



- 1. Your age**      30s      40s      50s      60s      70s      80s
- 
- 2. Smoke cigarettes or use other forms of tobacco**
- NO ----- YES
- 3. Overweight or obese**
- NO ----- My weight is too heavy for my height ----- YES
- NO ----- I have a "spare tire" of too much fat around my waist ----- YES
- 4. Lifestyle and other factors**
- NO ----- Consume a large amount of dairy products and calcium ----- YES
- NO ----- Drink alcoholic beverages heavily, usually daily ----- YES
- YES ----- Physically active; get regular exercise most days during the week ----- NO
- 5. Family history and possible inherited risk**
- NO ----- Father, brother or son had or has prostate cancer ----- YES
- NO ----- Prostate cancer in 3 generations on same side of my family ----- YES
- NO ----- 2 or more close relatives (father, brother, son, uncle, nephew, grandfather) ----- YES  
on same side of family had prostate cancer before they were 55 years of age
- NO ----- Known inherited gene mutation of **BR**east **CA**ncer (BRCA1 or BRCA2) ----- YES
- NO ----- Blood relative with history of Lynch Syndrome, a genetic condition ----- YES
- 6. Personal health history**
- NO ----- Inflamed prostate ----- YES
- NO ----- Confirmed exposure to the defoliate chemical Agent Orange ----- YES
- YES ----- I follow the prostate screening guidelines appropriate for my age ----- NO
- 7. Prostate cancer symptoms**
- NO ----- Urinate often ----- YES
- NO ----- Problems urinating, including a slow or weak urinary stream ----- YES
- NO ----- Loss of bladder control ----- YES
- NO ----- Loss of bowel control ----- YES
- NO ----- Blood in the urine or semen ----- YES
- NO ----- Trouble getting an erection ----- YES
- NO ----- Lose feeling in legs or feet or they become weak ----- YES
- NO ----- Pain in the hips, backbone, ribs, or discomfort sitting ----- YES

This list of prostate cancer risk factors and symptoms is based on information from the National Cancer Institute (NCI), the American Cancer Society (ACS), Cancer.Net, and the U.S. Preventive Services Task Force (USPSTF). Some of the symptoms may also come from other illnesses or conditions. Talk with your doctor to better estimate your prostate cancer risk and to make a screening plan that works for you.

For more information about prostate cancer, turn this page over and visit:

## TYPES OF PROSTATE CANCER

### Adenocarcinoma

- Most common type - 95-99%
- 9 out of 10 are acina adenocarcinoma
- Acina cells make fluid that becomes semen
- Increases PSA (prostate-specific antigen) levels

### Small Cell Carcinoma

- Rare; less than 0.1% of prostate cancers
- Affects nerve cells and cells that produce hormones
- Aggressive
- Does not usually change PSA levels

### Sarcomas

- Rare; less than 0.1 % of prostate cancers
- Develop in soft tissue like muscles and nerves
- Hard to detect
- Does not usually change PSA levels

## REFERENCES & RESOURCES

National Cancer Institute (NCI)

[www.cancer.gov](http://www.cancer.gov)

Cancer.Net

[www.cancer.net](http://www.cancer.net)

American Urology Association (AUA)

[www.auanet.org](http://www.auanet.org)

American Cancer Society (ACS)

[www.cancer.org](http://www.cancer.org)

Georgia Prostate Cancer Coalition

[www.georgiapcc.org](http://www.georgiapcc.org)

CancerCare

[www.cancercare.org](http://www.cancercare.org)

## WHAT TO LOOK FOR IN AN APP

Consider these tips if selecting an app.

- Consistent information based on latest evidence
- Language is culturally sensitive
- Any images of men are diverse
- Promotes informed decision-making about screening
- Shows pros and cons of screening
- Interactive

## GEORGIA CANCER CENTER

A multidisciplinary Genitourinary Oncology Team of medical, surgical, and radiation oncologists, urologists, nurse navigators, and support services staff provides treatment for prostate and genitourinary cancers.  
[www.augustahealth.org](http://www.augustahealth.org)

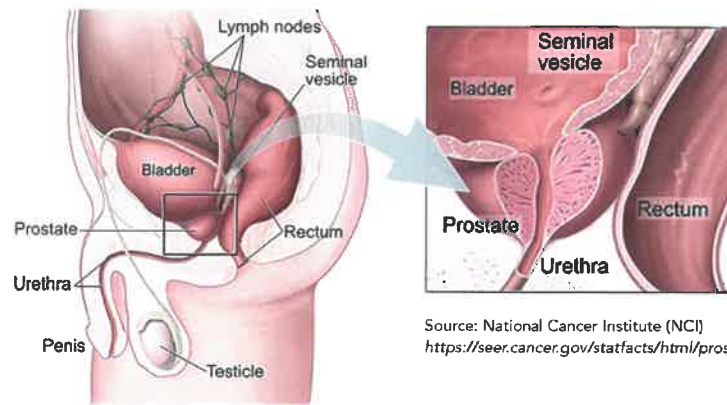
## US TOO – PROSTATE CANCER SUPPORT GROUP

3rd Tuesday, 7:00 - 8:00PM, Georgia Cancer Center Outpatient Clinic  
1411 Laney-Walker Blvd. Augusta, GA.  
For information, call AU Health at 706-721-0472  
Contact Mr. Terry Leiden at 706-724-8548  
Email: [tleiden@leidenandleiden.com](mailto:tleiden@leidenandleiden.com)

## FOR MORE INFORMATION [augusta.edu/cancer](http://augusta.edu/cancer)

Georgia Cancer Center  
Cancer Information and Awareness  
1410 Laney-Walker Blvd. CN-1179 D  
Augusta, GA 30912

## MALE REPRODUCTIVE AND URINARY SYSTEMS



Source: National Cancer Institute (NCI)  
<https://seer.cancer.gov/statfacts/html/prost.html>

Picture shows the prostate gland located below the bladder and in front of the rectum.

Insert shows a cross section of organs. The tube that empties urine from the bladder (urethra) passes through the prostate.

## GET THE FACTS ABOUT PROSTATE CANCER IN THE U.S.

Prostate cancer is usually a slow growing cancer of the prostate gland. The prostate produces seminal fluid to nourish and transport sperm. Prostate cancer is the second most common cancer in men. It is the second leading cause of cancer deaths in men.

- 1 in 9 men are diagnosed with prostate cancer
- African-American men and Caribbean men of African ancestry are most affected
- Average age at diagnosis is 66 years
- 191,930 new cases of prostate cancer are expected in 2020
- About 33,330 prostate cancer deaths are expected in 2020
- 5-year survival is 98%

## LOWER YOUR CHANCES OF PROSTATE CANCER

- Do not smoke
- Keep physically active
- Maintain a healthy weight for your height
- Limit dairy products and calcium
- Limit or do not drink alcohol

## SCREENING

Cancer screening and early detection saves lives. When found early, most cancers can be treated. This increases the chances of survival.

**For men ages 55-69 years**, the decision to get prostate screening should be an informed decision. Learn about the screening benefits and risks or possible harms. Consider your prostate cancer risk factors, whether you have other medical conditions, and your overall health. Discuss the pros and cons of screening, any concerns, and what you prefer with your healthcare provider. The American Cancer Society (ACS) recommends starting the screening discussion at:

- **Age 50 - for men who are at average risk** of prostate cancer and are expected to live at least 10 more years
- **Age 45 - for men at high risk** of developing prostate cancer. This includes African Americans and men with a close blood relative (father or brother) diagnosed with prostate cancer when they were younger than 65 years.
- **Age 40 - for men at even higher risk** with more than one close blood relative who had prostate cancer at an early age.

### Screening options to discuss:

- A Prostate-Specific Antigen (PSA) blood test. The 'borderline range' is a PSA level between 4-10. As the PSA level goes up, the chance of having prostate cancer goes up.
- Digital rectal exam (DRE)