

Prostate Cancer Support Group

A support group for you and your spouse addressing the concerns of the emotional and physical side effects of prostate cancer. Please join us to share your experiences and life stories.

2nd Wednesday of every month

5670 N. Professional Park Dr.

Arizona Institute of Urology's

Cancer Therapy Center

5:30 pm - 6:30 pm

Mediator:

Stephanie Keresztes, PA-C

Please RSVP to: Tresta

520.784.7084

tanderson@aiurology.com

Please take a few moments to tell us about your experience today:



<http://goo.gl/cVxP7v>

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<http://goo.gl/noQjDz>



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The PSA Controversy Continues

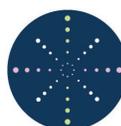
The newest prostate cancer screening recommendations published by the American Urological Association in May of 2013 have reignited discussion among patients and providers across the country concerning the usefulness of PSA testing. For those of you who are not familiar with the new recommendations from the AUA, here is a brief overview (information obtained from AUA website). It is important to note that many urologists do not agree with these guidelines.

- PSA screening in men under the age of 40 years is not recommended.
- Routine PSA screening in men ages 40-54 years at average risk for developing prostate cancer (PCA) is not recommended. For those at higher risk in this same age range (African American race or positive family history of PCA), decisions regarding PSA screening should be discussed and individualized.
- Strong recommendation for shared decision-making based on risk/benefit assessment for PSA screening in men ages 55-69 years.
- In attempt to reduce the "harms of screening", a routine screening interval of "two years or more" may be preferred over annual screening in those men who decide to undergo screening.

- PSA screening in men age 70+ or any man with less than a 10-15 year life expectancy is not recommended.

*Any abnormality noted on examination of the prostate would shift the patient from a screening population to one that has a sign, and therefore, the general screening suggestions would not apply.

The overwhelming theme of the new guidelines is thorough risk/benefit assessment and discussion before screening. I think most providers would agree that yearly PSA screening in men under the age of 50 years with no known risk factors would be overly aggressive. The grey area arises in those men ages 50 years and older. The important concept for patients and providers to remember when discussing prostate cancer screening, is that PSA testing, combined with examination of the prostate by rectal exam (DRE), is the best screening tool that is currently available. The "harm associated with screening" is generally minimal and creates little financial burden in the long run. There is always risk of over-diagnosing and over-treating patients with elevated PSA levels, abnormal PSA velocity (PSA rise over a set length of time), or abnormal prostate exams. *~continue*



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However, the risk of missing potential indicators of an underlying prostate cancer because screening has not been performed seems a far greater risk. Those patients that first present to the doctor and are found to have advanced stage prostate cancer after years of not being tested, do not have the luxury of going back 10-20 years earlier in life to start having screenings. Advanced prostate cancer is a devastating reality of which no person or family should ever have to face. It is true that many prostate cancers are slow growing and can take years to show their real potential for lethality. However, early detection is still the key and allows those diagnosed with PCA the most options for management of the disease. As we all know, diagnosing this disease is not always as easy as seeing an elevated PSA level. Urologists rely greatly on the PSA velocity over time and changes in the prostate exam, to help guide his/her level of suspicion. PSA testing is extremely useful as a biological marker after treatment for

prostate cancer, as well. Annual PSA testing and prostate examinations are not invasive or expensive tests, and can be the difference between diagnosing PCA at an early stage in a 55 y.o. man versus seeing him for metastatic disease a few years later. It is important to note that urologists do not recommend treatment for every man diagnosed with prostate cancer. In particular, men who are likely to die from another disease process within the 10 years following diagnosis of PCA, are often times carefully monitored and treated solely for the purpose of symptom control. That being said, it is important to consider continued

What YOU really need to know.

Our hope is that someday soon, there will be a more definitive screening test for the detection of prostate cancer.

over the age of 70 years, but are still healthy, active, and have the potential for living a quality life for another 15-20 years.

Our hope is that someday soon, there will be a more definitive screening test for the detection of prostate cancer. Until that time, annual PSA testing and prostate exams are the best bet we have for early diagnosis of this disease. Rather than throwing out a useful screening tool, providers should focus attention on making sure that patients are well informed and have the knowledge necessary to make this very personal decision.

-Suzanne Sexton, PA-C



Save the Date!

Zero Prostate Cancer
5K / 10K Run / Walk
& Fun Zoo Walk

Saturday,
December 14, 2013
8:15am



Tucson's Reid Park Zoo
Join Arizona Institute of
Urology and lace up your
sneakers to end prostate
cancer at the Zero Prostate
Cancer Run - Tucson.

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