#3 PROSTATE EXAMS

Apart from skin cancers, prostate cancer is the most common cancer among males. In fact, according to the American Cancer Society, about one in seven men will be diagnosed with prostate cancer during his lifetime; the older a man is, the higher his risk, as prostate cancer is much more common after the age of 50, and is found in about six out of 10 men aged 65 or older. Luckily, this type of cancer can grow slowly, and most men diagnosed with prostate cancer do not die from it.

discomfort - the "better safe than sorry" attitude.

"Advocates of screening for prostate cancer would do a digital rectal examination (DRE) and a prostate-specific antigen (PSA) blood test. They believe that early detection is crucial to finding cancer confined within the gland, and reducing complications and mortality. When symptoms develop, or when DRE results become positive, such cases might have already advanced beyond the prostate," says Dr Koh.



Others, however, feel that screening for prostate cancer does more harm than good, since this type of cancer is usually not life-threatening. For example, men may go through unnecessary follow-up tests, biopsies and other treatments, and experience anxiety over a false-positive PSA test.

After all, raised PSA levels do not confirm prostate cancer. A prostate infection can raise PSA, for instance, and, in that case, your doctor would prescribe a course of antibiotics before rechecking the prostate. Dr Koh notes that further testing may include a prostate ultrasound to detect

any prostate enlargement or suspicious growths within the gland. He says specialised blood tests like the Prostate Health Index (PHI) may also be ordered to determine the likelihood of cancer before doing a biopsy, which can confirm whether or not cancer exists.

According to Dr Koh, if cancer is confirmed, treatment options are divided into early stage and advanced stage. If the cancer is small and contained within the prostate gland, it's usually managed either by "watchful waiting" (regular monitoring of PSA blood levels), radiation therapy (implanting radioactive seeds into the prostate, or radiotherapy involving radiation beams aimed close to the cancer) or surgery in which the prostate is removed. If the cancer is more aggressive or advanced, Dr Koh says the patient may require a combination of radiotherapy and hormone therapy.

Every case is unique and needs to be discussed with a doctor, notes Dr Koh. "All these treatment options have their advantages and disadvantages, and must be customised."

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WHAT EXACTLY IS A PROSTATE?

The prostate, a walnut-sized gland located directly below the bladder and in front of the rectum, is part of the male reproductive system that produces secretions to protect sperm.

When it comes to screening for prostate cancer, DR COLIN KOH of **Complete Healthcare International (CHI)** says it's a very personal choice based on individual risks and concerns, especially for those who know a cancer sufferer or have a family history of the disease.

"There is much controversy regarding prostate cancer screening. The main issue is that prostate cancer is generally slow-growing and is often without symptoms. Hence it's possible for a man to die from other illnesses like a heart attack, a stroke or another cancer before he even develops symptoms of prostate cancer," says Dr Koh.

Many feel that screening for signs of cancer at an early stage, before any symptoms appear, prevents any possible risks or