

**MEditorial, May, 2010**

**“Prostate Cancer and Aging”**

**Prostate cancer to men has become since the 1990’s what breast cancer has been to women for decades before: a topic of immense publicity, concern and fear; riddled with controversies about the correct approach and even the myriad of treatments. Research and clinical studies have progressed--but not enough that the treatment options do not still appear, to many men diagnosed with prostate cancer, to be an unbiased “menu” of sorts from which to choose one’s favorite “flavor”.**

**We are finding prostate cancers in younger men, not infrequently in their 40’s by more aggressively screening with PSA blood tests. Not all treatments are similar or carry with them the same likelihood of cure and freedom from side effects. Not all men are the same. However, In the case of prostate cancer, which is generally a disease of men over 60, there are other important factors bearing on the physician’s and patient’s decision.**

**Prostate cancer is a very common finding on autopsy studies of men dying over age 70 from other causes. One study done 40 years ago suggested over 2/3 men dying at an older age of unrelated causes had some microscopic cancer within the prostate. Such men may have had to live to over 90 to feel any effects of such cancers.**

**It is observed that many men over 75 with prostate cancer do not die of the disease, even if left untreated. Part of this has to do with the indolent (“lazy”) growth pattern of prostate cancer, perhaps more so in this age group; as well as “the facts of life”—i.e., other causes of**

death competing for mortality in older men. If one looks at actuarial data (from life insurance companies), one can easily determine the likelihood of living 5, 10 and 15 years given a certain “starting age”. Because of the nature of most prostate cancers, it may not be necessary to treat prostate cancer in a man whose life expectancy is under 10 (some even say 15) years or whose health precludes the more aggressive interventions of surgery and/or radiotherapy. Once the doctor has decided that prostate cancer is unlikely to be a factor limiting longevity, further conclusions may come forth, including decisions not to do a prostate biopsy (even if cancer is suspected) and even not to check PSA blood tests as prostate cancer screening.

Another thing to consider, especially where treatment is not likely to be needed due to age/infirmity, is the cost in terms of quality-of-life, from aggressive treatments themselves. Studies from UCLA/Rand Corporation have nicely addressed some of these issues.

“Bothersome” complications from surgery and/or radiation therapy, like incontinence and radiation cystitis (recurrent bladder hemorrhage) might be more acceptable to the “younger” man who is cured and has 5-10 years added onto his life expectancy, as opposed to someone whose number of years remaining would not be altered, even if cure is obtained.

Biopsies may be required, however, even in older men in whom there is suspicion of an aggressive prostate cancer. Characteristics pointing to this include high PSA’s (usually >20), rapid increase in PSA (where the PSA number doubles more quickly than every 6-8 months), very hard/irregular prostates which are associated with a higher chance of metastases (spread beyond prostate), or known metastatic disease (e.g., a man who presents with severe bone pain and a nuclear bone

**scan showing tumor in several areas of bone). Such older gentlemen, once diagnosed, would not, in most cases, be suitable for removal of the prostate or local radiotherapy--but might be treated with hormonal modalities such as Lupron, which acts via the pituitary gland on testis function, and indirectly halts or slows down the progression of the cancer. In rare cases where a serious prostate cancer is likely but the infectious, hemorrhagic and/or medical-cardiovascular risks of undertaking a biopsy are high, one can consider hormonal treatment without biopsy proof of cancer.**

**It is normal for older patients to fight for meaningful longevity and try to prevent diseases which could bring about their demise. However, one should not become overly focused on one disease to be avoided over all others; or falsely assume that a disease process such as prostate cancer, if not discovered/ cured, is tantamount to a terminal sentence.**

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