

# Prostate health

## is a priority as you age

By Greg Burt

**T**he possession of a prostate gland is a privilege unique to males, and it tends to do its job without complaint until, that is, we reach a certain age, when it begins to develop problems.

Only about the size of a walnut in the human male, the prostate plays an important role in controlling the flow of urine, the production of seminal fluids and sexual functions. Enlargement of the prostate, known as benign prostatic hypertrophy (BPH), affects pretty much all men over the age of 50. Prostatitis, an inflammation of the prostate, sometimes caused by infection, is also common. And then there's prostate cancer, among the most common cancers in men. Prostate cancer is potentially deadly, but it's also one of the most treatable of all cancers when detected early.

Unfortunately, there isn't a lot you can do to avoid eventual prostate problems. Living a healthy lifestyle, including a good diet and exercise, may help. But when a prostate problem does arise, it pays for men to understand the condition and the treatment options.

"Prostate issues, including enlargement of the prostate are a reality as you age," said Deepak A. Kapoor, MD, Chairman and Chief Executive Officer of Integrated Medical Professionals in Bethpage. Kapoor said surgery for an enlarged prostate usually involves removing a portion of the gland to relieve urinary symptoms. "It's still the gold standard of therapy, producing the best results for the longest time," he said. "But not everybody needs it and it has some side effects including retrograde ejaculation. Semen takes the path of least resistance and falls back into the bladder. It's harmless, but some men find it annoying."

### Alternatives to Surgery

If surgery is not an option, medications can also be used, but they come with their own drawbacks. "Modern medications can be used to shrink the prostate in patients with mild to moderate symptoms and often can produce good effects. It doesn't actually fix anything. It just manages it, it doesn't correct it. These medications are safe but also not without side effects, including erectile dysfunction and other problems. Taking them is a lifetime commitment, and sometimes they stop working," Kapoor said.

Lasers, radio frequency and other minimally inva-

sive procedures can also sometimes shrink the prostate without the complications of surgery, Kapoor said. "But, they don't last as long as surgery, and may have to be repeated after a few years," he said.

### PSA Testing

Catching prostate cancer before it spreads is the name of the game, but it's a controversial issue. The PSA test, once a staple of a man's annual checkup, works by measuring the amount of PSA, a protein produced by the prostate gland, in the blood, and can be a good indicator of prostate cancer. Unfortunately, it's not very accurate at distinguishing between one type of prostate cancer over another, and may sound an alarm over a tumor that doesn't need to be treated. For this reason, in 2011, the US Preventive Services Task Force (USPSTF) actually recommended against PSA screening, saying that it did more harm than good by generating unnecessary procedures, including biopsies, and the stress that often accompanies these tests.

Many urologists and other medical professionals disagree with the USPSTF's recommendation.

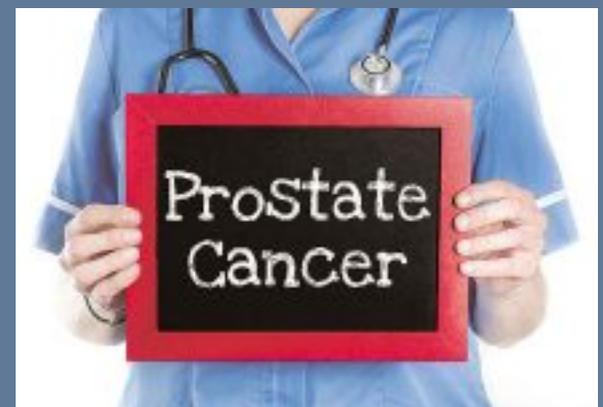
"A man has the right to know what's going on in his own body and make an educated decision. We are in a good place in our ability to diagnose and treat prostate cancer. We can't go back to the era when men were dying wholesale of the disease," Kapoor said.

### Get a Screening

The Prostate Care Program at Stony Brook Urology offers free PSA screening for men who want it. Arlene Shaw, RN, Nursing Director for the program said "the PSA test is not dead, it's still very much alive. However, not all primary care physicians do it automatically anymore. If yours doesn't, you should consider getting screened, especially if you have a family history of prostate cancer," she said.

"If your PSA is elevated," Shaw said, "we then refer you back to your primary care physician or a urologist for evaluation. Men coming here for screening often have BPH (enlarged prostate) issues as well, and they can talk with a doctor at the same time about ways to manage that."

Shaw pointed out that experts are working very hard to refine the PSA test, and are also developing additional tests that will help assess the risk for each individual and to minimize unnecessary procedures.



**ACCORDING TO THE CENTERS FOR DISEASE CONTROL**, about 29,000 men die annually from prostate cancer but Kapoor says "there is a percentage of men who are not going to die from it." The reason for this, he said, is that there are different forms of prostate cancer and points out that the death rate for new cases of prostate cancer has decreased by 40 percent since the 1980s. "We are catching it sooner, before it spreads. And our ability to treat it after it has spread is better than it used to be," he said.

**CORRECTION:** In the May 20th Healthlink: Women's Health issue, on p. H4, the word "neurosurgeon" was misspelled in the photo caption. We apologize for the error.

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