

③ Here are some good questions you should ask ask your doctor about your prostate and their experience that I didn't ask, but should have:

- 1) Exactly what is it that you expect to find by performing a rectal prostate exam? (*The answer is on the previous page.*)
- 2) What if you find something but I have no other symptoms of prostate problems, is that a big concern? (Maybe, see 3 & 4 below.) And what is my risk rating?
- 3) How many male patients over 50 do you have in your care and how many DRE's / wk do you perform?
- 4) How many patients did you feel had a prostate issue based on your exam, and do you take notes and grade your findings? And how many actually do have cancer?
- 5) What is your recommended test progression? It should include, DRE, PSA, PSA free & total, "PCA3", MRI and biopsy. **Most doctors want a biopsy - I say MRI first!**

**If your doctor recommends a rectal exam or a biopsy** based on an exam you had and you're not comfortable with the answers you get to the above questions and you have no other symptoms plus you have a low PSA (< 2.5 - 5.5) even if it's a bit uncomfortable, you should ask your doctor if another doctor in their office can provide a 2nd opinion, and if not, get a referral to see a urologist soon. (**Note:** the "safe PSA range" can vary and it will go up a bit with age.) If you or your doctor thinks you are at risk, you can get a PCA3 test in the doctor's office before a biopsy. PCA3 correlates better to cancer than PSA\*<sup>6</sup> and poses *far less risk* than a biopsy. Also **consider getting an MRI before a biopsy**\*<sup>7</sup> - *I strongly recommend that.* The two tests have similar costs. (*FYI: my biopsy cost \$1,933, and my pelvic MRI cost \$4,700, but MRIs can cost much less.*)

**A word about your testosterone level:** It may not be an indicator of your odds of getting prostate cancer, *but it is an indicator for the risk of it spreading if you do get cancer.*\*<sup>8</sup> My doctor never checked my level, but I feel it was high, and my cancer spread like wild fire into my hip - a large tumor grew in <18 months. **My point? Get it checked!** *If it's high, you may be at higher risk for cancer growth & metastasis.* (Testosterone feeds cancer growth - I didn't know that.)

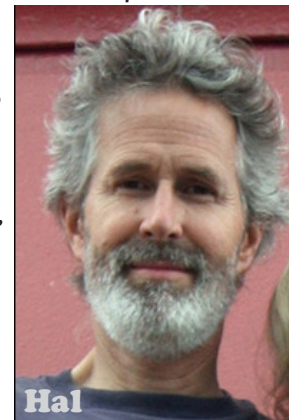
④ **Five key take-aways:**

- 1) **Know the potential symptoms of prostate cancer**, and know that you may not get any. (*I didn't get any!*)
- 2) **Consider both DRE & PSA screening**, but know the short comings of each and get your testosterone tested. (*This may not find all cancer, but it's the best you can do.*)
- 3) **Know that a definite nodule** from a DRE of a doctor you trust **is a serious warning sign.** (*Ask questions!*)
- 4) **Know the tests you can get** for confirmation of a warning sign from a screening prior to a biopsy such as **PCA3 or an MRI.** (Your insurance *should* cover an MRI.)
- 5) **Know the risks of side-effects of treatment, and the risks of not getting screening or treatment.**

**20% of prostate cancer is considered aggressive**\*<sup>9</sup>  
*You can stick your head in the sand and not get tested if you choose. Or you can put a bullet into a 6 shooter, spin it and pull the trigger with better odds.*

**My story:** *at age 57, I had no family history and no worries about prostate cancer, because my PSA was low & I didn't have any of the normal symptoms and my prostate worked! But my doctor thought she felt a bump with her finger. Initially I did see a urologist and got an ultrasound, but he wasn't overly concerned and with the news of false positive treatments, I delayed getting a biopsy for a few years. That turned out to be a mistake for me.*

*When I finally agreed to schedule the invasive and uncomfortable biopsy procedure, it was too late. My PSA had shot up from under 4 (3.8) to over 50 (ouch!) and I soon found out that I had metastatic prostate cancer (Stage 4) that had already spread to my hip bone. That was hard to accept. I also didn't know that prostate cancer is more likely to migrate to bones than many other types of cancer, and that the most common treatment for metastatic prostate cancer is chemical castration. Great. Sadly, I know all of that stuff now because I've been going through the gauntlet of treatments, including anti-androgens, chemotherapy and radiation. All cancer sucks, but metastatic prostate cancer is both humiliating and potentially deadly. I'm still kicking, but I'm not the man I used to be, that's for sure. OK that's all. Take care, be well, live long, and good luck always. -Hal*



**For more info go to:** [www/runlikehal.org](http://www/runlikehal.org) (*The Cancer Club*)