

# MYTHS AND FACTS ABOUT PROSTATE CANCER



About Prostate Cancer®

## **MYTH: Prostate cancer will ruin my sex life.**

**FACT:** During some prostate cancer treatments, the nerves that surround the prostate and control the ability for erections may be affected. The extent to which they may be affected depends on a number of factors, such as the location and size of the cancer and the type of treatment you undergo. Your ability to regain control of erectile function also depends on your age and whether you had erectile problems prior to surgery. Your previous erectile dysfunction is unlikely to improve after undergoing prostate cancer surgery. Many cases of post-treatment erectile dysfunction can be managed by a urologist. Talk to your doctor about the specific details of your condition, including your treatment options and their possible side effects.

## **MYTH: Prostate cancer is common, but few men actually die from it.**

**FACT:** Prostate cancer is the most common non-skin-related cancer affecting men in the United States. According to the American Cancer Society, more than 241,700 men will be diagnosed with prostate cancer in 2012 in the United States. Prostate cancer is the second leading cause of cancer deaths among men in the United States, and is expected to claim more than 28,150 lives in the United States this year. Approximately nine percent of the men diagnosed will die of prostate cancer. African-American men are two times more likely than white men to die of prostate cancer.

## **MYTH: Prostate cancer only affects elderly men.**

**FACT:** While it is true that prostate cancer is more common with increasing age, men of all ages should be vigilant about their personal risk factors and talk with their physicians about getting tested for the disease.

## **MYTH: If you have a high PSA score, you have prostate cancer.**

**FACT:** Prostate-specific antigen (PSA) is a substance produced by the prostate gland. With prostate disease, inflammation or trauma, greater amounts of PSA enter a man's bloodstream. This elevated blood PSA level has become an important marker of many prostate diseases including benign prostatic hyperplasia (BPH), prostatitis (an infection of the prostate) and prostate cancer. An elevated PSA does not always mean cancer is present—it could be because of an infection like prostatitis or a urinary tract infection. The decision to proceed to prostate biopsy should be based not only on PSA and physical exam results, but should take into account multiple factors including patient age, family history, ethnicity, more specific PSA tests, prior biopsy history and other illnesses.



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## **MYTH: All prostate cancers cases require treatment.**

**FACT:** Not all prostate cancers are life-threatening and not all require active treatment. Prostate cancer treatment depends on age, the grade of the tumor, the number of cancer cells in the biopsy tissue, the stage of the cancer, your symptoms and your general health. Men diagnosed with prostate cancer should talk with their medical team about what – if any – treatment is necessary. While some men may require active treatment (which can include treatments such as surgery or radiation), many men are candidates for what is known as “active surveillance.” Active surveillance is when your doctor monitors your cancer over time, and intervenes when necessary. Before starting any treatment, talk with your doctor about the benefits and risks so that you can make an informed decision about what is best for you.

## **MYTH: Vasectomies cause prostate cancer.**

**FACT:** The American Urological Association (AUA) and the Urology Care Foundation are aware some studies in the past have suggested that men who had undergone a vasectomy were at an increased risk of developing prostate cancer. However, newer studies have indicated that vasectomy is not a risk factor for prostate cancer.

