

Prostate Cancer Update: Screening And Prevention

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CME Test Questions

Case # 1: A healthy 51-year-old Caucasian man presents to your clinic for a physical examination. He is interested in discussing prostate cancer screening, as he had recently read the latest recommendation from the U. S. Preventive Services Task Force regarding this. He has no current urinary symptoms, and he has no family history of prostate cancer. The patient wants to know more about prostate cancer screening.

1. Which of the following would you include in your discussion with the patient? (select only one)

- A. Usually prostate cancer is aggressive and screening is recommended for men age 50 or older
- B. Digital rectal examinations (DRE) are not necessary if PSA result is within normal limits
- C. It is not clear if screening for prostate cancer with PSA test helps the patient live longer
- D. Prostate cancer is so rare that it is not worth the expense to screen for it

Case #1 continued: The patient decides to undergo screening. He asks if the DRE is necessary.

2. How would you respond to his question? (select only one)

- A. The DRE is optional
- B. The DRE has been replaced by the prostate specific antigen (PSA)
- C. The DRE is an integral part of the screening process
- D. The DRE is necessary if PSA results are abnormal

Case #1 continued: The patient continues to be screened annually. He asks if he should ever stop being screened.

- 3. When would you recommend he discontinue prostate screening?** (select only one)
- A. At 65 years old
 - B. At 70 years old
 - C. When the patient's expected lifespan is less than 10 years
 - D. Patient screening is a life-long process

Case # 2: A 40-year-old African-American man presents to your clinic for a physical examination. He reports that his 64-year-old father was just diagnosed with prostate cancer, as was his 67-year-old paternal uncle. He is concerned about his risk for developing prostate cancer. He has several questions regarding prostate cancer as it pertains to his father and himself.

- 4. What would you consider a safe value for PSA in this patient?** (select only one)
- A. Less than or equal to 1.0 ng/mL
 - B. Less than or equal to 2.0 ng/mL
 - C. Less than or equal to 4.0 ng/mL
 - D. There is no value of PSA that correlates to having zero risk for prostate cancer
- 5. When should the patient start to be screened for prostate cancer?** (select only one)
- A. At 40 years old
 - B. At 45 years old
 - C. At 50 years old
 - D. At 55 years old

Case # 3: A 56-year-old Caucasian man presents to your clinic for a physical examination. He has been doing well, but reports that over the past six months he has been having nocturia once a night. He also states that his father had prostate cancer diagnosed at the age of 64. The patient decides to be screened for prostate cancer at this time. His prostate is non-nodular but is somewhat enlarged. His PSA is 3.0 ng/mL.

- 6. How would you continue management of this patient?** (select only one)
- A. The patient does not need further screening
 - B. The patient's PSA is normal; he should be screened again in 5 years
 - C. The patient should have close follow-up of his PSA and be rechecked in 5 years
 - D. Consult with a urologist for possible prostate biopsy at this time

7. Which of the following would be the most beneficial for this patient to reduce risk for developing prostate cancer? (select only one)

- A. An alpha-blocker
- B. Aspirin
- C. A statin
- D. A 5-alpha reductase inhibitor

Case #2 continued: The patient wants to know if there are any dietary changes he can make to reduce his risk for prostate cancer as he has heard about antioxidants especially vitamin E.

8. Which of the following would you include in your conversation with this patient? (select only one)

- A. Selenium supplementation, but not vitamin E, has been shown to prevent prostate cancer
- B. Combination of selenium, vitamin C, and vitamin E has been associated with reduced risk for prostate cancer
- C. Vitamin E has been shown to prevent prostate cancer
- D. Neither selenium nor vitamin E has been associated with reduced prostate cancer risk

9. Which of the following is the most significant barrier to effective screening for prostate cancer? (select only one)

- A. Lack of time to adequately discuss prostate cancer screening with the patient
- B. Uncertainty about current guidelines regarding prostate cancer screening
- C. Unfamiliarity with cutoff values for the PSA
- D. Patient reluctance to undergo DRE
- E. Uncertainty regarding mortality benefit of prostate cancer screening

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