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Review of Cancer Killers for Men

CANCERS

The American Cancer Society summarizes concerns in their seven major warning signs of cancer:

1) a change in bowel habits, **2)** a sore that does not heal, **3)** unusual bleeding or discharge, **4)** a lump in the breast or other parts of the body, **5)** chronic indigestion or difficulty in swallowing, **6)** obvious changes in a wart or mole, or **7)** persistent coughing or hoarseness.

The **number one** cancer killer of men in the United States is **lung cancer**, the kind caused by cigarette smoking. There are many other causes of lung cancer (radon gas, asbestos), but the types caused by cigarette smoking are collectively the number one cancer killers. They are referred to as large cell lung cancer (squamous cell cancer of the lung and adenocarcinoma of the lung) and small cell lung cancer (oat cell lung cancer). I have seen two cases of these cancers in non-smoking patients, but both were married for many years to husbands who smoked heavily, in the house, around them. If you quit smoking now, your risk begins to drop within a few years.

Screening for lung cancer is less than satisfactory. We try to do chest x-rays when given the opportunity, but the studies on using a chest x-ray to screen do not indicate that they are reliable. There are some studies using CAT scans of the chest to screen in high risk groups, but there have been no long term studies, and they are not authorized by insurance carriers as of yet.

The **number two** cause of cancer deaths in men in America is **colon cancer**. If we find colon cancer with a screening test, 90% of the patients are alive and well 15 years later. If we find colon cancer because of symptoms that develop (blood in the stools, or weight loss), we lose 50% of the patients in the first 5 years. Therefore, we need to screen.

Screening consists of a digital rectal exam, occult blood testing of the stool (the cards that you buy at the drugstore), and colonoscopy. The use of the CAT scanner to replace colonoscopy (so called “virtual colonoscopy”) has not yet been universally accepted, and it is not yet the equal of colonoscopy. But it is improving, and it has its place in some patients too weak or feeble to tolerate the preparation for the scope.

Screening begins at age 40 with yearly stool cards and rectal exams. At age 50, we begin every ten year colonoscopy, more frequent if polyps or cancer are found. If you have a first degree relative that has had colon cancer, then your initial colonoscopy should be at age 40, and we screen every 5 years if normal.

The number three cancer killer of men in America is **prostate cancer**. Screening consists of a digital rectal exam, and a blood test called the PSA. The PSA is the “Prostatic Specific Antigen”, a test for a protein that is unique to the prostate gland. The faster the gland grows, the more of the protein that is found in the blood stream. We look at absolute values (how high the test result is), and at the rate of change (how rapidly it increases from year to year). To know the rate of

change, the test needs to be done yearly. It is a screening test. If it is elevated, it does not prove cancer, it means you need additional testing. A prostate infection can cause the PSA to be quite high. But for all the confusion that some have with the PSA, it is a lifesaver. Ask former Senator Robert Dole. Ask former New York Mayor Rudy Giuliani. Ask the former Democrat presidential candidate, Senator John Kerry. All three have had prostate cancer, and all three were diagnosed early enough to be cured, thanks to the PSA and their astute doctors. Get the PSA done yearly beginning at age 40, and the rectal exams yearly at age 40.

Other cancers worth mentioning include:

Renal cell carcinoma – a nasty kidney cancer. The early clue is blood in the urine. Usually blood in the urine is caused by a urinary tract infection, or a kidney stone. But when testing rules these causes out, a renal cell carcinoma is sometimes the cause. And the cancer is only cured when it is found early. If you have blood in the urine, see a doctor.

Mouth and throat cancers have in the past for the most part been a problem for those who use tobacco. Now, the Human Papilloma Virus (HPV) has been recognized as a cause. See a dentist regularly. Do not use tobacco. If you have a sore throat that is still sore after a month or more, even if you have seen a doctor and been treated early, be seen again.

Skin cancers are a concern for those of us who have been in the sun too much in our lives. Basal cell is the most common, and can present in many different ways (the non-healing sore is one). Squamous cell skin cancer often looks like a distorted wart. The most deadly are the melanomas, moles that change or grow rapidly. If in doubt, show a doctor.