Dr. William Hook, Family Practice Medicine, OSF HealthCare

“It tends to be slow growing, maybe even lingering for the older gentlemen, to the point where even doing nothing is an option after monitoring it to see what's going on sometimes take action when there is a rapid rise which is what we call velocity. It tends to be more aggressive in younger men when they get prostate cancer in their 50s and 60s, we tend to take more action on that.”

Dr. William Hook, Family Practice Medicine, OSF HealthCare

“Signs and symptoms can be very confusing for any particular person because a symptom that may reflect a problem with the prostate often is not a cancer. It could be a prostatitis, which is an infection, or it could be prostate enlargement, so a presenting symptom may be something like blood in the urine or blood in the ejaculate, but that doesn't mean there's a cancer there.”

Dr. William Hook, Family Practice Medicine, OSF HealthCare

“Have the conversation. It even varies in the ages to have the conversation. So to get an annual screen, for example, starting at the age 50 or 55 is an older recommendation, but it may not be right for you so you have to have that conversation.”

There are many treatment options available for prostate cancer, including surgery, hormone therapy, radiation therapy and chemotherapy. Because prostate cancer often grows slowly, some men might not need treatment. Instead, observation or active surveillance might be recommended.

SOT: Dr. William Hook, Family Practice Medicine, OSF HealthCare

“The best person to talk to is either your oncology team or the urologist who will do the work,” says Dr. Hook. “It's not a cookbook. It's not here are the options, pick one. No, it really takes some discussion to pick out which one is best for you. Every individual is unique so the circumstance and the approach may be unique too.”