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September is National Prostate Cancer Awareness Month. Prostate cancer is the second most commonly diagnosed type of cancer among American men. For reasons that are still unknown, African American men are more likely to get prostate cancer than men from other racial/ethnic groups. They are also twice as likely to die from prostate cancer as other men.

You may have heard about these higher risks from a news story, or from friends or family. You may also have heard about prostate cancer screening and wondered if you should be screened. Cancer screening tests check for the disease before a person has symptoms. The goal of cancer screening is to decrease the risk of dying of the target cancer by picking it up at a sufficiently early stage.

As you may have heard or read, there is a controversy about whether the benefits of prostate cancer screening outweigh the harms. Some doctors screen some men for prostate cancer with the PSA blood test and with a digital rectal exam. The PSA test measures the level in the blood of a substance called PSA that is produced by the prostate gland. Men who have prostate cancer or other prostate conditions may have an increase in their PSA level. The digital rectal exam is used to feel the prostate for lumps or other abnormalities.

In the last few years, clinical trials have shown conflicting results regarding whether regular prostate cancer screening of men with no symptoms of disease may prevent some prostate cancer deaths. If there is a benefit, it is likely to be small. Some men will die of prostate cancer even if their cancer is found early. And in addition to finding prostate cancer early, screening can also find prostate cancers that never would have caused harm in a man's lifetime. In either case, screening does not bring benefits.

This matters, because screening can lead to unnecessary treatment, which carries important harms. All treatments for prostate cancer have potential side effects, including trouble controlling urine flow, difficulty having sex, infections, and other serious health problems. Many expert groups now recommend against routine prostate cancer screening because, overall, the harms may outweigh the benefits.

But most groups also recognize that screening is an individual decision that is between a man and his doctor. Many men may want to know more about prostate cancer screening , especially if a close male relative, such as their father or brother, has had the disease. You can ask your doctor questions to help decide whether screening is right for you, including:

- What are my chances of dying of prostate cancer if I am screened, versus if I am not screened?
- If a test indicates that I may have prostate cancer, what are the next steps?
- If I do have prostate cancer, what are my options for treatment? What are the potential benefits and harms associated with each type of treatment?
- Is active surveillance—waiting and watching a prostate cancer that might not grow—an option for me if screening shows that I have prostate cancer?

To learn more about prostate cancer, visit the National Cancer Institute (NCI) Web site at www.cancer.gov
(search term: prostate) or call 1-800-4-CANCER (that's 1-800-422-6237). NCI has extensive information on prostate cancer risk, prevention, screening, treatment, clinical trials, and many other topics.

NCI leads the National Cancer Program and the NIH effort to dramatically reduce the burden of cancer and improve the lives of cancer patients and their families, through research into prevention and cancer biology, the development of new interventions, and the training and mentoring of new researchers. For more information about cancer, please visit the NCI Web site at www.cancer.gov (or m.cancer.gov from a mobile phone) or call NCI's Cancer Information Service at 1-800-4-CANCER (1-800-422-6237). More articles and videos in the culturally relevant Lifelines series are available at www.cancer.gov/lifelines .