

SCREENING FOR PROSTATE CANCER



DIAGNOSING PROSTATE CANCER IS NOT AS STRAIGHTFORWARD AS MANY PEOPLE WOULD EXPECT CONSIDERING THE ADVANCED STATE OF MODERN MEDICINE. THE PSA BLOOD TEST, WHICH IS USED TO SCREEN MEN AGED 40 AND OLDER ANNUALLY, ONLY OFFERS HINTS ABOUT WHETHER A MAN MIGHT HAVE PROSTATE CANCER. AN ELEVATED PSA IS ONLY THE BEGINNING OF THE PROCESS TO DETERMINE IF PROSTATE CANCER IS PRESENT. THE FOLLOWING IS AN OVERVIEW OF WHAT TO EXPECT IN THE SCREENING AND DIAGNOSIS PROCESS FOR PROSTATE CANCER:

1. PSA BLOOD TEST

- The PSA test detects levels of the “prostate-specific antigen” in the blood.
- Abnormally high levels of PSA could be a sign that cancer is present. However, PSA levels can be elevated from several benign sources, including a large prostate (benign prostatic hyperplasia), prostate inflammation (prostatitis), or recent sexual activity.
- A high PSA does not necessarily mean that you have cancer, but it does mean that you may need more tests to determine why the PSA is elevated.

2. DIGITAL RECTAL EXAM (DRE)

- Also known as the “finger test,” doctors use the digital rectal exam to feel for tumors on the backside of the prostate through the rectal wall.
- While the DRE is useful for diagnosing palpable tumors on the backside of the prostate, it does not account for small tumors or tumors in different parts of the prostate. Therefore, it is important to make sure that your doctor is also administering a PSA test during your annual physical examination.

3. OPKO 4K BLOOD TEST

- This test can help determine whether the elevated PSA is from cancer or a benign cause.
- The OPKO 4K test is a blood test that can determine the percent likelihood that high-grade disease is present.

4. MULTIPARAMETRIC MRI (MP-MRI)

- If the PSA is suspicious or if a suspicious DRE is present, the patient should consider undergoing a multiparametric MRI scan.
- An MRI cannot diagnose prostate cancer, only determine if there are suspicious areas in the prostate that could be cancerous.
- If the MRI shows a suspicious lesion, you may need further evaluation with a targeted needle biopsy.

5. BIOPSY

- If a suspicious lesion is found using an mp-MRI, then a “targeted biopsy” will be performed. A few tissue samples will be removed using a hollow needle (usually 2-3, but possibly more). These samples will be examined by a pathologist under a microscope and assigned a Gleason grade.
- Many doctors prefer to perform a “12-core random biopsy” without performing an MRI when the PSA is elevated. This older method takes samples from 12 random places in the prostate with the hope that if a tumor is present, at least one of the 12 needles will make contact with it. However, a random biopsy is less accurate than an mp-MRI and targeted biopsy and carries a higher risk of infection.
- Biopsy samples can be reviewed by more than one pathologist. It is a good idea to get a second opinion since the Gleason score is often the determining factor of the intensity of treatment that will be chosen.

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