

## Prostate Cancer

The prostate is a walnut sized gland that surrounds the urethra at the base of the bladder. It is made up of five lobes: *anterior*, *posterior*, *median*, and two *lateral* lobes. Prostate cancer is the most common cancer in men. One out of 6 men will be diagnosed with prostate cancer in his lifetime. Risk increases with a family history and advancing age. Ninety-five percent of prostate cancers are adenocarcinomas. Another form of cancer seen in the prostate gland is sarcoma which is a more severe form of cancer with a poorer prognosis.

In terms of cancer deaths in men, prostate cancer ranks second (*lung cancer being first.*) About  $\frac{3}{4}$  of men in their 80s have cancer at biopsy. Many prostatic tumors are missed by currently available screening tests. These are Prostate Specific Antigen (*PSA*) and digital rectal exam (*DRE*). PSA is a tumor marker specific to the prostate. The “normal” range of PSA levels is uncertain and may vary with age. However, these ranges have recently been questioned and may miss a large proportion of cancers.

< 50	$\leq 2.5$ ng/ml
50-59	$\leq 3.5$ ng/ml
60-70 yr	$\leq 4.5$ ng/ml
> 70 yr	$\leq 6.5$ ng/ml

The severity of prostate cancer is measured by stage and grade. Stage refers to the extent of the cancer (*tumor size and/or spread*). Grading is done by the Gleason system which grades the aggressiveness of the tumor from 2 to 10. The higher the Gleason Score the more likely a tumor will spread beyond the gland to other sites. Gleason 2-6 is nonaggressive while Gleason 7-10 is aggressive.

Treatment by radical prostatectomy involves removal of the whole prostate gland, usually along with local lymph nodes. Radiation treatment, either by external radiation or radiation seed implants, is another treatment choice. A third treatment choice is manipulation of a man’s hormonal status.

Localized low grade prostate cancer is sometimes not treated but rather followed with close observation. This fourth treatment option is often referred to as “watchful waiting”.

In addition, other forms of treatment such as transurethral needle ablation (*TUNA*) are being studied.

Please refer to *Rx for Success #113* “Underwriting Prostate Cancer” to review general guidelines for underwriting Prostate Cancer.

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