Editorial

Mostly for Men

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I really try to write editorials from the head, but this time I must confess I write from the tummy.

As the years speed by, our mortality becomes more real, especially when you get one of those wake up calls. I got mine recently. I became a statistic. This statistic says 1 in 6 men will get prostate cancer during his lifetime.[1]

Like so many health fields, treatment for prostate cancer is a rapidly evolving area. The traditional view is that prostatic adenocarcinoma is a slow growing tumor and, if a man lives long enough, he will develop it. This view tends to say that the tumor is so slow growing that most men will die of some other cause and you don't have to be concerned about the prostate. The reality is that early prostatic cancer is asymptomatic and symptoms occur only when it has grown outside of the prostate and has become more difficult to treat.[1]

How do you know what is going on in your prostate? Twenty years ago you could not know for sure. The development of the PSA (Prostatic Specific Antigen) test has improved this question considerably. This simple blood test and its results will help you to know if something is changing. An elevated PSA can mean several things and these things need to be sorted out. The DRE (digital rectal examination) will also often be part of this differential diagnosis. If palpation of the prostate is suspicious, a biopsy is the next and only conclusive test to show the presence or absence of cancer.

A while ago, at a routine visit, my new primary physician asked me if I wanted a PSA included. We discussed the question and the problematic information a PSA may produce. Following my belief that knowing is almost always better then not knowing, I opted for the test. Oops! The results showed 10.3, both a significant increase from previous tests and a number most regard as elevated from normal. What now? You can proceed with further tests and to a biopsy or you can wait and see what happens over more time.

I opted for a referral to a highly regarded center where they see hundreds of these kinds of patients every year. I did this knowing that if you go to an orthodontist, it is very likely you will have braces recommended, and if you go to a surgeon, very likely surgery will be recommended. This is not an indictment of the people, but a statement about how we all are most enthusiastic about that with which we are most familiar and most comfortable.

If you recall Pathology, you will remember that undiagnosed and asymptomatic cancer of the prostate is present in some form in perhaps half of all males in their 70s. Prostatic cancer is an insidious disease, however, and for many it will be a finding undiagnosed during life. On the other hand, it is important to remember that prostatic cancer today is the most common major cancer in males and the second most common cause of cancer deaths in men.

I recently read an article about a very successful local investment banker who also was diagnosed with cancer of the prostate. He had treatment and the tumor recurred. He proceeded to get second opinions from 13 authorities all over the United States. The result was 13 different opinions. He was treated a second time and is now in remission and leading a drive to establish a center to help with treatment for this problem.[2] I couldn't help but be struck by the parallel with orthodontics. Here is an imperfect science being managed by collecting the best information available and then making a judgment call. Relapses occur. Evidence based treatment is the gold standard, but given today's state-of-the-art, treatment is just as uncertain as it is in orthodontics.

Why did I write this? Because you are my friends and colleagues and I know how busy you are and how sanguine we all tend to be about personal issues. The truth is what a good friend once told me, ''The urgent crowd out the important.'' I urge all of you who are in the appropriate age bracket and especially if you have a prostatic cancer history, ask your physician about an annual PSA and DRE. It is the best way to learn about your risk factor and to find prostatic cancer while you still have a very good chance of being totally cured.

For me, I am still gathering information about which form of treatment is best for my personal circumstances. Just as in our field, no one treatment fits all. I am lucky in that my cellular changes were found early enough and I have choices. If this disease is a possibility for you, do the intelligent thing—get yourself tested. Early treatment can be beneficial for certain patients both in Urology and Orthodontics.

1. Walsh Patrick, Worthington Janet Farrar. *Guide to Surviving Prostate Cancer.* New York, Boston: Warner Books; 2002: 99–100.
2. Giving Matters. Minnesota Medical Foundation. Minneapolis, MN: University of Minnesota; Spring 2005; 1.