin
    - iv. Boswellia
    - v. Lycopene (Health Kick tomato bred particularly for this)
    - vi. Green tea (drink or capsules)
    - vii. Lignans (flax or Norway spruce)
    - viii. Boron
    - ix. Lutein
    - x. Gamma tocopherol (Vitamin E)
    - xi. Zeaxanthin
    - xii. Vitamin D

- d. Research is currently underway to establish the value of metformin (a medication commonly used to treat diabetes) which is demonstrating possible help in treating prostate cancer.
3. If PSA readings remain elevated or other factors lead to concern, consider three-dimensional prostate mapping biopsy (3D-PMB).
  - a. To date, shown to be extremely accurate, painless, and safe
  - b. Reveals cancer commonly missed with other current commonly used techniques
4. If 3D-PMB is positive, optimized focal therapy for prostate cancer can be offered utilizing cryoablation (destruction by cold).
  - a. Initial studies have been shown outcomes that are very encouraging in regards to effectiveness, safety, and satisfaction.
  - b. Encouraging results have been obtained even in those presenting with more advanced disease.

Health care recommendations frequently lag behind advancements made by medical science in addressing various medical problems, for a variety of reasons. Certainly this appears to be a dilemma prostate cancer care seems to be entering into for America today. Hopefully this handout will help in making informed decisions and promote the use of integrative medical care in reducing the risk of this common cancer. Discuss this with your personal provider and should you desire more information, it can be obtained at the International Strategic Cancer Alliance (ISCA), 1-610-628-3419.