

Busting the prostate cancer myths

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Some doctors and many lay people in New Zealand are confused about the risks posed to an individual by prostate cancer.

The debate about PSA testing has diverted efforts away from work to reduce the damaging effects of prostate cancer on New Zealand men and their families.

These Myths are frequently promoted as truth in the prostate cancer and PSA debate. Professor Lamb addressed each of these in a presentation at the 2014 National Prostate Cancer Conference organised by PCFNZ.

Myth #1

“In 2010 roughly five times as many men were diagnosed with prostate cancer as died of it. This means that prostate cancer will kill only 20% of men diagnosed with the disease.”

Wrong! For prostate cancers that are apparently localized at presentation, mortality triples after 15 years of follow-up*, and for cancers that have already spread when diagnosed the average life expectancy is 5 years.

Therefore, we need to wait many years to discover the mortality rate for men diagnosed and treated today

*Johansson et al. *JAMA* 2004;291:2713-2919

Myth #2

“Death from prostate cancer occurs mainly in the elderly, and is not a bad way to go.”

False! Prostate cancer mortality is responsible for many **premature** deaths. Prostate cancer that has spread severely reduces the quality of life of affected men, and necessitates many interventions to relieve (palliate) symptoms.

Myth #3

“Many men die *with* prostate cancer rather than *of* prostate cancer, and this is evidence that the disease has little impact on affected men.”

False! Around half of men dying *with* prostate cancer will have metastatic disease, and many of these men will experience distressing symptoms from the disease in their lifetime.

Myth #4

“Some prostate cancers don’t progress and can be considered benign.”

False! By definition, a cancer is **never** benign, and **all** cancers progress, albeit quite slowly in some cases.

Myth #5

“If I develop a prostate cancer that needs treatment then I will develop warning urinary symptoms that alert me to its presence.”

False! By far the commonest symptom of prostate cancer is bone pain due to spread of the cancer. Urinary symptoms causing bother occur in just 7% men with **locally advanced** prostate cancer.*

*Lamb et al. *Radiotherapy & Oncology* 2003; 68: 255-67

Myth #6

“Prostate cancers diagnosed as a result of PSA testing rarely require treatment.”

False! PSA testing brings forward the diagnosis of prostate cancer by about 10 years compared to symptomatic presentation*, so prostate cancers diagnosed in men aged 70 years or less usually need to be treated.

*Draisma et al. *J Natl Cancer Inst* 2003;95:868-78

Myth #7

“A 70 year-old man diagnosed with prostate cancer is unlikely to be troubled by the cancer in his lifetime.”

False! Approximately half of all cancers diagnosed in 70 year old men will cause symptoms in the man’s lifetime, and 38% of men will die of the disease.*

*Baade et al. *Med J Aust* 2005;182:472-5

Myth #8

“PSA testing leads to the unnecessary treatment of many men with prostate cancer.”

False! A recent Australian series of 2900 men treated with radical prostatectomy showed that only 5% men had cancers that might be considered ‘insignificant’ due to small size and low Gleason score.*

*Samaratunga, Delahunt, Lamb, et al. *Pathology* 2014;46(1):11-14

Myth #9

“PSA testing should be avoided because the survival advantages are too small to justify the risks of prostate biopsy and possible unnecessary treatment.”

False! Cancers that have obviously spread at the time of diagnosis are incurable. PSA testing reduces the risk of this presentation by 50%*.

Diagnosis before spread has occurred means the man has a very high chance of cure as well as **treatment options**.

*Aus et al. *Eur Urol* 2007;51:659-64