

ASK A DOC

BY BOCA GRANDE HEALTH CLINIC

A tale of two cancers

Nothing can be as different as ovarian cancer and prostate cancer, yet both often lurk in the shadows, making detection difficult. September is dedicated to ovarian cancer and prostate cancer awareness. Emily Haly, M.D., of the Boca Grande Health Clinic, answers questions about each disease.

What can you tell me about ovarian cancer?

Ovarian cancer is the fifth-leading cause of cancer deaths in women in the U.S. and causes more deaths than any other gynecologic cancer. Having said that, though, being diagnosed with ovarian cancer is uncommon.

Ovarian cancer is not a singular diagnosis; it applies to a number of different types of cancer that affect the ovaries, fallopian tubes and the primary peritoneal cavity. In fact, oncologists estimate that there are more than 30 different types of ovarian cancer.

Who is most at risk?

Ovarian cancer mainly develops in older women, especially if you carry the BRCA1 and BRCA2 genes, which you may have heard more about in relation to breast cancer. The risk of ovarian cancer increases at around 45 years of age and is greatest in women between 75 and 79. It is more common in white women than in Black women.

This type of cancer is very serious, especially if not detected early. And that's where things get tricky, since there's no reliable way to screen for ovarian cancer. Pap test screens for cervical cancer, not for ovarian cancer. There are diagnostic tests to consider when a person has symptoms or is considered at high risk for

cancer.

Is there anything I can do to lower my risk of ovarian cancer?

There is no known way to prevent ovarian cancer, but there are things that we believe may lower the chance of getting ovarian cancer. Having given birth, using birth control pills for five or more years (but it's important to remember that birth control pills do have some serious risks and side effects, including slightly increasing your risk of breast cancer), and breastfeeding. Of course, having a tubal ligation, both ovaries removed, both fallopian tubes removed, and a hysterectomy (an operation in which the uterus, and sometimes the cervix, is removed) are extreme examples.

Ovarian cancers caused by stromal, or germ-cell tumors, have high survival rates. However, epithelial carcinoma, the most common type of ovarian cancer, has lower survival rates. Treatment for ovarian cancer usually involves a combination of surgery and chemotherapy.

My best advice to women is to have an annual physical – make that a priority – know your family history of cancer and be sure to talk to your doctor if you notice any changes in your body that are not normal for you. Signs of trouble could

include persistent bloating that doesn't come and go, difficulty eating or feeling full quickly, pain in the pelvic or abdominal area, and urgent or frequent urination.

What is prostate cancer?

Prostate cancer is the most common non-skin cancer in America. 1 in 8 men in the U.S. will be diagnosed with prostate cancer in his lifetime. The prostate is a part of the male reproductive system, which includes the penis, prostate, seminal vesicles and testicles.

Who is at risk?

All men are at risk for prostate cancer. The older a man is, the greater his chance of getting prostate cancer. African American men or men with a family history of prostate cancer are at an increased risk.

My doctor recommends I get a PSA test. Should I?

It's important for all men to talk about screenings with their doctor. For men over 50, your annual physical may include a rectal exam of the prostate to detect size and suspicious areas. There are definite pros and cons to getting a PSA – prostate-specific antigen – blood test. PSA is a chemical made by the prostate, which

is secreted into the semen. It is normal to have a small amount of PSA in your blood. An elevated PSA does not necessarily mean cancer. It can be a sign of a common and treatable prostate problem called prostatitis, or the result of sexual activity prior to the exam, or even a side effect of certain sports and other medications.

This uncertainty has led to debate among healthcare experts as to the value of annual PSA testing, since it could lead to overdiagnosis and overtreatment. Prostate cancer is a slow-moving disease, and it is actually possible to live a healthy life while you have prostate cancer that is carefully monitored but not being treated. In fact, many die with prostate cancer, not because of it.

What happens if I am diagnosed with prostate cancer?

Different types of treatment are available. If detected very early, your doctor may recommend no treatment but instead closely monitoring by your urologist. When abnormal results from screening, a digital rectal exam and a PSA blood test occur, a biopsy may be the next step to determine the severity of your cancer, and you will be given what's called a Gleason score. The score ranges from 2 to 10. The higher your Gleason score, the higher your risk.

Surgical removal of the prostate may be recommended. Treatment options also include external radiation, or more commonly these days, radiation seeds or pellets implanted into the prostate. Cryotherapy, hormone therapy, high-intensity ultrasound and chemotherapy are other options that may be available.

When it comes to detection and treatment, it's important to do your research, understand your risks and the different options available, and ask your doctor lots of questions before deciding on what's best for you.

Do you have a question for us? If so, please send questions to the Clinic at bghc.org/contact or to the Boca Beacon and we will answer them.

Prostate cancer



Ovarian cancer



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