All men age 55-69 should receive a PSA screening annually. Men at higher risk should talk to their doctor about the best screening options for them.

For more information
Patients: **913-588-1227** | **844-323-1227**
Physicians: **913-588-5862** | **877-588-5862**
kucancercenter.org/prostate

Cover photo: William P. Parker, MD, urologic surgical oncologist

Prostate Cancer Q&A

An estimated 1 in 7 men will be diagnosed with prostate cancer, which is the No. 3 cause of cancer deaths in men. Physicians at The University of Kansas Cancer Center are experts in PSA (prostate-specific antigen) screening, early detection and treatment.
### Q. When should I have my first screening?

**A.** The U.S. Preventive Task Force recommends screening for men between ages 55-69, which corresponds with recommendations from the American Urological Association.

J. Brantley Thrasher, MD, urologic surgical oncologist, president of American Urological Association

### Q. What if I am not between the ages of 55 and 69?

**A.** Screening at other ages may be appropriate based on a person’s risk factors.

Jeffrey M. Holzbeierlein, MD, urologic surgical oncologist

### Q. Who is at high risk for prostate cancer?

**A.** African American men, men with a first-degree relative (father, brother or uncle) who died of prostate cancer, and men with a family history (mother, sister or grandmother) of BRCA-positive breast, ovarian or uterine cancer.

William P. Parker, MD, urologic surgical oncologist

### Q. What are the symptoms of prostate cancer?

**A.** Most men have no symptoms of prostate cancer, making it essential to have screening.

David Duchene, MD, robotic surgeon

### Q. Other than PSA and DRE, how is prostate cancer detected?

**A.** In addition to PSA and digital rectal exam, there are new imaging technologies – like MRI fused with ultrasound – and genetic tests to help diagnose prostate cancer and understand its risk.

Hadley Wyre, MD, urologic surgical oncologist

### Q. How is prostate cancer treated?

**A.** There are many options, including active surveillance, robotic prostatectomy and radiation therapy.

Jeremy Flanagan, MD, medical oncologist

### Q. What are the nonsurgical treatment options?

**A.** Not all prostate cancers require immediate treatment. If treatment is not advised, we recommend active surveillance and offer a comprehensive active surveillance clinic to guide you through this process.

Moben Mirza, MD, urologic surgical oncologist

### Q. What is active surveillance?

**A.** Radiation therapy. We are the only cancer center in the region offering shortened radiation treatments, allowing you to complete treatment in just over a week compared to nine weeks at other centers.

Xinglei Shen, MD, radiation oncologist

### Q. What are the nonsurgical treatment options?

**A.** Screening at other ages may be appropriate based on a person’s risk factors.

Jeffrey M. Holzbeierlein, MD, urologic surgical oncologist

### Q. Why is active surveillance important?

**A.** Radiation therapy. We are the only cancer center in the region offering shortened radiation treatments, allowing you to complete treatment in just over a week compared to nine weeks at other centers.

Xinglei Shen, MD, radiation oncologist

### Q. Can I participate in a clinical trial?

**A.** Yes, we offer many clinical trials and will assess your eligibility if you are interested.

Stuart Hinton, MD, medical oncologist

### Q. Are second opinions important?

**A.** Absolutely. It is important to get a second opinion from an institution that offers all options.

Ravi Chuda, MD, medical oncologist

### Q. What can I do to prevent prostate cancer?

**A.** Research shows that having a “heart-healthy diet” that is high in antioxidants and low in animal fat is good for the prostate, along with exercise.

Brian Osgood, MD, medical oncologist

### Q. After I have prostate cancer treatment, are there any resources available to monitor my disease?

**A.** We offer a survivorship program after treatment to monitor for recurrence, manage treatment side effects and help promote general health.

Eugene Lee, MD, urologic surgical oncologist