



# Prevention

Prostate Cancer Awareness Month September 2016

## RISK FACTORS FOR PROSTATE CANCER

The prostate is just below the bladder and creates the seminal fluid where sperm swim when men ejaculate.

Prostate cancer is the second most common cancer (excluding skin cancer), behind only lung cancer.

The American Cancer Society estimates that about 180,000 men will be diagnosed with prostate cancer in 2016.

The lifetime risk of prostate cancer in men is 1 in 7 (14%). Women are not at risk.

### DEATHS FROM PROSTATE CANCER

Prostate cancer is the fifth leading cause of cancer deaths in the US. It is expected to cause about 26,000 deaths in 2016.

The death rate has been declining, but it is not known how much screening and more effective treatments have each contributed.

### RISK FACTORS FOR PROSTATE CANCER

African-American men and men with a close relative with prostate cancer (a father, brother or son) are at higher risk.

**Dietary factors may also increase or decrease prostate cancer risk.**

For example, men who live in Northern European nations that eat lots of red meat have higher prostate cancer death rates.

*Researchers have also reported that men eating diets containing more of some nutrients, such as Vitamin E, selenium and the red protein in tomatoes, lycopene, have lower prostate cancer death rates.*

Unfortunately, trials testing pills containing those substances have found no benefit.

## SCREENING FOR PROSTATE CANCER

Most men's prostates eventually develop small cancers as they age, but most grow so slowly that they do not ever cause harm.

They can be found in most men over 50, and nearly all men over 90, but it is lethal in only 3% of men. Prostate cancers can be lethal, but the great majority is harmless.

Unfortunately curative surgery and radiation treatments have side effects that affect a man's quality of life. Most men become unable to have erections (erectile dysfunction, or ED) and, depending on whether they choose surgery or radiation, many have urination and bowel problems.

This combination of a common cancer that is usually not dangerous and treatments with frequent side effects make it difficult to design an effective screening program.

Prostate growth can press on the urethra, the drain tube for urine from the bladder, and cause voiding problems. However, benign prostate hyperplasia, or BPH, usually causes these symptoms, so they are not helpful for diagnosing cancer.

Use of the screening blood test (prostate specific antigen, or PSA) has decreased recently because of the side effects of treatment and evidence that screening prevents fewer deaths than we had hoped. Instead of recommending screening, most guidelines recommend that physicians discuss the pros and cons of screening with interested patients.

Doctors differ about the value of screening, but they agree on some things. Men older than 75 usually should not be screened because treatment would not benefit them; they would just get side effects from treatment.

**Screening should not start before age 50 for most men.**

We just do not know much about screening African Americans or men with close relatives with prostate cancer. It might be helpful to start screening them at 45 or even 40.

***That's why it is important for each patient to talk to his doctor about the pros and cons.***

**For further information please visit [www.strang.org](http://www.strang.org)**

# The Strang Cancer Prevention Cookbook

## Reduce your Risk for Cancer by Eating a Healthy Diet!

### Tomato-Basil Sauce 4 Servings

2 pounds plum tomatoes (10-12)  
1 tablespoon olive oil  
2 garlic cloves, crushed  
1 small onion (about 1/4 pound), chopped  
½ cup fresh basil leaves cut into long strips  
Salt and freshly ground black pepper



Core the tomatoes and drop them into boiling water for 20 to 30 seconds. Slip off the skins and slice the tomatoes in half horizontally. Gently squeeze the halves over a bowl to squeeze out the seeds. Use your fingers to remove any remaining seeds. Discard the seeds, chop the tomatoes and reserve.

Heat the olive oil in a medium nonstick skillet over high heat. Add the crushed garlic and cook until lightly browned, then remove and discard. Add the onion to the skillet and cook over medium heat until soft, about 5 minutes, stirring often. Add the reserved tomatoes and bring to a simmer. Cook uncovered over medium heat, stirring occasionally for 30 minutes, until the sauce thickens. Stir in basil, season with salt and pepper, and simmer for 2 to 3 minutes.

Calories 93, protein 3g, carbs 14 g, fat 4 g, cholesterol 0 mg, dietary fiber 3 g, saturated fat 1 g

### MAJOR SOURCES OF POTENTIAL CANCER FIGHTERS

**Phytochemicals:** allium compounds, plant polyphenols (flavonoids, phenolic acids) plant sterols, phytic acids, terpenes, (carotenoids, monoterpenes)

Recipe by Laura Pensiero, R.D. Owner Gigi Trattoria, Rhinebeck, New York



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