Top Tips for Prostate Cancer Prevention, Nutrition, Screening, and Survivorship

PREVENTION TIPS

Maintain an active lifestyle, healthy weight and well balanced diet.
The best way to reduce your risk of prostate cancer is to maintain an active lifestyle, healthy weight, and well balanced diet.

Exercise regularly.
The exact type and amount of exercise to do is unknown. A good rule of thumb is 30 minutes a day, 5 times a week of vigorous physical activity. This can include running, walking briskly up a hill, fast cycling, aerobics, competitive sports and games. Data from studies have found than men doing this level of weekly activity had a significantly reduced risk of advanced or aggressive prostate cancer.

Other behaviors to avoid.
Avoid tobacco. Maintain a healthy weight. Limit alcohol. Obesity has been associated with aggressive and fatal prostate cancer.

Know your family history.
If you have a family history of prostate cancer, this increases your risk. Also, a family history of breast, ovarian or pancreatic cancer may be the sign of an inheritable genetic mutation that can increase your risk of prostate cancer. Ask your provider if genetic testing is right for you.

SCREENING TIPS

Understand the limitations of PSA screening.
In certain cases, PSA screening can enable prostate cancer to be diagnosed earlier thereby permitting curative treatment to be administered. In these cases it is likely that PSA screening saves lives. But even according to the most optimistic interpretation of the data, these cases will only consist of 6 to 8 men per 1000 men screened. A concern is that the test will detect an inconsequential cancer, leading to unnecessary treatment with all its costs and side effects.

Prostate cancer treatment can lead to incontinence, impotence and bowel problems so it is not something to be taken lightly! A prostate cancer case will always find a doctor willing to treat him but this does not mean that the treatment is going to be beneficial or even that it is needed.

Our research suggests that of every 1000 men screened, about 30 to 40 will have an inconsequential cancer diagnosed. Even more will have a false positive test, which is an elevated PSA that is followed by a negative biopsy. Therefore screening has harms as well as potential benefits.

NUTRITION TIPS

Eat lots of fruits, vegetables, whole grains, low-fat dairy, lean meats and non-meat protein sources such as nuts and beans.
Fruits, vegetables, whole grains and lean protein. Fill up your plate with as many colors as possible. Protein includes legumes, beans such as kidney beans and garbanzo beans as well as lean meats.

Avoid certain foods.
Try to avoid foods that have a lot of added sugars, sodium [salt] and fats [such as butter and oils]. Consume these in moderation or save for special occasions.
Vitamins and supplements.
Natural sources of selenium and vitamin E from foods are fine. Avoid dietary supplements with selenium or vitamin E, which have doses that are too high. Especially those that contain only selenium or vitamin E as these types.

SURVIVOR TIPS

Quality of life after treatment.
The impact of prostate cancer treatment on your quality of life depends on the type of treatment and the severity of your cancer. In general, treatment for localized prostate cancer that is confined to the prostate impacts your urinary function, bowel function, and sexual function. Most studies of quality of life in localized prostate cancer show minimal impact of treatment on general physical or mental health.

The urinary problems men face after prostate cancer treatment range from urinary incontinence, or leakage of urine, to difficulty emptying urine from which patients experience increased frequency of urination, or urgency where one feels a rush to get to the bathroom. Urinary incontinence is more common after surgery with a radical prostatectomy. Emptying problems are more common after radiation.

Sexual function is impacted because the erection nerves pass alongside the outer border of the prostate. And bowel function is impacted—most commonly by radiation therapy—because the rectum passes immediately behind the prostate.

These areas of quality of life are more affected in men with more severe cancers, because the surgery may need to involve removal of the erection nerves, or the radiation field may not to be broader and cause more of an innocent bystander effect to the bladder or rectum.

Preventing the recurrence of prostate cancer.
The definition of cancer coming back, or recurrence, is based on the results of the prostate-specific antigen (PSA) test. A rising PSA after surgery or radiation therapy for prostate cancer usually indicates that the cancer has come back.

The best way to monitor for a recurrence is to maintain follow up visits with your prostate cancer doctor at which time the PSA checks are usually scheduled. Patients often ask about lifestyle changes they can make to try to keep their cancer from recurring. In general, we advocate regular exercise, maintenance of a low fat high fiber diet, and smoking cessation among active smokers.

Staying healthy after cancer.
Prostate cancer can be a distracting diagnosis. What I mean by that is that a prostate cancer diagnosis can lead patients to forget about maintaining the other aspects of their health. Importantly, most men with prostate cancer die of other health problems, and the most common of these is cardiovascular disease.

So regular checkups with your primary care doctor are critical to staying up-to-date with your preventive care, like getting regular lipid panel checks, blood pressure measurements, screening for other cancers such as colon cancer, and influenza and other vaccines. Exercise and a heart healthy diet are also important to maintenance of a healthy lifestyle.

How do you know if your cancer has returned.
Usually, among patients that underwent surgery or radiation therapy for localized prostate cancer, the first sign that the cancer has recurred is that the PSA blood test begins to rise. After surgery, the American Urological Association (AUA) definition of a recurrence is a PSA rise to above 0.2 ng/mL that is confirmed on a second measurement. After radiation therapy, the American Society of Therapeutic Radiation Oncology (ASTRO) defines a recurrence as a rise of at least 2 ng/mL after the PSA has reached its lowest level.