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What Every Patient Should Know about Prostate Cancer Before He Submits to Biopsy of His Prostate

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Abstract

Prostate cancer increases with each decade of life. Eight percent of men have invasive prostate cancer in their 20s; 80% of men have invasive prostate cancer in their 70s. Prostate cancer is easily cured and the actual death rate is very low. The common development of prostate cancer with aging and low death rate should be explained to every patient before he undergoes biopsy.

Keywords: screening, clinically insignificant, prostate biopsy

Every man should recognize two facts before he submits to biopsy of his prostate. First, almost all men develop prostate cancer, albeit age dependent. Beginning in 8% of men in their 20s, prostate cancer increases with each decade of life until 80% of men (both black and white) in their 70s have an invasive prostate cancer.¹ Second, despite this astonishing ubiquity of prostate cancer, the death rate is extraordinarily small at 226 per 100,000 men 65 years and older, which is about 0.002%.² This small risk of dying from prostate cancer should be explained and emphasized to every man *before* he undergoes biopsy of his prostate. Because essentially all men develop prostate cancer as they age, this very small risk (0.002%) of dying from prostate cancer is obviously important. It is irrelevant—although often pointed out—that prostate cancer is the second most common cause of cancer death in men (lung cancer from cigarette smoking is the most common). The irrelevance derives from the facts that very few men are cured of lung cancer whereas most men are easily cured of prostate cancer or live to die of some other, more serious disease.

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Positive biopsy rates for prostate cancer are largely determined by the patient's age at the time of biopsy, how many biopsies are taken by the urologist (an average of 23 biopsies are taken at one famous institution), and whether the cancer was palpable on digital rectal examination of the prostate, i.e., felt like one of the knuckles of your clenched fist. If the cancer is large enough to be felt by the finger on examination of the prostate, it is usually large enough to warrant treatment, i.e., surgery, radioactive I¹²⁵ seed implantation, or external beam radiation therapy. When performed by experienced clinicians, the cancer cure rates are reasonably similar for all three of these major modalities of treatment.

We believe that every man should recognize two biologic facts *before* submitting to biopsy of his prostate. First, prostate cancer is unique among all human cancers in that almost all men develop it with increasing age. Sakr's autopsies performed on 525 black men and white men accidentally killed on the streets of Detroit (314 black men and 211 white men) show that an invasive prostate cancer is present in 8% of both black and white men in their 20s but increases with each passing decade until 80% of both races have prostate cancer in their 70s.¹ In addition to the ubiquity of prostate cancer (all men get it if they live long enough), it is very important to recognize that the death rate from prostate cancer as determined by the National Cancer Institute is astonishingly small: about 0.002%.² Thus, even though most men will develop prostate cancer with aging, fortunately, the actual death rate from prostate cancer is very, very small. It is true that prostate cancer is the second largest cause of cancer death in the United States, with lung cancer from smoking cigarettes being the number one cause; the tragedy of this comparison is that lung cancer is almost exclusively caused by smoking cigarettes and therefore is essentially preventable. This information, in our opinion, should be carefully and fully explained to every man before he submits to a biopsy of his prostate. It is most important to understand that the death rate from prostate cancer is very small, i.e., only 226 per 100,000 men over 65 years old.

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