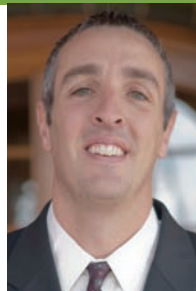


FEATURE II

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When Getting the Finger is a Good Thing

I thought that might get your attention, and quite possibly make you take a moment to read this five-minute article and change your life. There are probably many situations that are going through your head, right now, that involve getting the finger, but road rage and angry golfers are not what I had in mind. I'm talking about cancer, prostate cancer to be specific. Now don't stop reading! Just hear me out. It might save your life.

First of all, what is it and where does it occur? Well, prostate cancer forms in tissues of the prostate (a gland in the male reproductive system found below the bladder and in front of the rectum). It usually occurs in older men. I apologize if this article doesn't speak to the women in our organization, but it might help the men in their lives as well. Due to the fact that our profession is very male oriented, I thought this would be a great public service opportunity. And here is why:

The bad news

- In 2011 it was estimated that 240,890 men would be diagnosed with the disease and 33,720 would die.
- About 1 man in 6 will be diagnosed with prostate cancer in his lifetime.
- In the United States, prostate cancer is the second leading cause of cancer death in males, behind lung cancer. About 1 man in 36 will die from the disease.

The good news

- More than 2 million men in the United States who have been diagnosed are still alive today.
- Early detection saves lives!!

I hope after reading all that you are asking yourself:

"How do I know if I should go see my doctor?"

Here are the facts:

- Screening should take place at age 50 for men who are at average risk of prostate cancer and are expected to live at least 10 more years.
- Screening should begin at age 45 for men at high risk of developing prostate cancer. This includes African-American men and men who have a first-degree relative (father, brother, or son) diagnosed

with prostate cancer at an early age (younger than age 65).

- Screening is recommended at age 40 for men at even higher risk (those with several first-degree relatives who had prostate cancer at an early age).
- Based on these criteria, those who want to be screened should be tested using the prostate specific antigen (PSA) blood test. The digital rectal exam (DRE) may also be done as a part of screening.
- If a man is unable to decide if testing is right for him, the screening decision can be made by conferring with a health care provider, who takes into account the patient's general health preferences and values.
- Men who have a PSA result of less than 2.5 ng/ml, may only need to be retested every two years.
- Screening should be done yearly for men whose PSA level is 2.5 ng/ml or higher.

So, basically, your family history determines the timing of your first exam. Another reason for having a screening done is the presence of any of the warning signs. However, keep in mind that warning signs don't always occur and aren't necessarily indicators of cancer. They can also be symptoms of other, noncancerous, conditions.

They are as follows:

- Blood appearing in the urine stream
- Smaller or weaker urine stream
- The urge to urinate frequently, but producing only small amounts
- Painful urination
- Inability to fully empty the bladder
- The uncontrolled dribbling of urine
- Difficulty beginning to urinate

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Once I decide to make an appointment to see my doctor, what are the tests that will be administered? How are they performed? This is where we need to set aside our bravado and just do it. The first exam is called a digital rectal exam (DRE). This is the "finger" I was referring to in the title. I'm guessing you've all heard about this one, so I don't need to explain it. There are even commercials that joke about it. It's the reason most men haven't gone to see the doctor in the first place. In reality, it's quick and painless. Is it uncomfortable? Yes. However, the information it provides could save your life. Just get over it, guys!

The second test is a blood test for prostate-specific antigen (PSA). PSA is a substance made by cells in the prostate gland (it is made by normal cells and cancer cells). PSA is most commonly found in semen, but a small amount is also found in the blood. Most healthy men have levels under 4 nanograms per milliliter (ng/mL) of blood. The chance of having prostate cancer goes up as the PSA level goes up.

When prostate cancer develops, the PSA level usually goes above 4. Still, a level below 4 does not mean that cancer isn't present – about 15% of men with a PSA below 4 will show prostate cancer on biopsy. Men with a PSA level in the borderline range between 4 and 10, have about a 1 in 4 chance of having prostate cancer. If the PSA is more than 10, the chance of having prostate cancer is over 50%.

I realize there are no answers here. We are talking about cancer. My goal in writing this is to get men who are at risk to make an appointment with their doctor. We work in a world where we go to great lengths to take care of our turfgrass. We apply all kinds of plant protectants to keep them healthy. Sometimes we send samples to turf labs hoping to find what ails it. Do the same for yourself, and get screened for prostate cancer. You can find more information on prostate cancer at the American Cancer Society website: www.cancer.org. **-OC**

Sources:


- www.cancer.org
- www.prostatecancerwarningsigns.org

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