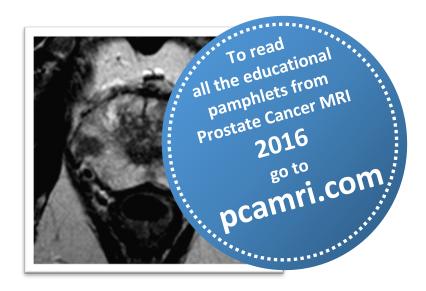
an educational pamphlet from

Prostate Cancer MRI Accurate Diagnosis and Treatment

Tips For Patients



PSA to Prostate MRI

for patients and curious doctors

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can you imagine being treated for a high fever, racking cough and pneumonia without a chest x-ray?

can you imagine being diagnosed or treated for prostate cancer without your doctor being able to see it?

that is what we were doing

finally, the prostate can be seen in anatomic and functional detail with

prostate MRI

Tips for patients

- If you are concerned about prostate cancer, have a family-genetic history or are a black gentleman go to a friendly urologist for Prostate Cancer Risk Assessment.
 - Early prostate cancer has no symptoms
 - Never believe one PSA value. PSAs increase with age and for many reasons other than cancer.
 - PSA trend and PSA density are better predictors of cancer.
 - Newer advanced prostate cancer biomarkers and predictor tables are remarkably accurate.
- > If your urologist feels a **bump** on your prostate it may be stones, BPH, granulomas or cancer.
- > If you have a High Risk for prostate cancer, prostate MRI is usually indicated
- MRI cannot be done or the study is limited when you have metallic body parts, poor kidney function and claustrophobia.
- > The advice to have a prostate biopsy is based on your Risk and the MRI.
 - A highly suspicious MRI usually requires biopsy
 - Mildly suspicious MRI may only need monitoring (always more accurate, do the MRI before biopsy)

Early prostate cancers grow slowly.

Risk assessment, MRI, biopsy and treatment are not emergencies.

Take the time, have them done thoroughly and accurately.

When biopsy detects cancer
do not get alarmed

Most prostate cancers are not aggressive
grow very slow, cause no harm
For aggressive cancers
newer, effective, less invasive treatments

All men at risk of prostate cancer need to be investigated

Some men investigated benefit from an MRI

Not all men who have an MRI require a biopsy

(Learn more, pamphlets 2, 3 and 4)

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