



HEALTHY ARIZONA WORKSITES PROGRAM
(HAWP) PRESENTS:

USING YOUR WORKPLACE TO EDUCATE MEN ABOUT PROSTATE CANCER



Presented by:

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WELCOME

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Please type any questions into the chat or Questions panel and we will do our best to answer them all at the end.

All handouts and a copy of the presentation slides are available in the Handouts panel.

Please complete the survey that will be emailed out after the presentation

A recording will be added to the library of HAWP webinars on our website within 48 hours.

Special thanks to our supporting partner Dignity Health for their generous support in making this webinar possible.

Using Your Workplace to Educate Men about Prostate Cancer

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THE UNIVERSITY OF ARIZONA
Cancer Center



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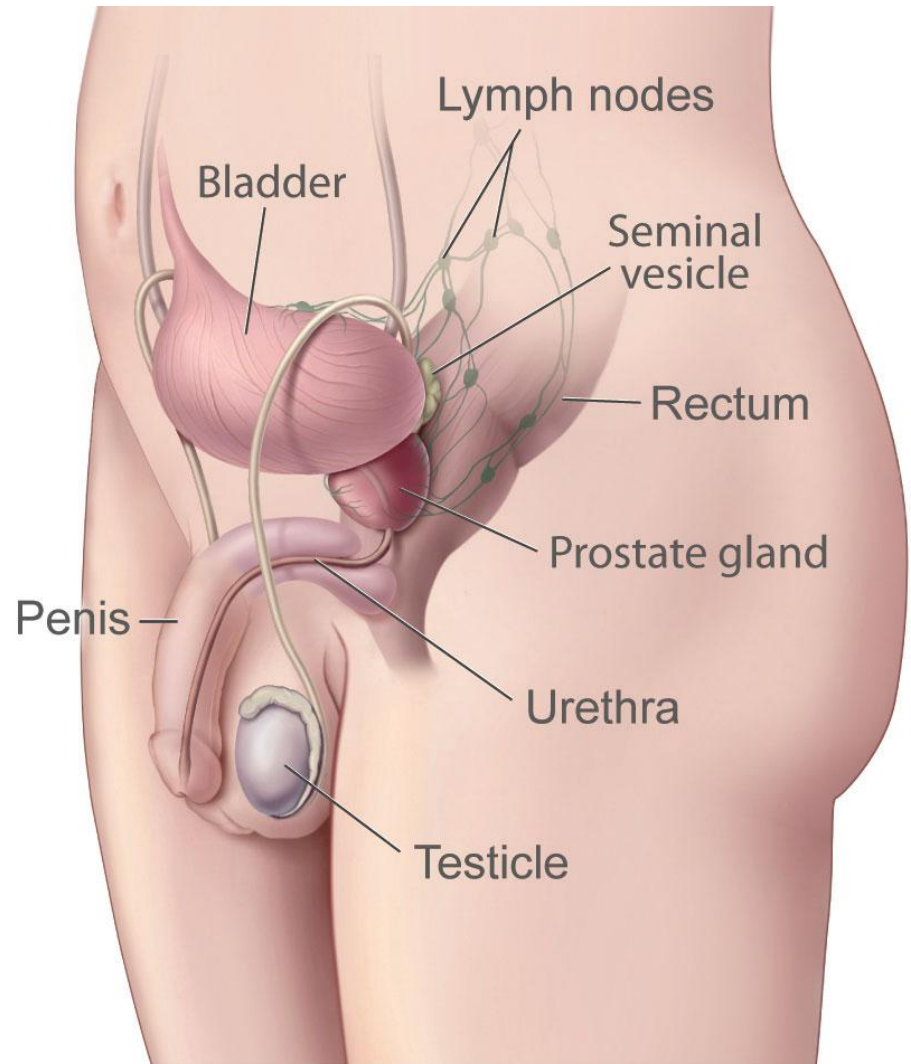
Outline

- Prostate Basics
- Facts
- Risk Factors
- Screening
- Diagnosis
- Staging
- Management Options
- Supporting Your Employee with Prostate Cancer

Prostate Basics

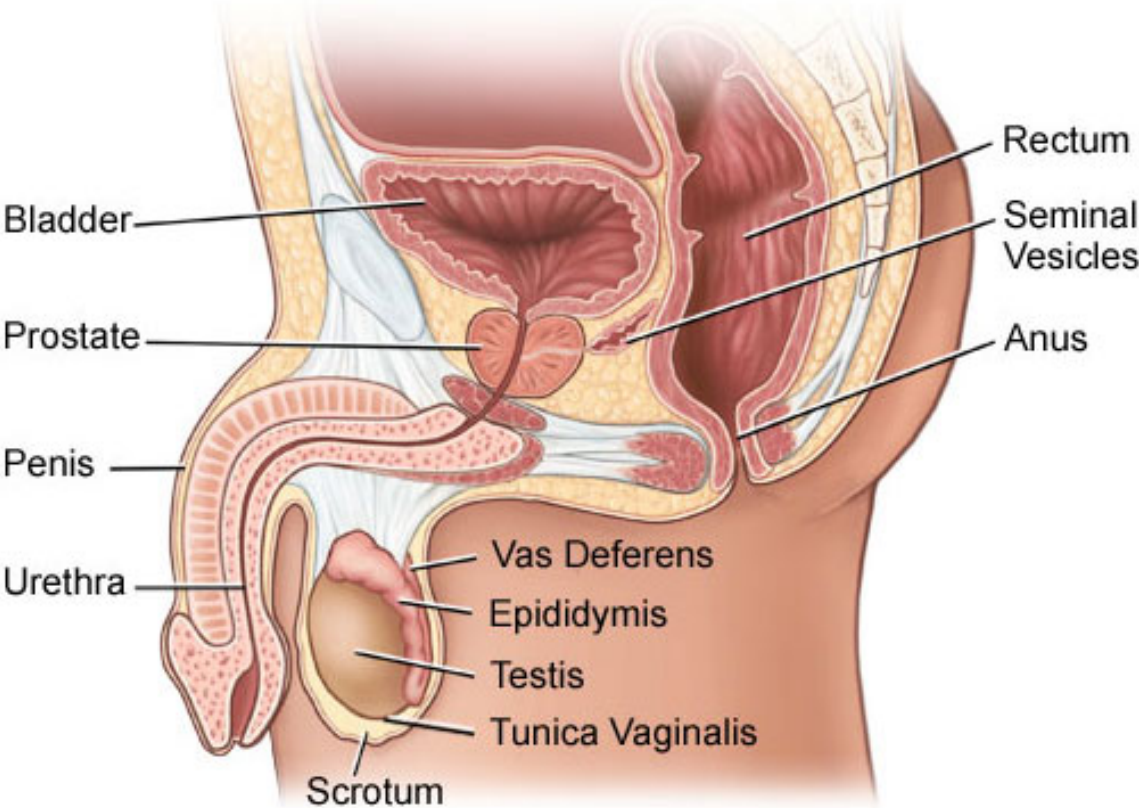
The Prostate

- Small walnut-shaped organ
- Sits in front of the rectum and behind the bladder
- Not necessary to live but important in reproduction
- Secretes fluid that is important for the functioning of sperm



The Prostate

Male Reproductive Tract





Prostate Specific Antigen (PSA)

- Protein produced by the prostate gland that can be measured via a blood test
- Serves as the main screening tool for prostate cancer
- No clear absolute levels which indicate cancer but a rapidly rising value is more concerning

Prostate Cancer Facts

Facts

- In 2019
 - ~174,650 new cases in the U.S.* 
 - ~31,620 deaths in the U.S.* 
- Approximately 1 man in 9 will be diagnosed with prostate cancer during his lifetime
- Average age of diagnosis is 66
- Prostate cancer is the 2nd leading cause of cancer death in American men after lung cancer
- 2.9 million men in the U.S. diagnosed with prostate cancer are alive today

Risk Factors

Risk Factors

- **Age**
- **Race**
 - African-American, Caribbean men of African ancestry
- **Family History**
- **Genetics**
 - BRCA2 mutations
 - Lynch syndrome (hereditary non-polyposis colorectal cancer)
- **Diet?**

Risk Factors

- Human Papilloma Virus (HPV)
 - Has known and clear causative relationships with cervical cancer, vulvar cancer, anal cancer, penile cancer, and oropharyngeal cancer
 - Likely association between HPV and prostate cancer but no causative link has been established
 - Not enough evidence to support that the HPV vaccine would prevent prostate cancer

Screening

Screening?

THEN

- Years ago – annual PSA and DRE starting at 40
- 2012
 - US Preventive Services Task Force => **no screening**
 - Largely in part due to a randomized American trial (PLCO) that found no difference in survival when comparing men who received annual PSA screening to those who did not
 - Thought was => frequent screening leads to unnecessary biopsies and treatment

Screening?

NOW

- 2018
 - Updated guidelines per US Preventive Services Task Force
 - Men between 55-69 => individualized discussion regarding screening
 - Men 70 and above => no screening
 - Men with family history => unclear
 - African American men => unclear
- Change because of the potential benefit of screening => may lead to reduction in prostate cancer mortality

Screening?

- If you choose to screen => trend the PSA to assess its accuracy/doubling time
- One PSA should NOT prompt a biopsy

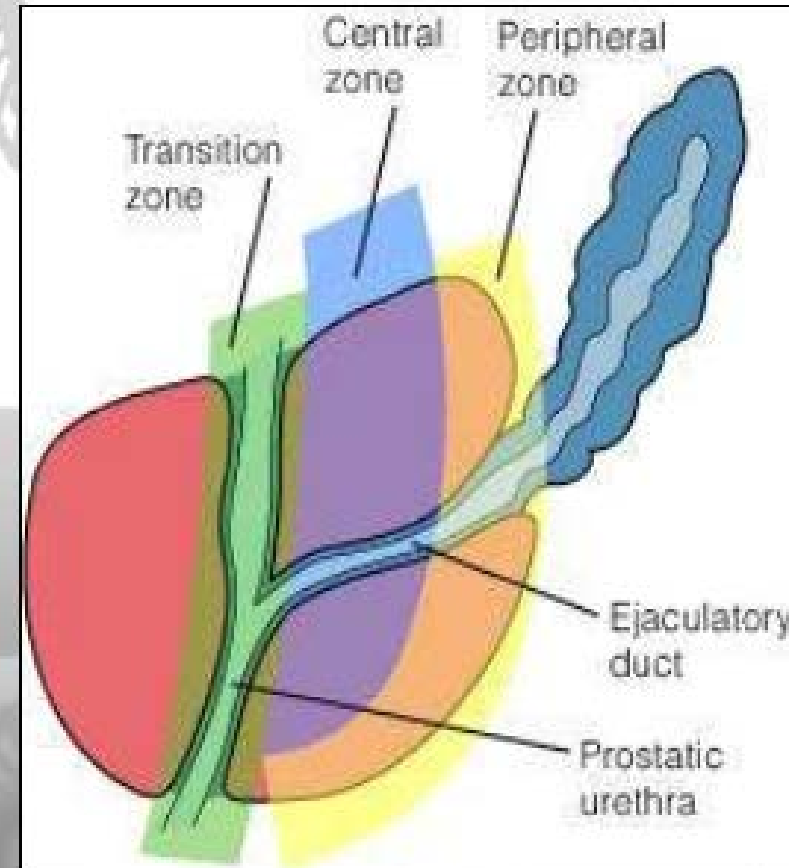
Diagnosis

Diagnosis

- Elevated PSA +/- abnormal digital rectal exam => **biopsy**

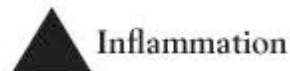
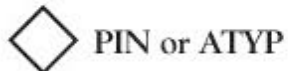
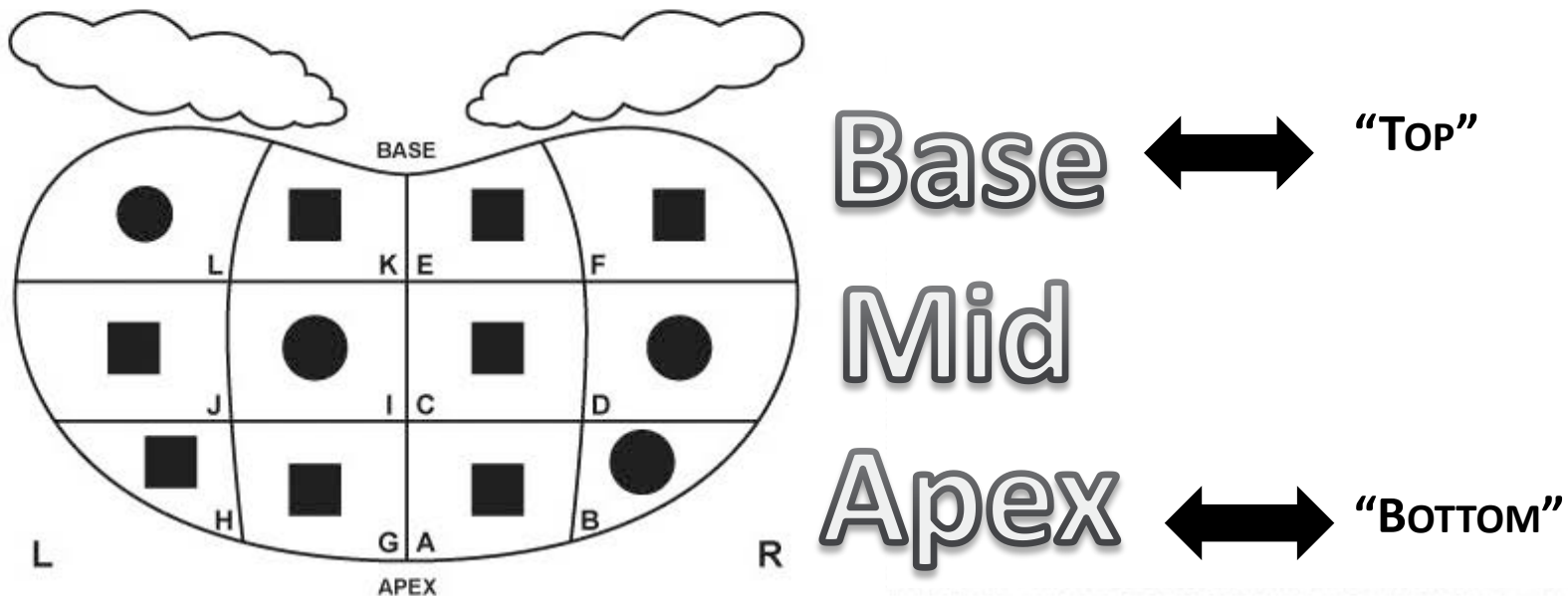
Anatomy

ZONES OF PROSTATE	CANCER INCIDENCE
TRANSITION ZONE	10–20%
CENTRAL ZONE	2.5%
PERIPHERAL ZONE	70–80%

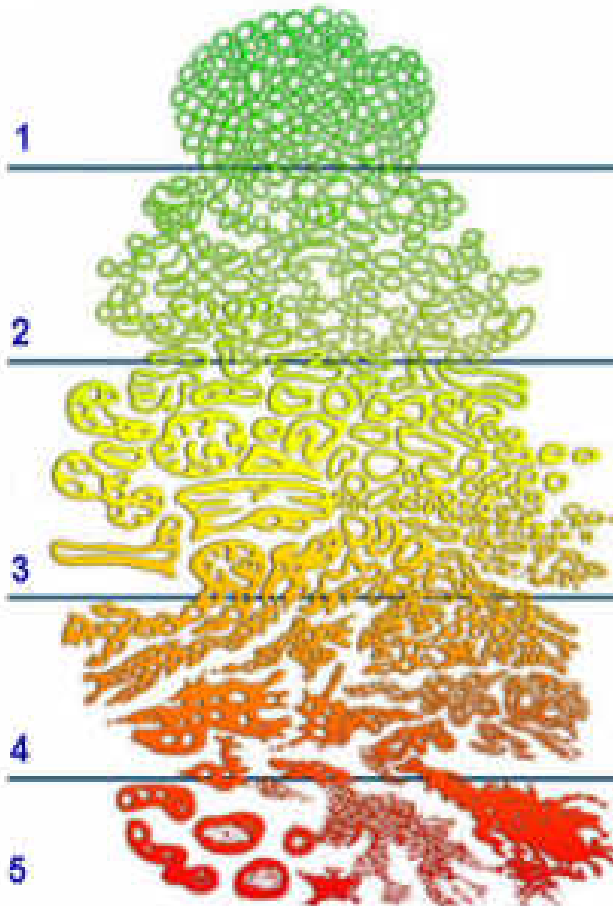


Diagnosis

- Biopsy
 - Usually 12 cores, sometimes more



Gleason's Pattern Scale



1. Small, uniform glands.

2. More space (stroma) between glands.

3. Distinctly infiltration of cells from glands at margins.

4. Irregular masses of neoplastic cells with few glands.

5. Lack of or occasional glands, sheets of cells.

Well differentiated

Moderately differentiated

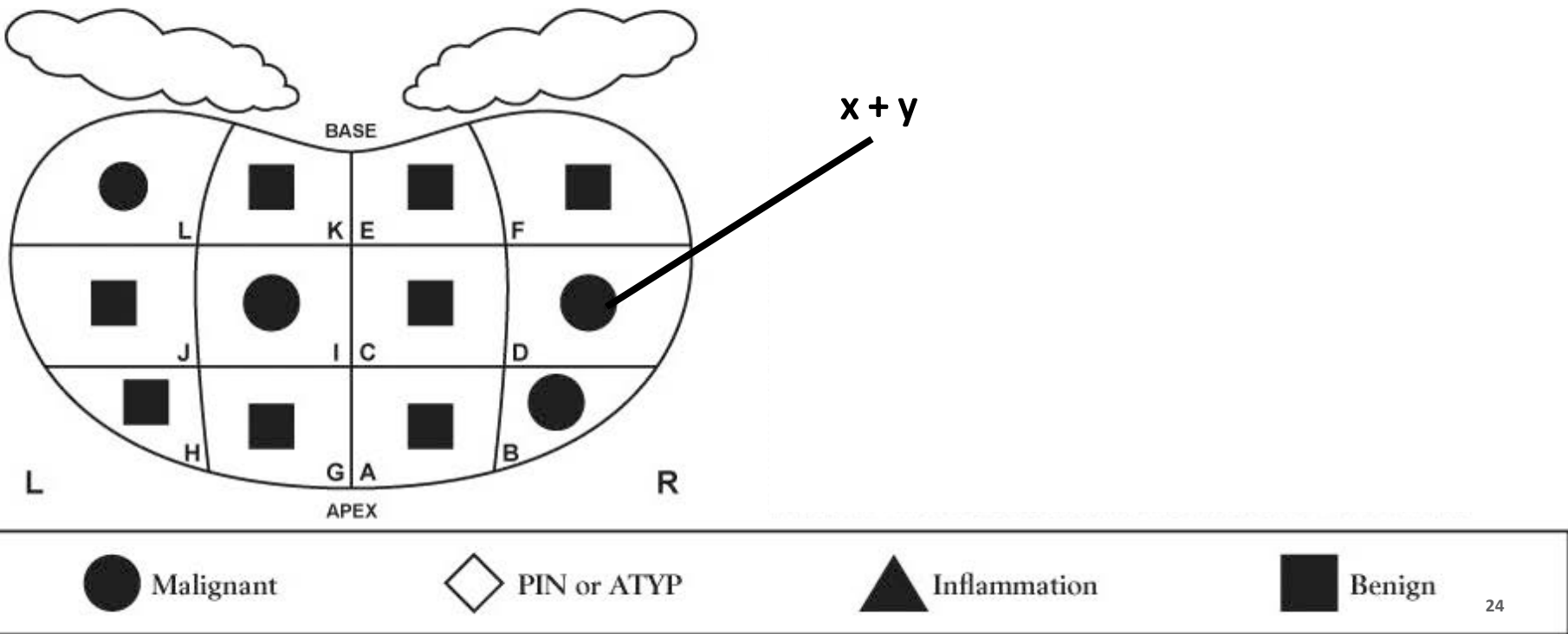
Poorly differentiated
Anaplastic

Pathology

- For every core that has cancer, 2 Gleason scores are assigned
 - $(x + y)$
- 1st Gleason number corresponds to the most common population of malignant cells in that core, 2nd number corresponds to the 2nd most common population of malignant cells
- Thus, 2 numbers per every core => the core with the worst cancer becomes the patient's overall Gleason score
 - 3+3; 3+4; 4+3; 4+4; 4+5; 5+3; 5+4; 5+5

Pathology

- Gleason (x+y)
 - 3+3; 3+4; 4+3; 4+4; 4+5; 5+3; 5+4; 5+5



Staging

Risk Stratification/Staging

- **Low Risk**

- PSA <10 *and* Gleason 6

Gleason 3+3

- **Intermediate Risk**

- $10 \leq$ PSA <20 *or* Gleason 7

Gleason 3+4; 4+3

- **High Risk**

- PSA \geq 20 *or* Gleason 8-10

Gleason 4+4; 4+5; 5+3; 5+4; 5+5

- **Metastatic**

- cancer has spread to other parts of the body

Staging

- CT Abdomen/Pelvis
 - Lymph node involvement or soft tissue metastases
- Bone scan
 - Bony metastases
- Multiparametric MRI
 - Allows for visualization of areas of cancer within the prostate, the integrity of the prostatic capsule, and cancerous involvement of the seminal vesicles which sit behind the prostate

Management Options

Management

- Management is dictated by stage (risk stratification) of prostate cancer
- Many men with low risk disease do not need treatment

Low Risk
(PSA <10 *and*
Gleason 6)

Intermediate Risk
(10 ≤ PSA <20 *or*
Gleason 7)

High Risk
(PSA ≥20 *or* Gleason
8-10)

Metastatic

Early Stage Options

- **ACTIVE SURVEILLANCE** [no treatment]
 - PSA +/- DRE q3-6 months, prostate biopsy q1-2 years
 - Upward trending PSA, decrease in PSA doubling time, or increase in Gleason score or number of positive cores on biopsy all warrant discussion regarding treatment
- **SURGERY** [radical prostatectomy]
- **RADIATION** [external radiation therapy OR brachytherapy]

Advanced Stage Options

- **ACTIVE SURVEILLANCE** [no treatment] – if life expectancy <5 years
 - PSA +/- DRE q3-6 months, prostate biopsy q1-2 years
 - Upward trending PSA, increase in PSA doubling time, or increase in Gleason score or number of positive cores on biopsy all warrant discussion regarding treatment
- **SURGERY** [radical prostatectomy] +/- external radiation therapy
- **RADIATION** [external radiation therapy AND brachytherapy]

Radiation Therapy

- External Radiation
 - Monday through Friday daily treatment for 15 minutes/day
 - Spans 5-9 weeks depending on risk stratification and treatment plan

- Brachytherapy
 - Seeds (LDR) – radioactive pellets permanently implanted in prostate (older technique)
 - Tubes (HDR) – temporary insertion of tubes into the prostate to deliver very high dose radiation (newer technique)
 - 2 treatments for early stage
 - 1 treatment WITH 5 weeks external RT for advanced stage

Metastatic Disease Options

- **SYSTEMIC THERAPY** [acts throughout the body]
 - Androgen deprivation therapy (*e.g.* leuprolide)
 - Anti-androgens (enzalutamide/abiraterone)
 - Chemotherapy (*e.g.* docetaxel)
 - Immunotherapy (sipuleucel-T)

Management for Prostate Cancer

- Once diagnosed with prostate cancer, there is a WIDE spectrum of management options
- These options are determined by stage and prior treatments
- Important to discuss treatment options with clinician (sometimes a 2nd opinion helps tremendously due to the complexity of prostate cancer management)

Supporting Your Employee with Prostate Cancer

Experiencing Prostate Cancer

- PRE-TREATMENT
 - Most patients with early stage disease have no symptoms
 - Many patients with advanced stage disease have no symptoms
- POST-SURGERY
 - Urinary incontinence/leaking
- POST-RADIATION
 - Urinary frequency/urgency, fatigue, possible loose stools
- POST-SYSTEMIC THERAPY
 - Fatigue, body aches, hot flashes, sweats

How to help?

- Be understanding
- Patients may need frequent access to bathroom
- Patients may need short breaks to recuperate from fatigue
- If undergoing daily radiation, patient will need an hour a day in the radiation department for treatment (so may start work later or finish earlier so that he can undergo treatment)
- If undergoing surgery or brachytherapy, will need time off (at least 1 week) after the procedure(s)

Summary

- Prostate cancer is very common
- Known risk factors include age, race, and family history
- Screening should occur only after discussion with a clinician – generally between ages 55-69
- For patients diagnosed with prostate cancer – not all need treatment. Treatment is dictated by prostate staging/risk groups
- Available treatment options include surgery, radiation (external and brachytherapy), and systemic therapy. Patients may benefit by seeking out multiple opinions regarding management
- A little understanding goes a long way

Thank You

For more information or to request a speaker for any cancer-related topic, **please call: 602.699.3366**

Questions for the presenter?

Email: shyamal.patel@dignityhealth.org

The University of Arizona Cancer Center at Dignity Health St. Joseph's Hospital and Medical Center

We are proud to be one of only 51 NCI-designated Comprehensive Cancer Centers in the nation, and the only NCI-designated Comprehensive Cancer Center headquartered in Arizona*.

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